

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: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/26/2012 1:47 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/26/2012 Time: 1:47 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 ILLINI HOSPITAL for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	5,928	-122,184	30,513	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	5,928	-122,184	30,513	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: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/26/2012 1:45 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 801 HOSPITAL ROAD			PO Box:						1.00	
2.00	City: SILVIS			State: IL		Zip Code: 61282-		County: ROCK ISLAND		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ILLINI HOSPITAL	140275	19340	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF						N	N	N		7.00
8.00	Swing Beds - NF						N		N		8.00
9.00	Hospital-Based SNF		ILLINI RESTORATIVE CARE CENTER	145703	19340		09/03/1991	N	P	N	9.00
10.00	Hospital-Based NF							N		N	10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2011		06/30/2012		20.00	
21.00	Type of Control (see instructions)							2		21.00	
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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.	3,096	644	0	48	90	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00		
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1			26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00		
						Beginning:	Ending:				
						1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.					0			37.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/26/2012 1:45 pm		
		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140275

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

Worksheet S-2
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/26/2012 1:45 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.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
				V	XIX	
				1.00	2.00	
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
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.	Y	N	N	N	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00

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			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.		1		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	306,031	118.01
			1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	H55790	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: GENESIS HEALTH SYSTEM	Contractor's Name: WPS	Contractor's Number: 05101		141.00
142.00	Street: 1227 E. RUSHOLME STREET	PO Box:			142.00
143.00	City: DAVENPORT	State: IA	Zip Code: 52803		143.00
			1.00	2.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		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: 140275

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

Worksheet S-2
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
					1.00		
Multi-campus							
165.00	Is this hospital part of a Multi-campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				1.00	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/26/2012 1:45 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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	11/08/2012		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.	N		21.00
		1.00	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		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		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.	MARTIN	ORWITZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175	ORWITZM@GENESISHEALTH.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	11/08/2012	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.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	142	51,972	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)		142	51,972	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,562	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)		149	54,534	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	22	8,052			19.00
20.00 NURSING FACILITY	45.00	98	35,868			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
25.10 CMHC - CORF	99.10					25.10
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)		269				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	6,887	1,949	12,887		1.00
2.00 HMO		1,129	782			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	6,887	1,949	12,887		7.00
8.00 INTENSIVE CARE UNIT	0	704	134	1,291		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		1,013	1,481		13.00
14.00 Total (see instructions)	0	7,591	3,096	15,659		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	5,660	0	6,969		19.00
20.00 NURSING FACILITY	0		0	27,453		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
25.10 CMHC - CORF	0	0	0	0		25.10
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		28	1,614		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		3,496				29.00
30.00 Employee discount days (see instruction)				140		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: 140275

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

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2012 1:45 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	2,025	1.00
2.00 HMO					271	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	611.07	0.00	0	2,025	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	25.02	0.00			19.00
20.00 NURSING FACILITY	0.00	47.88	0.00			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
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
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)	0.00	683.97	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,146	4,461		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,146	4,461		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		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
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140275

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

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2012 1:45 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	28,883,530	0	28,883,530	1,067,910.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	1,038,504	115,206	1,153,710	59,219.00
10.00	Excluded area salaries (see instructions)		3,721,898	878,687	4,600,585	292,746.00
OTHER WAGES & RELATED COSTS						
11.00	Contract Labor (see instructions)		119,478	0	119,478	820.00
12.00	Contract management and administrative services		0	0	0	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00
14.00	Home office salaries & wage-related costs		8,204,897	0	8,204,897	183,326.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		5,865,601	0	5,865,601	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		1,614,884	0	1,614,884	
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)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	16,080	0	16,080	1,281.00
27.00	Administrative & General	5.00	894,228	248,000	1,142,228	26,051.00
28.00	Administrative & General under contract (see inst.)		215,679	0	215,679	910.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	1,020,878	0	1,020,878	49,949.00
31.00	Laundry & Linen Service	8.00	66,881	-21,438	45,443	3,899.00
32.00	Housekeeping	9.00	861,007	-257,629	603,378	42,947.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	1,283,606	-962,826	320,780	42,947.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	0	0	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	1,015,785	0	1,015,785	29,081.00
39.00	Central Services and Supply	14.00	132,024	0	132,024	7,472.00
40.00	Pharmacy	15.00	1,392,395	0	1,392,395	34,280.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00
42.00	Social Service	17.00	204,992	0	204,992	7,884.00
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140275

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

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2012 1:45 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	27.05	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	19.48	9.00
10.00	Excluded area salaries (see instructions)	15.72	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	145.70	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00	13.00
14.00	Home office salaries & wage-related costs	44.76	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	12.55	26.00
27.00	Administrative & General	43.85	27.00
28.00	Administrative & General under contract (see inst.)	237.01	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	20.44	30.00
31.00	Laundry & Linen Service	11.66	31.00
32.00	Housekeeping	14.05	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	7.47	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	34.93	38.00
39.00	Central Services and Supply	17.67	39.00
40.00	Pharmacy	40.62	40.00
41.00	Medical Records & Medical Records Library	0.00	41.00
42.00	Social Service	26.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140275

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

Worksheet S-3
Part III
Date/Time Prepared:
11/26/2012 1:45 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	29,099,209	0	29,099,209	1,068,820.00	1.00
2.00	Excluded area salaries (see instructions)	4,760,402	993,893	5,754,295	351,965.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24,338,807	-993,893	23,344,914	716,855.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,324,375	0	8,324,375	184,146.00	4.00
5.00	Subtotal wage-related costs (see inst.)	5,865,601	0	5,865,601	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	38,528,783	-993,893	37,534,890	901,001.00	6.00
7.00	Total overhead cost (see instructions)	7,103,555	-993,893	6,109,662	246,701.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part III Date/Time Prepared: 11/26/2012 1:45 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	27.23	1.00
2.00	Excluded area salaries (see instructions)	16.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	45.21	4.00
5.00	Subtotal wage-related costs (see inst.)	25.13	5.00
6.00	Total (sum of lines 3 thru 5)	41.66	6.00
7.00	Total overhead cost (see instructions)	24.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2012 1:45 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,087,690	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)		2,991,080	8.00
9.00	Prescription Drug Plan		450,562	9.00
10.00	Dental, Hearing and Vision Plan		229,971	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		49,662	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		122,991	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		304,132	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		2,088,811	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		27,604	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		80	22.00
23.00	Tuition Reimbursement		127,902	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		7,480,485	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: 140275

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

Worksheet S-3
Part V
Date/Time Prepared:
11/26/2012 1:45 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	119,478	30,943	1.00
2.00	Hospital	119,478	30,943	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			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			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-7

Date/Time Prepared:
11/26/2012 1:45 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	13	0	13	5.00
6.00	RVL	13	0	13	6.00
7.00	RHX	44	0	44	7.00
8.00	RHL	40	0	40	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	7	0	7	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	23	0	23	12.00
13.00	RUB	113	0	113	13.00
14.00	RUA	46	0	46	14.00
15.00	RVC	309	0	309	15.00
16.00	RVB	512	0	512	16.00
17.00	RVA	680	0	680	17.00
18.00	RHC	466	0	466	18.00
19.00	RHB	871	0	871	19.00
20.00	RHA	1,353	0	1,353	20.00
21.00	RMC	81	0	81	21.00
22.00	RMB	124	0	124	22.00
23.00	RMA	374	0	374	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	26	0	26	28.00
29.00	HE2	14	0	14	29.00
30.00	HE1	2	0	2	30.00
31.00	HD2	12	0	12	31.00
32.00	HD1	8	0	8	32.00
33.00	HC2	41	0	41	33.00
34.00	HC1	4	0	4	34.00
35.00	HB2	20	0	20	35.00
36.00	HB1	65	0	65	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	6	0	6	38.00
39.00	LD2	35	0	35	39.00
40.00	LD1	10	0	10	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	5	0	5	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	4	0	4	44.00
45.00	CE2	15	0	15	45.00
46.00	CE1	21	0	21	46.00
47.00	CD2	3	0	3	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	5	0	5	49.00
50.00	CC1	11	0	11	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	83	0	83	52.00
53.00	CA2	4	0	4	53.00
54.00	CA1	85	0	85	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	16	0	16	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140275

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

Worksheet S-7

Date/Time Prepared:
11/26/2012 1:45 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	6	0	6	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	6	0	6	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	17	0	17	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	43	0	43	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	20	0	20	78.00
199.00		AAA	4	0	4	199.00
200.00	TOTAL		5,660	0	5,660	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 19340 19340 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	1,038,504	35.67	Y	202.00
203.00	Recruitment	369	0.01	N	203.00
204.00	Retention of employees	130	0.00	N	204.00
205.00	Training	3,095	0.11	Y	205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,911,512			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/26/2012 1:45 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.350676	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,401,455	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		34,655,836	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,152,970	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)		1,751,515	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,751,515	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,005,068	0	6,005,068	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,105,833	0	2,105,833	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,105,833	0	2,105,833	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,810,254	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		281,621	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		6,528,633	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,289,435	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,395,268	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,146,783	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140275

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

Worksheet A
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		3,517,853	3,517,853	519,750	4,037,603	1.00
1.01 00101 NEW CAP RELATED IRC		556,753	556,753	0	556,753	1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP IRC		0	0	0	0	2.01
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS	16,080	4,894,805	4,910,885	21,836	4,932,721	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	894,228	17,654,163	18,548,391	1,565,711	20,114,102	5.00
7.00 00700 OPERATION OF PLANT	1,020,878	2,144,021	3,164,899	0	3,164,899	7.00
7.01 00701 OPERATION OF PLANT IRC	0	218,222	218,222	30,560	248,782	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	66,881	41,748	108,629	-34,820	73,809	8.00
9.00 00900 HOUSEKEEPING	861,007	281,920	1,142,927	-341,985	800,942	9.00
10.00 01000 DIETARY	1,283,606	1,795,181	3,078,787	-2,397,182	681,605	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,015,785	110,447	1,126,232	0	1,126,232	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	132,024	311,591	443,615	0	443,615	14.00
15.00 01500 PHARMACY	1,392,395	242,286	1,634,681	-68,783	1,565,898	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	204,992	20,043	225,035	0	225,035	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,646,248	1,900,070	7,546,318	-446,614	7,099,704	30.00
31.00 03100 INTENSIVE CARE UNIT	904,444	207,315	1,111,759	0	1,111,759	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	446,614	446,614	43.00
44.00 04400 SKILLED NURSING FACILITY	1,038,504	265,464	1,303,968	242,123	1,546,091	44.00
45.00 04500 NURSING FACILITY	1,676,826	1,724,578	3,401,404	-712,767	2,688,637	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,440,033	1,135,682	2,575,715	0	2,575,715	50.00
53.00 05300 ANESTHESIOLOGY	0	546,384	546,384	0	546,384	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,101,441	309,073	1,410,514	0	1,410,514	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	14,337	3,877	18,214	0	18,214	55.00
57.00 05700 CT SCAN	193,427	46,235	239,662	0	239,662	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	84,089	127,997	212,086	0	212,086	58.00
59.00 05900 CARDIAC CATHETERIZATION	424,878	475,218	900,096	0	900,096	59.00
60.00 06000 LABORATORY	2,040,241	2,950,500	4,990,741	-138,014	4,852,727	60.00
65.00 06500 RESPIRATORY THERAPY	1,146,747	302,248	1,448,995	0	1,448,995	65.00
66.00 06600 PHYSICAL THERAPY	1,676,426	367,747	2,044,173	-52,452	1,991,721	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,464,967	5,464,967	-3,714,847	1,750,120	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,714,847	3,714,847	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,807,540	2,807,540	0	2,807,540	73.00
76.00 03020 CARDIAC REHAB	441,049	171,652	612,701	-62,820	549,881	76.00
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	83,495	8,313	91,808	0	91,808	90.00
90.01 09001 WOUND CENTER	50,677	186,267	236,944	-23,851	213,093	90.01
91.00 09100 EMERGENCY	1,987,720	3,660,441	5,648,161	0	5,648,161	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	1,903,623	836,810	2,740,433	44,168	2,784,601	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE		245,143	245,143	-245,143	0	113.00
118.00	28,742,081	55,532,554	84,274,635	-1,653,669	82,620,966	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,158	42,158	12,122	54,280	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,118	232,238	237,356	183,903	421,259	192.00
192.01 19201 NONREIMBURSABLE	0	0	0	5,343	5,343	192.01
194.00 07950 CROSSTOWN SQUARE	136,331	902,966	1,039,297	466,804	1,506,101	194.00
194.01 07951 CADS	0	0	0	0	0	194.01
194.02 07952 NONALLOWABLE PHYSICIAN	0	0	0	350,779	350,779	194.02
194.03 07953 NONALLOWABLE GUEST MEALS	0	0	0	634,718	634,718	194.03
200.00	28,883,530	56,709,916	85,593,446	0	85,593,446	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140275

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

Worksheet A
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,283,865	5,321,468	1.00
1.01	00101	NEW CAP RELATED IRC	-70,546	486,207	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC	0	0	2.01
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-950,735	3,981,986	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,737,851	12,376,251	5.00
7.00	00700	OPERATION OF PLANT	-168,425	2,996,474	7.00
7.01	00701	OPERATION OF PLANT IRC	-86,232	162,550	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-57,675	16,134	8.00
9.00	00900	HOUSEKEEPING	-59,293	741,649	9.00
10.00	01000	DIETARY	-248	681,357	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-25	1,126,207	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	632,550	1,076,165	14.00
15.00	01500	PHARMACY	-120	1,565,778	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,014,908	1,014,908	16.00
17.00	01700	SOCIAL SERVICE	0	225,035	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-802,021	6,297,683	30.00
31.00	03100	INTENSIVE CARE UNIT	-11,538	1,100,221	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	446,614	43.00
44.00	04400	SKILLED NURSING FACILITY	-86,931	1,459,160	44.00
45.00	04500	NURSING FACILITY	-260	2,688,377	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-209,627	2,366,088	50.00
53.00	05300	ANESTHESIOLOGY	-503,277	43,107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,437	1,405,077	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,214	55.00
57.00	05700	CT SCAN	0	239,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	212,086	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	900,096	59.00
60.00	06000	LABORATORY	-87,274	4,765,453	60.00
65.00	06500	RESPIRATORY THERAPY	-63,456	1,385,539	65.00
66.00	06600	PHYSICAL THERAPY	-157,406	1,834,315	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,714,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,807,540	73.00
76.00	03020	CARDIAC REHAB	-12,045	537,836	76.00
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	-200	91,608	90.00
90.01	09001	WOUND CENTER	-68,908	144,185	90.01
91.00	09100	EMERGENCY	-3,190,863	2,457,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,049,280	1,735,321	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,448,350	70,172,616	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,280	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	421,259	192.00
192.01	19201	NONREIMBURSABLE	0	5,343	192.01
194.00	07950	CROSSTOWN SQUARE	-135,907	1,370,194	194.00
194.01	07951	CADS	0	0	194.01
194.02	07952	NONALLOWABLE PHYSICIAN	0	350,779	194.02
194.03	07953	NONALLOWABLE GUEST MEALS	0	634,718	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-12,584,257	73,009,189	200.00

RECLASSIFICATIONS

Provider CCN: 140275

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

Worksheet A-6

Date/Time Prepared:
11/26/2012 1:45 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - WORKMENS COMPENSATION					
1.00	EMPLOYEE BENEFITS	4.00	0	21,836	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	21,836	
B - LEASE EXPENSE - LARSON CENTER					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	390,017	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
	TOTALS		0	390,017	
C - POB DEPRECIATION					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	115,410	1.00
	TOTALS		0	115,410	
D - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	245,143	1.00
	TOTALS		0	245,143	
E - AUXILIARY EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,000	1.00
	TOTALS		0	16,000	
F - NURSING HOME OVERHEAD COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	249,642	1,424,155	1.00
2.00	OPERATION OF PLANT IRC	7.01	0	30,560	2.00
	TOTALS		249,642	1,454,715	
H - NURSERY COSTS					
1.00	NURSERY	43.00	356,118	90,496	1.00
	TOTALS		356,118	90,496	
M - CHARGEABLE SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	3,714,847	1.00
	TOTALS		0	3,714,847	
N - PHYSICIAN OFFICE BUILDING					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,642	78,347	1.00
	TOTALS		1,642	78,347	
O - DIETARY COST AND EMPLOYEE MEALS					
1.00	SKILLED NURSING FACILITY	44.00	76,740	114,322	1.00
2.00	NURSING FACILITY	45.00	302,306	450,356	2.00
3.00	CROSSTOWN SQUARE	194.00	187,956	280,005	3.00
4.00	NONALLOWABLE PHYSICIAN	194.02	140,890	209,889	4.00
5.00	NONALLOWABLE GUEST MEALS	194.03	254,934	379,784	5.00
	TOTALS		962,826	1,434,356	
P - RECLASS HOUSEKEEPING COST					
1.00	SKILLED NURSING FACILITY	44.00	38,466	12,595	1.00
2.00	NURSING FACILITY	45.00	169,340	55,447	2.00
3.00	AMBULANCE SERVICES	95.00	33,273	10,895	3.00
4.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	9,132	2,990	4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,393	1,111	5.00
6.00	NONREIMBURSABLE	192.01	4,025	1,318	6.00
	TOTALS		257,629	84,356	
Q - RECLASS LAUNDRY COST					
1.00	NURSING FACILITY	45.00	20,404	12,736	1.00
2.00	CROSSTOWN SQUARE	194.00	1,034	646	2.00
	TOTALS		21,438	13,382	
500.00	Grand Total: Increases		1,849,295	7,658,905	500.00

RECLASSIFICATIONS

Provider CCN: 140275

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

Worksheet A-6
Date/Time Prepared:
11/26/2012 1:45 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - WORKMENS COMPENSATION							
1.00	NURSING FACILITY	45.00	0	18,999	0		1.00
2.00	CROSSTOWN SQUARE	194.00	0	2,837	0		2.00
	TOTALS		0	21,836			
B - LEASE EXPENSE - LARSON CENTER							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	44,097	9		1.00
2.00	PHARMACY	15.00	0	68,783	0		2.00
3.00	LABORATORY	60.00	0	138,014	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	52,452	0		4.00
5.00	CARDIAC REHAB	76.00	0	62,820	0		5.00
6.00	WOUND CENTER	90.01	0	23,851	0		6.00
	TOTALS		0	390,017			
C - POB DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	115,410	9		1.00
	TOTALS		0	115,410			
D - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	245,143	11		1.00
	TOTALS		0	245,143			
E - AUXILIARY EXPENSE							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16,000	0		1.00
	TOTALS		0	16,000			
F - NURSING HOME OVERHEAD COSTS							
1.00	NURSING FACILITY	45.00	249,642	1,454,715	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		249,642	1,454,715			
H - NURSERY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	356,118	90,496	0		1.00
	TOTALS		356,118	90,496			
M - CHARGEABLE SUPPLIES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,714,847	0		1.00
	TOTALS		0	3,714,847			
N - PHYSICIAN OFFICE BUILDING							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,642	78,347	0		1.00
	TOTALS		1,642	78,347			
O - DIETARY COST AND EMPLOYEE MEALS							
1.00	DIETARY	10.00	962,826	1,434,356	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		962,826	1,434,356			
P - RECLASS HOUSEKEEPING COST							
1.00	HOUSEKEEPING	9.00	257,629	84,356	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		257,629	84,356			
Q - RECLASS LAUNDRY COST							
1.00	LAUNDRY & LINEN SERVICE	8.00	21,438	13,382	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		21,438	13,382			
500.00	Grand Total: Decreases		1,849,295	7,658,905			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140275

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/26/2012 1:45 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	494,992	1,860,599	0	1,860,599	0	1.00
2.00	Land Improvements	1,687,636	40,411	0	40,411	0	2.00
3.00	Buildings and Fixtures	53,880,355	1,220,593	0	1,220,593	46,580	3.00
4.00	Building Improvements	16,771	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	40,719,072	3,210,400	0	3,210,400	2,435,741	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	96,798,826	6,332,003	0	6,332,003	2,482,321	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	96,798,826	6,332,003	0	6,332,003	2,482,321	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,517,853	0	0	0	0	1.00
1.01	NEW CAP RELATED IRC	556,753	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	4,074,606	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	55,071,138	0	55,071,138	0.570302	0	1.00
1.01	NEW CAP RELATED IRC	41,493,730	0	41,493,730	0.429698	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	96,564,868	0	96,564,868	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140275

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/26/2012 1:45 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,355,591	0		1.00		
2.00	Land Improvements	1,728,047	0		2.00		
3.00	Buildings and Fixtures	55,054,368	0		3.00		
4.00	Building Improvements	16,771	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	41,493,731	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	100,648,508	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	100,648,508	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,517,853		1.00		
1.01	NEW CAP RELATED IRC	0	556,753		1.01		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0		2.01		
3.00	Total (sum of lines 1-2)	0	4,074,606		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,076,325	0	1.00
1.01	NEW CAP RELATED IRC	0	0	0	486,207	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	5,562,532	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140275

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	245,143	0	0	0	5,321,468	1.00
1.01	NEW CAP RELATED IRC	0	0	0	0	486,207	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP IRC	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	245,143	0	0	0	5,807,675	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140275

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

Worksheet A-8

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - NEW CAP RELATED IRC (chapter 2)			ONEW CAP RELATED IRC	1.01	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP IRC (chapter 2)			OCAP REL COSTS-MVBLE EQUIP IRC	2.01	2.01
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-14,124	ADMINISTRATIVE & GENERAL	5.00	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	-4,914,065			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	-162,512			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests		0		0.00	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		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - NEW CAP RELATED IRC			ONEW CAP RELATED IRC	1.01	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
27.01 Depreciation - CAP REL COSTS-MVBLE EQUIP IRC			OCAP REL COSTS-MVBLE EQUIP IRC	2.01	27.01
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*** Cost Center Deleted ***	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00 MANAGEMENT SERVICES	B	-2,808	HOUSEKEEPING	9.00	33.00
34.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	34.00
35.00		0		0.00	35.00
35.03 MISCELLANEOUS REVENUE	B	-167	RESPIRATORY THERAPY	65.00	35.03
35.04 MIS/OTHER REVENUE	B	-5,292	RADIOLOGY-DIAGNOSTIC	54.00	35.04
35.05 MIS/OTHER REVENUE	B	-27,395	LABORATORY	60.00	35.05
35.07 MIS/OTHER REVENUE	B	-340	PHYSICAL THERAPY	66.00	35.07
35.08		0		0.00	35.08
35.09 OTHER REVENUE	B	-57,675	LAUNDRY & LINEN SERVICE	8.00	35.09
35.11 MIS/OTHER REVENUE	B	-168,425	OPERATION OF PLANT	7.00	35.11
35.13 MIS/OTHER REVENUE	B	-655	ADULTS & PEDIATRICS	30.00	35.13
35.14 MIS/OTHER REVENUE	B	-145	RADIOLOGY-DIAGNOSTIC	54.00	35.14
35.15 INTEREST INCOME IRC	B	-69,968	NEW CAP RELATED IRC	1.01	35.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 140275

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

Worksheet A-8

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
36.00 INTEREST INCOME	B	-399,974	NEW CAP REL COSTS-BLDG & FIXT	1.00	36.00
36.02		0		0.00	36.02
36.06		0		0.00	36.06
36.07		0		0.00	36.07
36.08 CARDIAC MISC	B	-12,045	CARDIAC REHAB	76.00	36.08
36.09 NH INTEREST INCOME	B	-578	NEW CAP RELATED IRC	1.01	36.09
36.10 NURSING HOME REVENUE HSKPG	B	-725	HOUSEKEEPING	9.00	36.10
36.11 AMBULANCE REVENUE	B	-1,049,155	AMBULANCE SERVICES	95.00	36.11
36.13 MISC IT REV	B	-10,127	ADMINISTRATIVE & GENERAL	5.00	36.13
36.14 MISC BIRTH ASSOC REV	B	-3,439	ADULTS & PEDIATRICS	30.00	36.14
36.15		0		0.00	36.15
36.16		0		0.00	36.16
36.17 MISC SWITCHBOARD REV	B	-637	ADMINISTRATIVE & GENERAL	5.00	36.17
36.18		0		0.00	36.18
36.20 MISC PT RENTAL INC	B	-52,452	PHYSICAL THERAPY	66.00	36.20
36.21 MISC IRC ADMIN	B	-89	NURSING FACILITY	45.00	36.21
37.00 ELIMINATE CONTRACT FEES	A	-55,760	HOUSEKEEPING	9.00	37.00
37.01 ELIMINATE CONTRACT FEES	A	-45,387	SKILLED NURSING FACILITY	44.00	37.01
37.06		0		0.00	37.06
37.07 ELIMINATE CONTRACT FEES	A	-86,232	OPERATION OF PLANT IRC	7.01	37.07
37.09 DONATIONS	A	-125	AMBULANCE SERVICES	95.00	37.09
37.10 DONATIONS	A	1,890	ADMINISTRATIVE & GENERAL	5.00	37.10
37.11 DONATIONS	A	-4,547	OPERATING ROOM	50.00	37.11
37.12		0		0.00	37.12
37.14 LOBBYING FEES PORTION OF DUES	A	-24,725	ADMINISTRATIVE & GENERAL	5.00	37.14
38.00 ADVERTISING	A	-368	SKILLED NURSING FACILITY	44.00	38.00
39.00 ADVERTISING	A	-5,957	ADMINISTRATIVE & GENERAL	5.00	39.00
39.01 ADVERTISING	A	-145	NURSING FACILITY	45.00	39.01
39.02 ADVERTISING	A	-4,549	PHYSICAL THERAPY	66.00	39.02
39.03 ADVERTISING	A	-155	LABORATORY	60.00	39.03
39.04 ADVERTISING	A	-1,698	WOUND CENTER	90.01	39.04
40.00 SELF INSURANCE	A	-950,225	EMPLOYEE BENEFITS	4.00	40.00
41.00 MISCELLANEOUS REVENUE	B	-24,875	ADMINISTRATIVE & GENERAL	5.00	41.00
42.00 MISCELLANEOUS REVENUE	B	-100,690	PHYSICAL THERAPY	66.00	42.00
43.00 MISCELLANEOUS REVENUE	B	-200	CLINIC	90.00	43.00
43.01 HEALTHQUEST	A	-2,017	ADMINISTRATIVE & GENERAL	5.00	43.01
43.02 PHYSICIANS PRACTICE OVERHEAD	A	-2,112,268	ADMINISTRATIVE & GENERAL	5.00	43.02
43.03		0		0.00	43.03
43.04 PHYSICIAN SUPPORT SERVICES	A	-201,389	ADMINISTRATIVE & GENERAL	5.00	43.04
43.05 MISCELLANEOUS REVENUE	B	-120	PHARMACY	15.00	43.05
43.06 OUTREACH REVENUE	B	55	LABORATORY	60.00	43.06
43.07 OUTREACH REVENUE	B	625	PHYSICAL THERAPY	66.00	43.07
43.08 MISCELLANEOUS REVENUE	B	-2,330	LABORATORY	60.00	43.08
43.09 MISCELLANEOUS REVENUE	B	-625	ADMINISTRATIVE & GENERAL	5.00	43.09
43.10		0		0.00	43.10
43.11 MISCELLANEOUS REVENUE	B	-26	NURSING FACILITY	45.00	43.11
43.12 MISCELLANEOUS REVENUE	B	-510	EMPLOYEE BENEFITS	4.00	43.12
43.13 PROVIDER TAX ASSESSMENT	A	-1,845,748	ADMINISTRATIVE & GENERAL	5.00	43.13
43.14 PROVIDER TAX ASSESSMENT	A	-41,176	SKILLED NURSING FACILITY	44.00	43.14
43.15 PROVIDER TAX ASSESSMENT	A	-121,613	ADMINISTRATIVE & GENERAL	5.00	43.15
45.00 ALCOHOL	A	-302	ADMINISTRATIVE & GENERAL	5.00	45.00
45.01 ALCOHOL	A	-248	DIETARY	10.00	45.01
45.02 ALCOHOL	A	-25	NURSING ADMINISTRATION	13.00	45.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,584,257			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140275

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

Worksheet A-8

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - NEW CAP RELATED IRC (chapter 2)	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP IRC (chapter 2)	0	2.01
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - NEW CAP RELATED IRC	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP IRC	0	27.01
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MANAGEMENT SERVICES	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY)	0	34.00
35.00		0	35.00
35.03	MISCELLANEOUS REVENUE	0	35.03
35.04	MISC/OTHER REVENUE	0	35.04
35.05	MISC/OTHER REVENUE	0	35.05
35.07	MISC/OTHER REVENUE	0	35.07
35.08		0	35.08
35.09	OTHER REVENUE	0	35.09
35.11	MISC/OTHER REVENUE	0	35.11
35.13	MISC/OTHER REVENUE	0	35.13
35.14	MISC/OTHER REVENUE	0	35.14
35.15	INTEREST INCOME IRC	9	35.15
36.00	INTEREST INCOME	9	36.00
36.02		0	36.02
36.06		0	36.06
36.07		0	36.07
36.08	CARDIAC MISC	0	36.08
36.09	NH INTEREST INCOME	9	36.09
36.10	NURSING HOME REVENUE HSKPG	0	36.10
36.11	AMBULANCE REVENUE	0	36.11
36.13	MISC IT REV	0	36.13

ADJUSTMENTS TO EXPENSES

Provider CCN: 140275

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

Worksheet A-8

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
36.14	MISC BIRTH ASSOC REV	0	36.14
36.15		0	36.15
36.16		0	36.16
36.17	MISC SWITCHBOARD REV	0	36.17
36.18		0	36.18
36.20	MISC PT RENTAL INC	0	36.20
36.21	MISC IRC ADMIN	0	36.21
37.00	ELIMINATE CONTRACT FEES	0	37.00
37.01	ELIMINATE CONTRACT FEES	0	37.01
37.06		0	37.06
37.07	ELIMINATE CONTRACT FEES	0	37.07
37.09	DONATIONS	0	37.09
37.10	DONATIONS	0	37.10
37.11	DONATIONS	0	37.11
37.12		0	37.12
37.14	LOBBYING FEES PORTION OF DUES	0	37.14
38.00	ADVERTISING	0	38.00
39.00	ADVERTISING	0	39.00
39.01	ADVERTISING	0	39.01
39.02	ADVERTISING	0	39.02
39.03	ADVERTISING	0	39.03
39.04	ADVERTISING	0	39.04
40.00	SELF INSURANCE	0	40.00
41.00	MISCELLANEOUS REVENUE	0	41.00
42.00	MISCELLANEOUS REVENUE	0	42.00
43.00	MISCELLANEOUS REVENUE	0	43.00
43.01	HEALTHQUEST	0	43.01
43.02	PHYSICIANS PRACTICE OVERHEAD	0	43.02
43.03		0	43.03
43.04	PHYSICIAN SUPPORT SERVICES	0	43.04
43.05	MISCELLANEOUS REVENUE	0	43.05
43.06	OUTREACH REVENUE	0	43.06
43.07	OUTREACH REVENUE	0	43.07
43.08	MISCELLANEOUS REVENUE	0	43.08
43.09	MISCELLANEOUS REVENUE	0	43.09
43.10		0	43.10
43.11	MISCELLANEOUS REVENUE	0	43.11
43.12	MISCELLANEOUS REVENUE	0	43.12
43.13	PROVIDER TAX ASSESSMENT	0	43.13
43.14	PROVIDER TAX ASSESSMENT	0	43.14
43.15	PROVIDER TAX ASSESSMENT	0	43.15
45.00	ALCOHOL	0	45.00
45.01	ALCOHOL	0	45.01
45.02	ALCOHOL	0	45.02
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: 140275

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2012 1:45 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	GHS HOME OFFICE COSTS	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	GHS HOME OFFICE COSTS	2.00
3.00	0.00			3.00
4.00	14.00	CENTRAL SERVICES & SUPPLY	GHS HOME OFFICE COSTS	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	GHS HOME OFFICE COSTS	4.01
4.02	0.00			4.02
4.03	194.00	CROSSTOWN SQUARE	GHS HOME OFFICE COSTS	4.03
4.04	0.00		GHS HOME OFFICE COSTS	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	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	C		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.

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

Provider CCN: 140275

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

Worksheet A-8-1

Date/Time Prepared: 11/26/2012 1:45 pm

	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	9,531,273	12,889,175	-3,357,902	0	1.00
2.00	1,683,839	0	1,683,839	9	2.00
3.00	0	0	0	0	3.00
4.00	632,550	0	632,550	0	4.00
4.01	1,014,908	0	1,014,908	0	4.01
4.02	0	0	0	0	4.02
4.03	0	135,907	-135,907	0	4.03
4.04	0	0	0	0	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	12,862,570	13,025,082	-162,512	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00		GENESIS HEALTH SYSTEM	100.00	HOME OFFICE	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140275

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2012 1:45 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	60.00	LABORATORY	57,449	57,449	1.00
2.00	65.00	RESPIRATORY THERAPY	63,289	63,289	2.00
3.00	91.00	EMERGENCY	3,190,863	3,190,863	3.00
4.00	30.00	ADULTS & PEDIATRICS	797,927	797,927	4.00
5.00	50.00	OPERATING ROOM	205,080	205,080	5.00
6.00	31.00	INTENSIVE CARE UNIT	11,538	11,538	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	188,832	0	7.00
8.00	90.01	WOUND CENTER	67,210	67,210	8.00
9.00	53.00	ANESTHESIOLOGY	503,277	503,277	9.00
10.00	0.00		0	0	10.00
200.00			5,085,465	4,896,633	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140275

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2012 1:45 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	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	188,832	171,400	2,080	171,400	8,570	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	188,832		2,080	171,400	8,570	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140275

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2012 1:45 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	171,400	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	171,400	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140275

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2012 1:45 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	57,449	1.00
2.00	0	63,289	2.00
3.00	0	3,190,863	3.00
4.00	0	797,927	4.00
5.00	0	205,080	5.00
6.00	0	11,538	6.00
7.00	17,432	17,432	7.00
8.00	0	67,210	8.00
9.00	0	503,277	9.00
10.00	0	0	10.00
200.00	17,432	4,914,065	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140275

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

Worksheet B
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW CAP RELATED IRC	NEW MVBLE EQUIP	MVBLE EQUIP IRC	
		1.00	1.01	2.00	2.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,321,468	5,321,468				1.00
1.01 00101 NEW CAP RELATED IRC	486,207	0	486,207			1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP IRC	0			0		2.01
4.00 00400 EMPLOYEE BENEFITS	3,981,986	13,011	0	0	0	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	12,376,251	1,248,804	0	0	0	5.00
7.00 00700 OPERATION OF PLANT	2,996,474	504,843	0	0	0	7.00
7.01 00701 OPERATION OF PLANT IRC	162,550	0	20,804	0	0	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	16,134	55,621	1,679	0	0	8.00
9.00 00900 HOUSEKEEPING	741,649	25,371	3,673	0	0	9.00
10.00 01000 DIETARY	681,357	122,697	0	0	0	10.00
11.00 01100 CAFETERIA	0	68,121	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,126,207	16,775	0	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,076,165	155,386	0	0	0	14.00
15.00 01500 PHARMACY	1,565,778	107,804	0	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,014,908	63,939	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	225,035	25,650	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,297,683	999,370	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1,100,221	86,894	0	0	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	446,614	50,394	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	1,459,160	0	76,140	0	0	44.00
45.00 04500 NURSING FACILITY	2,688,377	0	335,198	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,366,088	374,223	0	0	0	50.00
53.00 05300 ANESTHESIOLOGY	43,107	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,405,077	205,803	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	18,214	0	0	0	0	55.00
57.00 05700 CT SCAN	239,662	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	212,086	4,229	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	900,096	55,946	0	0	0	59.00
60.00 06000 LABORATORY	4,765,453	326,780	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	1,385,539	65,333	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	1,834,315	78,669	37,463	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,750,120	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	3,714,847	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,807,540	0	0	0	0	73.00
76.00 03020 CARDIAC REHAB	537,836	202,132	0	0	0	76.00
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	91,608	0	0	0	0	90.00
90.01 09001 WOUND CENTER	144,185	39,520	0	0	0	90.01
91.00 09100 EMERGENCY	2,457,298	205,292	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	1,735,321	164,982	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	70,172,616	5,267,589	474,957	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,280	37,058	3,283	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	421,259	16,821	0	0	0	192.00
192.01 19201 NONREIMBURSABLE	5,343	0	7,967	0	0	192.01
194.00 07950 CROSSTOWN SQUARE	1,370,194	0	0	0	0	194.00
194.01 07951 CADS	0	0	0	0	0	194.01
194.02 07952 NONALLOWABLE PHYSICIAN	350,779	0	0	0	0	194.02
194.03 07953 NONALLOWABLE GUEST MEALS	634,718	0	0	0	0	194.03
200.00 20000 Cross Foot Adjustments						200.00
201.00 20100 Negative Cost Centers		0	0	0	0	201.00
202.00 20200 TOTAL (sum lines 118-201)	73,009,189	5,321,468	486,207	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140275

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

Worksheet B
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description			EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT IRC	
			4.00	4A	5.00	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP RELATED IRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	00400	EMPLOYEE BENEFITS	3,994,997					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	158,074	13,783,129	13,783,129			5.00
7.00	00700	OPERATION OF PLANT	141,280	3,642,597	847,709	4,490,306		7.00
7.01	00701	OPERATION OF PLANT IRC	0	183,354	42,670	0	226,024	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	6,289	79,723	18,553	78,104	815	8.00
9.00	00900	HOUSEKEEPING	83,502	854,195	198,789	35,626	1,784	9.00
10.00	01000	DIETARY	44,393	848,447	197,451	172,292	0	10.00
11.00	01100	CAFETERIA	0	68,121	15,853	95,656	0	11.00
13.00	01300	NURSING ADMINISTRATION	140,576	1,283,558	298,711	23,555	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,271	1,249,822	290,860	218,196	0	14.00
15.00	01500	PHARMACY	192,695	1,866,277	434,322	51,645	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,078,847	251,070	89,784	0	16.00
17.00	01700	SOCIAL SERVICE	28,369	279,054	64,942	36,018	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	732,106	8,029,159	1,868,537	1,403,334	0	30.00
31.00	03100	INTENSIVE CARE UNIT	125,167	1,312,282	305,396	122,017	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	49,284	546,292	127,134	70,764	0	43.00
44.00	04400	SKILLED NURSING FACILITY	159,663	1,694,963	394,453	0	36,978	44.00
45.00	04500	NURSING FACILITY	265,605	3,289,180	765,461	0	162,789	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	199,288	2,939,599	684,106	525,490	0	50.00
53.00	05300	ANESTHESIOLOGY	0	43,107	10,032	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,430	1,763,310	410,359	288,992	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,984	20,198	4,700	0	0	55.00
57.00	05700	CT SCAN	26,769	266,431	62,004	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,637	227,952	53,049	5,938	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	58,799	1,014,841	236,175	78,561	0	59.00
60.00	06000	LABORATORY	282,351	5,374,584	1,250,779	258,749	0	60.00
65.00	06500	RESPIRATORY THERAPY	158,699	1,609,571	374,581	91,741	0	65.00
66.00	06600	PHYSICAL THERAPY	232,002	2,182,449	507,902	0	18,194	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,120	407,290	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,714,847	864,523	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,807,540	653,374	0	0	73.00
76.00	03020	CARDIAC REHAB	61,037	801,005	186,411	192,748	0	76.00
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	11,555	103,163	24,008	0	0	90.00
90.01	09001	WOUND CENTER	7,013	190,718	44,384	55,495	0	90.01
91.00	09100	EMERGENCY	275,083	2,937,673	683,658	288,274	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	268,049	2,168,352	504,621	231,670	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,891,970	70,004,460	13,083,867	4,414,649	220,560	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,264	95,885	22,314	52,037	1,595	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,405	439,485	102,277	23,620	0	192.00
192.01	19201	NONREIMBURSABLE	557	13,867	3,227	0	3,869	192.01
194.00	07950	CROSSTOWN SQUARE	45,022	1,415,216	329,350	0	0	194.00
194.01	07951	CADS	0	0	0	0	0	194.01
194.02	07952	NONALLOWABLE PHYSICIAN	19,498	370,277	86,171	0	0	194.02
194.03	07953	NONALLOWABLE GUEST MEALS	35,281	669,999	155,923	0	0	194.03
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)	3,994,997	73,009,189	13,783,129	4,490,306	226,024	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140275

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

Worksheet B
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800	177,195					8.00
9.00	00900	0	1,090,394				9.00
10.00	01000	0	41,308	1,259,498			10.00
11.00	01100	0	22,934	961,536	1,164,100		11.00
13.00	01300	0	5,648	0	32,936	1,644,408	13.00
14.00	01400	2,377	52,314	0	8,855	0	14.00
15.00	01500	0	12,382	0	39,284	0	15.00
16.00	01600	0	21,526	0	0	0	16.00
17.00	01700	0	8,636	0	8,902	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	45,106	336,457	281,196	248,212	951,531	30.00
31.00	03100	8,418	29,254	16,766	38,511	147,293	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	20,568	16,966	0	15,648	59,341	43.00
44.00	04400	0	0	0	58,610	0	44.00
45.00	04500	0	0	0	112,161	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	41,469	125,990	0	60,063	168,773	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	11,600	69,288	0	47,647	173	54.00
55.00	05500	0	0	0	0	0	55.00
57.00	05700	5,088	0	0	7,520	115	57.00
58.00	05800	1,062	1,424	0	3,069	4	58.00
59.00	05900	2,391	18,836	0	13,470	17,774	59.00
60.00	06000	69	62,037	0	106,398	1,920	60.00
65.00	06500	1,787	21,996	0	54,722	442	65.00
66.00	06600	1,720	31,593	0	67,114	168	66.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	1,923	46,213	0	18,225	32,022	76.00
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	3,959	0	90.00
90.01	09001	0	13,305	0	2,952	9,104	90.01
91.00	09100	33,617	69,116	0	84,589	254,925	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	55,544	0	120,008	823	95.00
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		177,195	1,062,767	1,259,498	1,152,855	1,644,408	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	15,245	0	0	0	190.00
192.00	19200	0	5,663	0	422	0	192.00
192.01	19201	0	6,719	0	0	0	192.01
194.00	07950	0	0	0	10,823	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	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		177,195	1,090,394	1,259,498	1,164,100	1,644,408	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140275

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP RELATED IRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT IRC						7.01
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	1,822,424					14.00
15.00	01500	PHARMACY	4,858	2,408,768				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,441,227			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	397,552		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,474	0	132,092	238,975	13,614,073	30.00
31.00	03100	INTENSIVE CARE UNIT	17,035	0	27,284	8,731	2,032,987	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	13,628	24,882	895,223	43.00
44.00	04400	SKILLED NURSING FACILITY	9,148	0	20,450	0	2,214,602	44.00
45.00	04500	NURSING FACILITY	7,972	0	33,869	0	4,371,432	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	133,503	0	112,046	124,964	4,916,003	50.00
53.00	05300	ANESTHESIOLOGY	6,382	0	19,360	0	78,881	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,804	0	80,088	0	2,705,261	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	564	0	547	0	26,009	55.00
57.00	05700	CT SCAN	5,104	0	91,999	0	438,261	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	350	0	23,017	0	315,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,673	0	57,344	0	1,478,065	59.00
60.00	06000	LABORATORY	285,283	0	191,628	0	7,531,447	60.00
65.00	06500	RESPIRATORY THERAPY	20,810	0	103,417	0	2,279,067	65.00
66.00	06600	PHYSICAL THERAPY	4,061	0	45,539	0	2,858,740	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	355,463	0	51,525	0	2,564,398	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	754,514	0	84,367	0	5,418,251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,408,768	122,464	0	5,992,146	73.00
76.00	03020	CARDIAC REHAB	1,690	0	5,476	0	1,285,713	76.00
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	3	0	654	0	131,787	90.00
90.01	09001	WOUND CENTER	5,029	0	2,224	0	323,211	90.01
91.00	09100	EMERGENCY	42,793	0	177,744	0	4,572,389	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	15,093	0	44,465	0	3,140,576	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,821,606	2,408,768	1,441,227	397,552	69,184,387	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	0	0	187,094	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	144	0	0	0	571,611	192.00
192.01	19201	NONREIMBURSABLE	0	0	0	0	27,682	192.01
194.00	07950	CROSS TOWN SQUARE	656	0	0	0	1,756,045	194.00
194.01	07951	CADS	0	0	0	0	0	194.01
194.02	07952	NONALLOWABLE PHYSICIAN	0	0	0	0	456,448	194.02
194.03	07953	NONALLOWABLE GUEST MEALS	0	0	0	0	825,922	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,822,424	2,408,768	1,441,227	397,552	73,009,189	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140275

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

Worksheet B
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP RELATED IRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC		2.01
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT IRC		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	13,614,073
31.00	03100	INTENSIVE CARE UNIT	0	2,032,987
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	895,223
44.00	04400	SKILLED NURSING FACILITY	0	2,214,602
45.00	04500	NURSING FACILITY	0	4,371,432
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	4,916,003
53.00	05300	ANESTHESIOLOGY	0	78,881
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,705,261
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,009
57.00	05700	CT SCAN	0	438,261
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	315,865
59.00	05900	CARDIAC CATHETERIZATION	0	1,478,065
60.00	06000	LABORATORY	0	7,531,447
65.00	06500	RESPIRATORY THERAPY	0	2,279,067
66.00	06600	PHYSICAL THERAPY	0	2,858,740
69.00	06900	ELECTROCARDIOLOGY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,564,398
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,418,251
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,992,146
76.00	03020	CARDIAC REHAB	0	1,285,713
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	131,787
90.01	09001	WOUND CENTER	0	323,211
91.00	09100	EMERGENCY	0	4,572,389
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	3,140,576
99.10	09910	CORF	0	0
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
113.00	11300	INTEREST EXPENSE	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	69,184,387
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	187,094
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	571,611
192.01	19201	NONREIMBURSABLE	0	27,682
194.00	07950	CROSSTOWN SQUARE	0	1,756,045
194.01	07951	CADS	0	0
194.02	07952	NONALLOWABLE PHYSICIAN	0	456,448
194.03	07953	NONALLOWABLE GUEST MEALS	0	825,922
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	73,009,189

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140275

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

Worksheet B
Part II
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW CAP RELATED IRC	NEW MVBLE EQUIP	MVBLE EQUIP IRC	
		1.00	1.01	2.00	2.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP RELATED IRC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP IRC					2.01
4.00 00400	EMPLOYEE BENEFITS	0	13,011	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	366,711	1,248,804	0	0	5.00
7.00 00700	OPERATION OF PLANT	23,776	504,843	0	0	7.00
7.01 00701	OPERATION OF PLANT IRC	404	0	20,804	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	794	55,621	1,679	0	8.00
9.00 00900	HOUSEKEEPING	3,523	25,371	3,673	0	9.00
10.00 01000	DIETARY	11,340	122,697	0	0	10.00
11.00 01100	CAFETERIA	0	68,121	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,307	16,775	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	177,499	155,386	0	0	14.00
15.00 01500	PHARMACY	76,743	107,804	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	63,939	0	0	16.00
17.00 01700	SOCIAL SERVICE	1,324	25,650	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	49,670	999,370	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,848	86,894	0	0	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	50,394	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	3,806	0	76,140	0	44.00
45.00 04500	NURSING FACILITY	13,138	0	335,198	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	42,355	374,223	0	0	50.00
53.00 05300	ANESTHESIOLOGY	1,348	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,675	205,803	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	42	0	0	0	55.00
57.00 05700	CT SCAN	349	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,089	4,229	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	37,175	55,946	0	0	59.00
60.00 06000	LABORATORY	155,909	326,780	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	16,811	65,333	0	0	65.00
66.00 06600	PHYSICAL THERAPY	176,259	78,669	37,463	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020	CARDIAC REHAB	121,103	202,132	0	0	76.00
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	1,523	0	0	0	90.00
90.01 09001	WOUND CENTER	36,038	39,520	0	0	90.01
91.00 09100	EMERGENCY	18,711	205,292	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	101,192	164,982	0	0	95.00
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,461,462	5,267,589	474,957	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,058	3,283	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	107,643	16,821	0	0	192.00
192.01 19201	NONREIMBURSABLE	0	0	7,967	0	192.01
194.00 07950	CROSSTOWN SQUARE	893	0	0	0	194.00
194.01 07951	CADS	0	0	0	0	194.01
194.02 07952	NONALLOWABLE PHYSICIAN	0	0	0	0	194.02
194.03 07953	NONALLOWABLE GUEST MEALS	0	0	0	0	194.03
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,569,998	5,321,468	486,207	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140275

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

Worksheet B
Part II
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description			Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT IRC	
			2A	4.00	5.00	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP RELATED IRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	00400	EMPLOYEE BENEFITS	13,011	13,011				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,615,515	515	1,616,030			5.00
7.00	00700	OPERATION OF PLANT	528,619	460	99,392	628,471		7.00
7.01	00701	OPERATION OF PLANT IRC	21,208	0	5,003	0	26,211	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	58,094	20	2,175	10,932	95	8.00
9.00	00900	HOUSEKEEPING	32,567	272	23,308	4,986	207	9.00
10.00	01000	DIETARY	134,037	145	23,151	24,114	0	10.00
11.00	01100	CAFETERIA	68,121	0	1,859	13,388	0	11.00
13.00	01300	NURSING ADMINISTRATION	23,082	458	35,023	3,297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	332,885	60	34,103	30,539	0	14.00
15.00	01500	PHARMACY	184,547	628	50,923	7,228	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63,939	0	29,437	12,566	0	16.00
17.00	01700	SOCIAL SERVICE	26,974	92	7,614	5,041	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,049,040	2,377	219,070	196,414	0	30.00
31.00	03100	INTENSIVE CARE UNIT	95,742	408	35,807	17,078	0	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	50,394	161	14,906	9,904	0	43.00
44.00	04400	SKILLED NURSING FACILITY	79,946	520	46,249	0	4,288	44.00
45.00	04500	NURSING FACILITY	348,336	866	89,749	0	18,877	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	416,578	649	80,210	73,549	0	50.00
53.00	05300	ANESTHESIOLOGY	1,348	0	1,176	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	213,478	497	48,114	40,448	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	42	6	551	0	0	55.00
57.00	05700	CT SCAN	349	87	7,270	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,318	38	6,220	831	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	93,121	192	27,691	10,996	0	59.00
60.00	06000	LABORATORY	482,689	920	146,651	36,215	0	60.00
65.00	06500	RESPIRATORY THERAPY	82,144	517	43,919	12,840	0	65.00
66.00	06600	PHYSICAL THERAPY	292,391	756	59,550	0	2,110	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	47,754	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	101,363	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	76,607	0	0	73.00
76.00	03020	CARDIAC REHAB	323,235	199	21,856	26,977	0	76.00
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	1,523	38	2,815	0	0	90.00
90.01	09001	WOUND CENTER	75,558	23	5,204	7,767	0	90.01
91.00	09100	EMERGENCY	224,003	896	80,157	40,347	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	266,174	874	59,166	32,425	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,204,008	12,674	1,534,043	617,882	25,577	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,341	4	2,616	7,283	185	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	124,464	5	11,992	3,306	0	192.00
192.01	19201	NONREIMBURSABLE	7,967	2	378	0	449	192.01
194.00	07950	CROSSTOWN SQUARE	893	147	38,616	0	0	194.00
194.01	07951	CADS	0	0	0	0	0	194.01
194.02	07952	NONALLOWABLE PHYSICIAN	0	64	10,103	0	0	194.02
194.03	07953	NONALLOWABLE GUEST MEALS	0	115	18,282	0	0	194.03
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)	7,377,673	13,011	1,616,030	628,471	26,211	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/26/2012 1:45 pm				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP RELATED IRC					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC					2.01	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT IRC					7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	71,316				8.00	
9.00	00900	HOUSEKEEPING	0	61,340			9.00	
10.00	01000	DIETARY	0	2,324	183,771		10.00	
11.00	01100	CAFETERIA	0	1,290	140,296	224,954	11.00	
13.00	01300	NURSING ADMINISTRATION	0	318	0	6,365	68,543	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	957	2,943	0	1,711	0	14.00
15.00	01500	PHARMACY	0	697	0	7,591	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,211	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	486	0	1,720	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,154	18,925	41,029	47,967	39,663	30.00
31.00	03100	INTENSIVE CARE UNIT	3,388	1,646	2,446	7,442	6,140	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,278	954	0	3,024	2,473	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	11,326	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	21,674	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,690	7,088	0	11,607	7,035	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,669	3,898	0	9,207	7	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	2,048	0	0	1,453	5	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	427	80	0	593	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	962	1,060	0	2,603	741	59.00
60.00	06000	LABORATORY	28	3,490	0	20,561	80	60.00
65.00	06500	RESPIRATORY THERAPY	719	1,237	0	10,575	18	65.00
66.00	06600	PHYSICAL THERAPY	692	1,777	0	12,969	7	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	CARDIAC REHAB	774	2,600	0	3,522	1,335	76.00
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	765	0	90.00
90.01	09001	WOUND CENTER	0	748	0	570	379	90.01
91.00	09100	EMERGENCY	13,530	3,888	0	16,346	10,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,125	0	23,191	34	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	71,316	59,785	183,771	222,782	68,543	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	858	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	319	0	81	0	192.00
192.01	19201	NONREIMBURSABLE	0	378	0	0	0	192.01
194.00	07950	CROSSTOWN SQUARE	0	0	0	2,091	0	194.00
194.01	07951	CADS	0	0	0	0	0	194.01
194.02	07952	NONALLOWABLE PHYSICIAN	0	0	0	0	0	194.02
194.03	07953	NONALLOWABLE GUEST MEALS	0	0	0	0	0	194.03
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)	71,316	61,340	183,771	224,954	68,543	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140275

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

Worksheet B
Part II
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP RELATED IRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC						2.01
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT IRC						7.01
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	403,198					14.00
15.00	01500	PHARMACY	1,075	252,689				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	107,153			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	41,927		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,583	0	9,817	25,203	1,685,242	30.00
31.00	03100	INTENSIVE CARE UNIT	3,769	0	2,028	921	176,815	31.00
41.00	04100	SUBPROVIDER - I R F	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,013	2,624	93,731	43.00
44.00	04400	SKILLED NURSING FACILITY	2,024	0	1,520	0	145,873	44.00
45.00	04500	NURSING FACILITY	1,764	0	2,517	0	483,783	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,537	0	8,327	13,179	664,449	50.00
53.00	05300	ANESTHESIOLOGY	1,412	0	1,439	0	5,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,479	0	5,952	0	333,749	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	125	0	41	0	765	55.00
57.00	05700	CT SCAN	1,129	0	6,837	0	19,178	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	77	0	1,711	0	15,295	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,556	0	4,262	0	150,184	59.00
60.00	06000	LABORATORY	63,117	0	14,284	0	768,035	60.00
65.00	06500	RESPIRATORY THERAPY	4,604	0	7,686	0	164,259	65.00
66.00	06600	PHYSICAL THERAPY	898	0	3,384	0	374,534	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	78,643	0	3,829	0	130,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	166,930	0	6,270	0	274,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	252,689	9,101	0	338,397	73.00
76.00	03020	CARDIAC REHAB	374	0	407	0	381,279	76.00
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	1	0	49	0	5,191	90.00
90.01	09001	WOUND CENTER	1,113	0	165	0	91,527	90.01
91.00	09100	EMERGENCY	9,468	0	13,209	0	412,470	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,339	0	3,305	0	391,633	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	403,017	252,689	107,153	41,927	7,106,553	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4	0	0	0	51,291	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32	0	0	0	140,199	192.00
192.01	19201	NONREIMBURSABLE	0	0	0	0	9,174	192.01
194.00	07950	CROSS TOWN SQUARE	145	0	0	0	41,892	194.00
194.01	07951	CADS	0	0	0	0	0	194.01
194.02	07952	NONALLOWABLE PHYSICIAN	0	0	0	0	10,167	194.02
194.03	07953	NONALLOWABLE GUEST MEALS	0	0	0	0	18,397	194.03
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)	403,198	252,689	107,153	41,927	7,377,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140275

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

Worksheet B
Part II
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP RELATED IRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC		2.01
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT IRC		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,685,242
31.00	03100	INTENSIVE CARE UNIT	0	176,815
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	93,731
44.00	04400	SKILLED NURSING FACILITY	0	145,873
45.00	04500	NURSING FACILITY	0	483,783
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	664,449
53.00	05300	ANESTHESIOLOGY	0	5,375
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	333,749
55.00	05500	RADIOLOGY-THERAPEUTIC	0	765
57.00	05700	CT SCAN	0	19,178
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,295
59.00	05900	CARDIAC CATHETERIZATION	0	150,184
60.00	06000	LABORATORY	0	768,035
65.00	06500	RESPIRATORY THERAPY	0	164,259
66.00	06600	PHYSICAL THERAPY	0	374,534
69.00	06900	ELECTROCARDIOLOGY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	130,226
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	274,563
73.00	07300	DRUGS CHARGED TO PATIENTS	0	338,397
76.00	03020	CARDIAC REHAB	0	381,279
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	5,191
90.01	09001	WOUND CENTER	0	91,527
91.00	09100	EMERGENCY	0	412,470
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	391,633
99.10	09910	CORF	0	0
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
113.00	11300	INTEREST EXPENSE		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,106,553
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51,291
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	140,199
192.01	19201	NONREIMBURSABLE	0	9,174
194.00	07950	CROSSTOWN SQUARE	0	41,892
194.01	07951	CADS	0	0
194.02	07952	NONALLOWABLE PHYSICIAN	0	10,167
194.03	07953	NONALLOWABLE GUEST MEALS	0	18,397
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	7,377,673

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW CAP RELATED IRC (SQUARE FEET IRC)	NEW MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP IRC (DOLLAR VALUE)		
		1.00	1.01	2.00	2.01		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	229,042				1.00
1.01	00101	NEW CAP RELATED IRC	0	52,420			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			0		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC			0	0	2.01
4.00	00400	EMPLOYEE BENEFITS	560	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	53,750	0	0	0	5.00
7.00	00700	OPERATION OF PLANT	21,729	0	0	0	7.00
7.01	00701	OPERATION OF PLANT IRC	0	2,243	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,394	181	0	0	8.00
9.00	00900	HOUSEKEEPING	1,092	396	0	0	9.00
10.00	01000	DIETARY	5,281	0	0	0	10.00
11.00	01100	CAFETERIA	2,932	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	722	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,688	0	0	0	14.00
15.00	01500	PHARMACY	4,640	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,752	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,104	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,014	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,740	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,169	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	8,209	0	0	44.00
45.00	04500	NURSING FACILITY	0	36,139	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,107	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,858	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	182	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,408	0	0	0	59.00
60.00	06000	LABORATORY	14,065	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,812	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,386	4,039	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CARDIAC REHAB	8,700	0	0	0	76.00
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	WOUND CENTER	1,701	0	0	0	90.01
91.00	09100	EMERGENCY	8,836	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,101	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	226,723	51,207	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,595	354	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	724	0	0	0	192.00
192.01	19201	NONREIMBURSABLE	0	859	0	0	192.01
194.00	07950	CROSSTOWN SQUARE	0	0	0	0	194.00
194.01	07951	CADS	0	0	0	0	194.01
194.02	07952	NONALLOWABLE PHYSICIAN	0	0	0	0	194.02
194.03	07953	NONALLOWABLE GUEST MEALS	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,321,468	486,207	0	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW CAP RELATED IRC (SQUARE FEET IRC)	NEW MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP IRC (DOLLAR VALUE)		
		1.00	1.01	2.00	2.01		
203.00	Unit cost multiplier (Wkst. B, Part I)	23.233590	9.275219	0.000000	0.000000	0.138391	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					13,011	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000451	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT IRC (SQUARE FEET IRC)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5A	5.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP RELATED IRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP IRC					2.01
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-13,783,129	59,226,060			5.00
7.00	00700	OPERATION OF PLANT	0	3,642,597	137,634		7.00
7.01	00701	OPERATION OF PLANT IRC	0	183,354	0	50,177	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	79,723	2,394	181	518,929
8.00	00800	LAUNDRY & LINEN SERVICE	0	79,723	2,394	181	518,929
9.00	00900	HOUSEKEEPING	0	854,195	1,092	396	0
9.00	00900	HOUSEKEEPING	0	854,195	1,092	396	0
10.00	01000	DIETARY	0	848,447	5,281	0	0
10.00	01000	DIETARY	0	848,447	5,281	0	0
11.00	01100	CAFETERIA	0	68,121	2,932	0	0
11.00	01100	CAFETERIA	0	68,121	2,932	0	0
13.00	01300	NURSING ADMINISTRATION	0	1,283,558	722	0	0
13.00	01300	NURSING ADMINISTRATION	0	1,283,558	722	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,249,822	6,688	0	6,960
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,249,822	6,688	0	6,960
15.00	01500	PHARMACY	0	1,866,277	1,583	0	0
15.00	01500	PHARMACY	0	1,866,277	1,583	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,078,847	2,752	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,078,847	2,752	0	0
17.00	01700	SOCIAL SERVICE	0	279,054	1,104	0	0
17.00	01700	SOCIAL SERVICE	0	279,054	1,104	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	8,029,159	43,014	0	132,098
30.00	03000	ADULTS & PEDIATRICS	0	8,029,159	43,014	0	132,098
31.00	03100	INTENSIVE CARE UNIT	0	1,312,282	3,740	0	24,653
31.00	03100	INTENSIVE CARE UNIT	0	1,312,282	3,740	0	24,653
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	546,292	2,169	0	60,234
43.00	04300	NURSERY	0	546,292	2,169	0	60,234
44.00	04400	SKILLED NURSING FACILITY	0	1,694,963	0	8,209	0
44.00	04400	SKILLED NURSING FACILITY	0	1,694,963	0	8,209	0
45.00	04500	NURSING FACILITY	0	3,289,180	0	36,139	0
45.00	04500	NURSING FACILITY	0	3,289,180	0	36,139	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,939,599	16,107	0	121,445
50.00	05000	OPERATING ROOM	0	2,939,599	16,107	0	121,445
53.00	05300	ANESTHESIOLOGY	0	43,107	0	0	0
53.00	05300	ANESTHESIOLOGY	0	43,107	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,763,310	8,858	0	33,971
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,763,310	8,858	0	33,971
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,198	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,198	0	0	0
57.00	05700	CT SCAN	0	266,431	0	0	14,901
57.00	05700	CT SCAN	0	266,431	0	0	14,901
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	227,952	182	0	3,109
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	227,952	182	0	3,109
59.00	05900	CARDIAC CATHETERIZATION	0	1,014,841	2,408	0	7,002
59.00	05900	CARDIAC CATHETERIZATION	0	1,014,841	2,408	0	7,002
60.00	06000	LABORATORY	0	5,374,584	7,931	0	203
60.00	06000	LABORATORY	0	5,374,584	7,931	0	203
65.00	06500	RESPIRATORY THERAPY	0	1,609,571	2,812	0	5,233
65.00	06500	RESPIRATORY THERAPY	0	1,609,571	2,812	0	5,233
66.00	06600	PHYSICAL THERAPY	0	2,182,449	0	4,039	5,037
66.00	06600	PHYSICAL THERAPY	0	2,182,449	0	4,039	5,037
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,120	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,120	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,714,847	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,714,847	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,807,540	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,807,540	0	0	0
76.00	03020	CARDIAC REHAB	0	801,005	5,908	0	5,633
76.00	03020	CARDIAC REHAB	0	801,005	5,908	0	5,633
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	103,163	0	0	0
90.00	09000	CLINIC	0	103,163	0	0	0
90.01	09001	WOUND CENTER	0	190,718	1,701	0	0
90.01	09001	WOUND CENTER	0	190,718	1,701	0	0
91.00	09100	EMERGENCY	0	2,937,673	8,836	0	98,450
91.00	09100	EMERGENCY	0	2,937,673	8,836	0	98,450
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,168,352	7,101	0	0
95.00	09500	AMBULANCE SERVICES	0	2,168,352	7,101	0	0
99.10	09910	CORF	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,783,129	56,221,331	135,315	48,964	518,929
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,783,129	56,221,331	135,315	48,964	518,929
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	95,885	1,595	354	0
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	95,885	1,595	354	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	439,485	724	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	439,485	724	0	0
192.01	19201	NONREIMBURSABLE	0	13,867	0	859	0
192.01	19201	NONREIMBURSABLE	0	13,867	0	859	0
194.00	07950	CROSSTOWN SQUARE	0	1,415,216	0	0	0
194.00	07950	CROSSTOWN SQUARE	0	1,415,216	0	0	0
194.01	07951	CADS	0	0	0	0	0
194.01	07951	CADS	0	0	0	0	0
194.02	07952	NONALLOWABLE PHYSICIAN	0	370,277	0	0	0
194.02	07952	NONALLOWABLE PHYSICIAN	0	370,277	0	0	0
194.03	07953	NONALLOWABLE GUEST MEALS	0	669,999	0	0	0
194.03	07953	NONALLOWABLE GUEST MEALS	0	669,999	0	0	0
200.00		Cross Foot Adjustments					200.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)					202.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,783,129	4,490,306	226,024	177,195	202.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,783,129	4,490,306	226,024	177,195	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)					203.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.232721	32.624976	4.504534	0.341463	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT IRC (SQUARE FEET IRC)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5A	5.00	7.00	7.01	8.00	
204.00	Cost to be allocated (per Wkst. B, Part II)		1,616,030	628,471	26,211	71,316	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.027286	4.566248	0.522371	0.137429	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	139,400					9.00
10.00	01000	5,281	199,453				10.00
11.00	01100	2,932	152,268	49,694			11.00
13.00	01300	722	0	1,406	371,746		13.00
14.00	01400	6,688	0	378	0	8,972,702	14.00
15.00	01500	1,583	0	1,677	0	23,918	15.00
16.00	01600	2,752	0	0	0	0	16.00
17.00	01700	1,104	0	380	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	43,014	44,530	10,596	215,110	391,288	30.00
31.00	03100	3,740	2,655	1,644	33,298	83,873	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,169	0	668	13,415	0	43.00
44.00	04400	0	0	2,502	0	45,042	44.00
45.00	04500	0	0	4,788	0	39,251	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	16,107	0	2,564	38,154	657,302	50.00
53.00	05300	0	0	0	0	31,423	53.00
54.00	05400	8,858	0	2,034	39	166,432	54.00
55.00	05500	0	0	0	0	2,778	55.00
57.00	05700	0	0	321	26	25,131	57.00
58.00	05800	182	0	131	1	1,721	58.00
59.00	05900	2,408	0	575	4,018	190,406	59.00
60.00	06000	7,931	0	4,542	434	1,404,587	60.00
65.00	06500	2,812	0	2,336	100	102,460	65.00
66.00	06600	4,039	0	2,865	38	19,993	66.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	1,750,120	71.00
72.00	07200	0	0	0	0	3,714,847	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	5,908	0	778	7,239	8,323	76.00
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	169	0	16	90.00
90.01	09001	1,701	0	126	2,058	24,762	90.01
91.00	09100	8,836	0	3,611	57,630	210,692	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	7,101	0	5,123	186	74,309	95.00
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		135,868	199,453	49,214	371,746	8,968,674	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,949	0	0	0	88	190.00
192.00	19200	724	0	18	0	710	192.00
192.01	19201	859	0	0	0	0	192.01
194.00	07950	0	0	462	0	3,230	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	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		1,090,394	1,259,498	1,164,100	1,644,408	1,822,424	202.00
203.00		7.822052	6.314761	23.425363	4.423472	0.203108	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	61,340	183,771	224,954	68,543	403,198	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.440029	0.921375	4.526784	0.184381	0.044936	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
2.01	00201				2.01
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500	2,771,760			15.00
16.00	01600	0	205,191,589		16.00
17.00	01700	0	0	7,877	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	18,805,787	4,735	30.00
31.00	03100	0	3,884,381	173	31.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	1,940,164	493	43.00
44.00	04400	0	2,911,512	0	44.00
45.00	04500	0	4,821,877	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	15,951,837	2,476	50.00
53.00	05300	0	2,756,245	0	53.00
54.00	05400	0	11,402,011	0	54.00
55.00	05500	0	77,858	0	55.00
57.00	05700	0	13,097,844	0	57.00
58.00	05800	0	3,276,955	0	58.00
59.00	05900	0	8,163,948	0	59.00
60.00	06000	0	27,287,466	0	60.00
65.00	06500	0	14,723,323	0	65.00
66.00	06600	0	6,483,364	0	66.00
69.00	06900	0	0	0	69.00
71.00	07100	0	7,335,508	0	71.00
72.00	07200	0	12,011,217	0	72.00
73.00	07300	2,771,760	17,435,047	0	73.00
76.00	03020	0	779,655	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	93,160	0	90.00
90.01	09001	0	316,676	0	90.01
91.00	09100	0	25,305,267	0	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	6,330,487	0	95.00
99.10	09910	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
118.00		2,771,760	205,191,589	7,877	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
192.00	19200	0	0	0	192.00
192.01	19201	0	0	0	192.01
194.00	07950	0	0	0	194.00
194.01	07951	0	0	0	194.01
194.02	07952	0	0	0	194.02
194.03	07953	0	0	0	194.03
200.00					200.00
201.00					201.00
202.00		2,408,768	1,441,227	397,552	202.00
203.00		0.869039	0.007024	50.469976	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140275

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

Worksheet B-1

Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	252,689	107,153	41,927	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.091166	0.000522	5.322712	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140275

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

Worksheet C
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	13,614,073		13,614,073	0	13,614,073	30.00
31.00	03100 INTENSIVE CARE UNIT	2,032,987		2,032,987	0	2,032,987	31.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	895,223		895,223	0	895,223	43.00
44.00	04400 SKILLED NURSING FACILITY	2,214,602		2,214,602	0	2,214,602	44.00
45.00	04500 NURSING FACILITY	4,371,432		4,371,432	0	4,371,432	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,916,003		4,916,003	0	4,916,003	50.00
53.00	05300 ANESTHESIOLOGY	78,881		78,881	0	78,881	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,705,261		2,705,261	0	2,705,261	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	26,009		26,009	0	26,009	55.00
57.00	05700 CT SCAN	438,261		438,261	0	438,261	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	315,865		315,865	0	315,865	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,478,065		1,478,065	0	1,478,065	59.00
60.00	06000 LABORATORY	7,531,447		7,531,447	0	7,531,447	60.00
65.00	06500 RESPIRATORY THERAPY	2,279,067	0	2,279,067	0	2,279,067	65.00
66.00	06600 PHYSICAL THERAPY	2,858,740	0	2,858,740	0	2,858,740	66.00
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,564,398		2,564,398	0	2,564,398	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	5,418,251		5,418,251	0	5,418,251	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,992,146		5,992,146	0	5,992,146	73.00
76.00	03020 CARDIAC REHAB	1,285,713		1,285,713	0	1,285,713	76.00
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	131,787		131,787	0	131,787	90.00
90.01	09001 WOUND CENTER	323,211		323,211	0	323,211	90.01
91.00	09100 EMERGENCY	4,572,389		4,572,389	0	4,572,389	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,515,288		1,515,288	0	1,515,288	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	3,140,576		3,140,576	0	3,140,576	95.00
99.10	09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	70,699,675	0	70,699,675	0	70,699,675	200.00
201.00	Less Observation Beds	1,515,288		1,515,288	0	1,515,288	201.00
202.00	Total (see instructions)	69,184,387	0	69,184,387	0	69,184,387	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140275

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

Worksheet C
Part I
Date/Time Prepared:
11/26/2012 1:45 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	18,497,089		18,497,089		30.00
31.00	03100	INTENSIVE CARE UNIT	3,851,549		3,851,549		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,901,846		1,901,846		43.00
44.00	04400	SKILLED NURSING FACILITY	2,911,512		2,911,512		44.00
45.00	04500	NURSING FACILITY	4,821,877		4,821,877		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,405,858	8,755,639	15,161,497	0.324243	50.00
53.00	05300	ANESTHESIOLOGY	1,261,841	1,374,094	2,635,935	0.029925	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,149,917	8,715,514	10,865,431	0.248979	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,189	76,669	77,858	0.334057	55.00
57.00	05700	CT SCAN	3,108,338	9,549,220	12,657,558	0.034624	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	579,091	2,464,392	3,043,483	0.103784	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,914,960	3,988,208	7,903,168	0.187022	59.00
60.00	06000	LABORATORY	8,913,411	17,612,885	26,526,296	0.283924	60.00
65.00	06500	RESPIRATORY THERAPY	9,194,736	5,208,623	14,403,359	0.158232	65.00
66.00	06600	PHYSICAL THERAPY	2,947,239	3,373,419	6,320,658	0.452285	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,460,383	2,613,981	7,074,364	0.362492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,587,788	3,142,747	11,730,535	0.461893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,720,599	6,323,267	17,043,866	0.351572	73.00
76.00	03020	CARDIAC REHAB	24,900	714,875	739,775	1.737978	76.00
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	8,082	82,240	90,322	1.459080	90.00
90.01	09001	WOUND CENTER	7,374	309,302	316,676	1.020636	90.01
91.00	09100	EMERGENCY	4,673,726	19,850,381	24,524,107	0.186445	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	343,169	1,877,521	2,220,690	0.682350	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,290,503	6,290,503	0.499257	95.00
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	99,286,474	102,323,480	201,609,954		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	99,286,474	102,323,480	201,609,954		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140275

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

Worksheet C
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.324243			50.00
53.00	05300 ANESTHESIOLOGY	0.029925			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248979			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.334057			55.00
57.00	05700 CT SCAN	0.034624			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.103784			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.187022			59.00
60.00	06000 LABORATORY	0.283924			60.00
65.00	06500 RESPIRATORY THERAPY	0.158232			65.00
66.00	06600 PHYSICAL THERAPY	0.452285			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.362492			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.461893			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.351572			73.00
76.00	03020 CARDIAC REHAB	1.737978			76.00
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	1.459080			90.00
90.01	09001 WOUND CENTER	1.020636			90.01
91.00	09100 EMERGENCY	0.186445			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.682350			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.499257			95.00
99.10	09910 CORF				99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140275

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

Worksheet C
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	13,614,073		13,614,073	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	2,032,987		2,032,987	0	0	31.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	895,223		895,223	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	2,214,602		2,214,602	0	0	44.00
45.00	04500 NURSING FACILITY	4,371,432		4,371,432	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,916,003		4,916,003	0	0	50.00
53.00	05300 ANESTHESIOLOGY	78,881		78,881	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,705,261		2,705,261	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	26,009		26,009	0	0	55.00
57.00	05700 CT SCAN	438,261		438,261	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	315,865		315,865	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,478,065		1,478,065	0	0	59.00
60.00	06000 LABORATORY	7,531,447		7,531,447	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	2,279,067	0	2,279,067	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2,858,740	0	2,858,740	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,564,398		2,564,398	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	5,418,251		5,418,251	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,992,146		5,992,146	0	0	73.00
76.00	03020 CARDIAC REHAB	1,285,713		1,285,713	0	0	76.00
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	131,787		131,787	0	0	90.00
90.01	09001 WOUND CENTER	323,211		323,211	0	0	90.01
91.00	09100 EMERGENCY	4,572,389		4,572,389	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,515,288		1,515,288	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	3,140,576		3,140,576	0	0	95.00
99.10	09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	70,699,675	0	70,699,675	0	0	200.00
201.00	Less Observation Beds	1,515,288		1,515,288			201.00
202.00	Total (see instructions)	69,184,387	0	69,184,387	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140275

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

Worksheet C
Part I
Date/Time Prepared:
11/26/2012 1:45 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,497,089		18,497,089		30.00
31.00	03100	INTENSIVE CARE UNIT	3,851,549		3,851,549		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,901,846		1,901,846		43.00
44.00	04400	SKILLED NURSING FACILITY	2,911,512		2,911,512		44.00
45.00	04500	NURSING FACILITY	4,821,877		4,821,877		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,405,858	8,755,639	15,161,497	0.324243	50.00
53.00	05300	ANESTHESIOLOGY	1,261,841	1,374,094	2,635,935	0.029925	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,149,917	8,715,514	10,865,431	0.248979	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,189	76,669	77,858	0.334057	55.00
57.00	05700	CT SCAN	3,108,338	9,549,220	12,657,558	0.034624	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	579,091	2,464,392	3,043,483	0.103784	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,914,960	3,988,208	7,903,168	0.187022	59.00
60.00	06000	LABORATORY	8,913,411	17,612,885	26,526,296	0.283924	60.00
65.00	06500	RESPIRATORY THERAPY	9,194,736	5,208,623	14,403,359	0.158232	65.00
66.00	06600	PHYSICAL THERAPY	2,947,239	3,373,419	6,320,658	0.452285	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,460,383	2,613,981	7,074,364	0.362492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,587,788	3,142,747	11,730,535	0.461893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,720,599	6,323,267	17,043,866	0.351572	73.00
76.00	03020	CARDIAC REHAB	24,900	714,875	739,775	1.737978	76.00
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	8,082	82,240	90,322	1.459080	90.00
90.01	09001	WOUND CENTER	7,374	309,302	316,676	1.020636	90.01
91.00	09100	EMERGENCY	4,673,726	19,850,381	24,524,107	0.186445	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	343,169	1,877,521	2,220,690	0.682350	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,290,503	6,290,503	0.499257	95.00
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	99,286,474	102,323,480	201,609,954		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	99,286,474	102,323,480	201,609,954		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/26/2012 1:45 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 CARDIAC REHAB	0.000000		76.00
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 WOUND CENTER	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
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: 140275

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

Worksheet D
Part I
Date/Time Prepared:
11/26/2012 1:45 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	1,685,242	0	1,685,242	14,501	116.22	30.00
31.00	03100 INTENSIVE CARE UNIT	176,815		176,815	1,291	136.96	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	93,731		93,731	1,481	63.29	43.00
44.00	04400 SKILLED NURSING FACILITY	145,873		145,873	6,969	20.93	44.00
45.00	04500 NURSING FACILITY	483,783		483,783	27,453	17.62	45.00
200.00	Total (lines 30-199)	2,585,444		2,585,444	51,695		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140275		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part I Date/Time Prepared: 11/26/2012 1:45 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII		Hospital PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	6,887	800,407				30.00
31.00	03100 INTENSIVE CARE UNIT	704	96,420				31.00
41.00	04100 SUBPROVIDER - IRF	0	0				41.00
42.00	04200 SUBPROVIDER	0	0				42.00
43.00	04300 NURSERY	0	0				43.00
44.00	04400 SKILLED NURSING FACILITY	5,660	118,464				44.00
45.00	04500 NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	13,251	1,015,291				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/26/2012 1:45 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	664,449	15,161,497	0.043825	2,333,597	102,270	50.00
53.00	05300 ANESTHESIOLOGY	5,375	2,635,935	0.002039	326,439	666	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	333,749	10,865,431	0.030717	1,191,250	36,592	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	765	77,858	0.009826	792	8	55.00
57.00	05700 CT SCAN	19,178	12,657,558	0.001515	1,759,679	2,666	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	15,295	3,043,483	0.005025	307,962	1,548	58.00
59.00	05900 CARDIAC CATHETERIZATION	150,184	7,903,168	0.019003	2,336,425	44,399	59.00
60.00	06000 LABORATORY	768,035	26,526,296	0.028954	4,822,724	139,637	60.00
65.00	06500 RESPIRATORY THERAPY	164,259	14,403,359	0.011404	5,534,518	63,116	65.00
66.00	06600 PHYSICAL THERAPY	374,534	6,320,658	0.059256	713,951	42,306	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	130,226	7,074,364	0.018408	1,477,082	27,190	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	274,563	11,730,535	0.023406	5,481,089	128,290	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	338,397	17,043,866	0.019854	5,572,725	110,641	73.00
76.00	03020 CARDIAC REHAB	381,279	739,775	0.515399	13,037	6,719	76.00
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	5,191	90,322	0.057472	1,940	111	90.00
90.01	09001 WOUND CENTER	91,527	316,676	0.289024	0	0	90.01
91.00	09100 EMERGENCY	412,470	24,524,107	0.016819	2,178,165	36,635	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	187,573	2,220,690	0.084466	221,294	18,692	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	4,317,049	163,335,578		34,272,669	761,486	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140275		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/26/2012 1:45 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/26/2012 1:45 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	Title XVIII		Hospital		PPS	
	6.00	7.00	8.00	9.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	14,501	0.00	6,887	0				30.00
31.00	03100	INTENSIVE CARE UNIT	1,291	0.00	704	0				31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0				41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0				42.00
43.00	04300	NURSERY	1,481	0.00	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	6,969	0.00	5,660	0				44.00
45.00	04500	NURSING FACILITY	27,453	0.00	0	0				45.00
200.00		Total (lines 30-199)	51,695		13,251	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140275

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

Worksheet D
Part IV
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (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	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03020	CARDIAC REHAB	0	0	0	0	76.00	
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	WOUND CENTER	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					95.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/26/2012 1:45 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	15,161,497	0.000000	0.000000	2,333,597	50.00
53.00	05300 ANESTHESIOLOGY	0	2,635,935	0.000000	0.000000	326,439	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,865,431	0.000000	0.000000	1,191,250	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	77,858	0.000000	0.000000	792	55.00
57.00	05700 CT SCAN	0	12,657,558	0.000000	0.000000	1,759,679	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,043,483	0.000000	0.000000	307,962	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,903,168	0.000000	0.000000	2,336,425	59.00
60.00	06000 LABORATORY	0	26,526,296	0.000000	0.000000	4,822,724	60.00
65.00	06500 RESPIRATORY THERAPY	0	14,403,359	0.000000	0.000000	5,534,518	65.00
66.00	06600 PHYSICAL THERAPY	0	6,320,658	0.000000	0.000000	713,951	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,074,364	0.000000	0.000000	1,477,082	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	11,730,535	0.000000	0.000000	5,481,089	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	17,043,866	0.000000	0.000000	5,572,725	73.00
76.00	03020 CARDIAC REHAB	0	739,775	0.000000	0.000000	13,037	76.00
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	90,322	0.000000	0.000000	1,940	90.00
90.01	09001 WOUND CENTER	0	316,676	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	24,524,107	0.000000	0.000000	2,178,165	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,220,690	0.000000	0.000000	221,294	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	163,335,578			34,272,669	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140275

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

Worksheet D
Part IV
Date/Time Prepared:
11/26/2012 1:45 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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	3,664,761	0	50.00
53.00	05300 ANESTHESIOLOGY	0	374,223	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,666,708	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	54,171	0	55.00
57.00	05700 CT SCAN	0	2,689,022	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	510,376	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,306,900	0	59.00
60.00	06000 LABORATORY	0	352,477	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,649,665	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	683,960	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,616,899	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,672,725	0	73.00
76.00	03020 CARDIAC REHAB	0	393,245	0	76.00
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 WOUND CENTER	0	0	0	90.01
91.00	09100 EMERGENCY	0	3,161,072	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	21,796,204	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/26/2012 1:45 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)				
	1.00	2.00	3.00	4.00				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.324243	3,664,761	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0.029925	374,223	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248979	1,666,708	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.334057	54,171	0	0		55.00
57.00	05700	CT SCAN	0.034624	2,689,022	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.103784	510,376	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187022	2,306,900	15	0		59.00
60.00	06000	LABORATORY	0.283924	352,477	1,002	0		60.00
65.00	06500	RESPIRATORY THERAPY	0.158232	1,649,665	208	0		65.00
66.00	06600	PHYSICAL THERAPY	0.452285	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.362492	683,960	169	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.461893	1,616,899	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351572	2,672,725	15	35,979		73.00
76.00	03020	CARDIAC REHAB	1.737978	393,245	0	0		76.00
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	1.459080	0	0	0		90.00
90.01	09001	WOUND CENTER	1.020636	0	0	0		90.01
91.00	09100	EMERGENCY	0.186445	3,161,072	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.682350	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.499257		312			95.00
200.00		Subtotal (see instructions)		21,796,204	1,721	35,979		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		21,796,204	1,721	35,979		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/26/2012 1:45 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	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	1,188,273	0	0	50.00
53.00	05300 ANESTHESIOLOGY	11,199	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	414,975	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	18,096	0	0	55.00
57.00	05700 CT SCAN	93,105	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	52,969	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	431,441	3	0	59.00
60.00	06000 LABORATORY	100,077	284	0	60.00
65.00	06500 RESPIRATORY THERAPY	261,030	33	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	247,930	61	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	746,834	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	939,655	5	12,649	73.00
76.00	03020 CARDIAC REHAB	683,451	0	0	76.00
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 WOUND CENTER	0	0	0	90.01
91.00	09100 EMERGENCY	589,366	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		156		95.00
200.00	Subtotal (see instructions)	5,778,401	542	12,649	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	5,778,401	542	12,649	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140275
Component CCN: 145703

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

Worksheet D
Part IV
Date/Time Prepared:
11/26/2012 1:45 pm
PPS

Title XVIII

Skilled Nursing Facility

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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
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	WOUND CENTER	0	0	0	0	0	90.01
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
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/26/2012 1:45 pm
Title XVIII		Skilled Nursing Facility	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	15,161,497	0.000000	0.000000	5,285	50.00
53.00 05300 ANESTHESIOLOGY	0	2,635,935	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	10,865,431	0.000000	0.000000	23,280	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	77,858	0.000000	0.000000	0	55.00
57.00 05700 CT SCAN	0	12,657,558	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,043,483	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	7,903,168	0.000000	0.000000	2,924	59.00
60.00 06000 LABORATORY	0	26,526,296	0.000000	0.000000	72,077	60.00
65.00 06500 RESPIRATORY THERAPY	0	14,403,359	0.000000	0.000000	38,354	65.00
66.00 06600 PHYSICAL THERAPY	0	6,320,658	0.000000	0.000000	1,465,244	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,074,364	0.000000	0.000000	28,270	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	11,730,535	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	17,043,866	0.000000	0.000000	373,669	73.00
76.00 03020 CARDIAC REHAB	0	739,775	0.000000	0.000000	0	76.00
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	90,322	0.000000	0.000000	0	90.00
90.01 09001 WOUND CENTER	0	316,676	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	24,524,107	0.000000	0.000000	19,567	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,220,690	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0					95.00
200.00 Total (lines 50-199)	0	163,335,578			2,028,670	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/26/2012 1:45 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (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
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03020 CARDIAC REHAB	0	0	0	76.00
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 WOUND CENTER	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		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)		14,501	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,501	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)		12,887	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,887	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)		13,614,073	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)		13,614,073	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		15,970,628	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		15,970,628	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.852444	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)		1,239.28	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)		13,614,073	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)		938.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,465,791	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,465,791	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140275		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/26/2012 1:45 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,032,987	1,291	1,574.74	704	1,108,617		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,769,986		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,344,394		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)					896,827		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					761,486		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,658,313		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,686,081		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,614		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					938.84		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,515,288		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140275

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

Worksheet D-1

Date/Time Prepared:
11/26/2012 1:45 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	1,685,242	13,614,073	0.123787	1,515,288	187,573		90.00
91.00	Nursing School cost	0	13,614,073	0.000000	1,515,288	0		91.00
92.00	Allied health cost	0	13,614,073	0.000000	1,515,288	0		92.00
93.00	All other Medical Education	0	13,614,073	0.000000	1,515,288	0		93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/26/2012 1:45 pm
		Title XVIII	Skilled Nursing Facility	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)		6,969	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,969	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)		6,969	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)		5,660	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)		2,214,602	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)		2,214,602	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,325,350	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,325,350	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.952374	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)		333.67	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)		2,214,602	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1	
		Component CCN: 145703		Date/Time Prepared: 11/26/2012 1:45 pm	
		Title XVIII	Skilled Nursing Facility	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)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				2,214,602 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				317.78 71.00
72.00	Program routine service cost (line 9 x line 71)				1,798,635 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,798,635 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,798,635 83.00
84.00	Program inpatient ancillary services (see instructions)				842,566 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				2,641,201 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140275 Component CCN: 145703		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/26/2012 1:45 pm	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/26/2012 1:45 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		8,496,388		30.00
31.00	03100 INTENSIVE CARE UNIT		2,077,832		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.324243	2,333,597	756,652	50.00
53.00	05300 ANESTHESIOLOGY	0.029925	326,439	9,769	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248979	1,191,250	296,596	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.334057	792	265	55.00
57.00	05700 CT SCAN	0.034624	1,759,679	60,927	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.103784	307,962	31,962	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.187022	2,336,425	436,963	59.00
60.00	06000 LABORATORY	0.283924	4,822,724	1,369,287	60.00
65.00	06500 RESPIRATORY THERAPY	0.158232	5,534,518	875,738	65.00
66.00	06600 PHYSICAL THERAPY	0.452285	713,951	322,909	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.362492	1,477,082	535,430	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.461893	5,481,089	2,531,677	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.351572	5,572,725	1,959,214	73.00
76.00	03020 CARDIAC REHAB	1.737978	13,037	22,658	76.00
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	1.459080	1,940	2,831	90.00
90.01	09001 WOUND CENTER	1.020636	0	0	90.01
91.00	09100 EMERGENCY	0.186445	2,178,165	406,108	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.682350	221,294	151,000	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		34,272,669	9,769,986	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)		34,272,669		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/26/2012 1:45 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.324243	5,285	1,714 50.00
53.00	05300 ANESTHESIOLOGY	0.029925	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248979	23,280	5,796 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.334057	0	0 55.00
57.00	05700 CT SCAN	0.034624	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.103784	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.187022	2,924	547 59.00
60.00	06000 LABORATORY	0.283924	72,077	20,464 60.00
65.00	06500 RESPIRATORY THERAPY	0.158232	38,354	6,069 65.00
66.00	06600 PHYSICAL THERAPY	0.452285	1,465,244	662,708 66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.362492	28,270	10,248 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.461893	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.351572	373,669	131,372 73.00
76.00	03020 CARDIAC REHAB	1.737978	0	0 76.00
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	1.459080	0	0 90.00
90.01	09001 WOUND CENTER	1.020636	0	0 90.01
91.00	09100 EMERGENCY	0.186445	19,567	3,648 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.682350	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		2,028,670	842,566 200.00
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)		2,028,670	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/26/2012 1:45 pm
		Title XVII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		13,916,257	1.00
2.00	Outlier payments for discharges. (see instructions)		83,024	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		1,957,509	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		144.59	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.91	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		24.55	31.00
32.00	Sum of lines 30 and 31		28.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.69	33.00
34.00	Disproportionate share adjustment (see instructions)		1,765,973	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		15,765,254	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/26/2012 1:45 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)		15,765,254	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,268,733	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,033,987	59.00
60.00	Primary payer payments		10,106	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,023,881	61.00
62.00	Deductibles billed to program beneficiaries		1,719,016	62.00
63.00	Coinurance billed to program beneficiaries		15,161	63.00
64.00	Allowable bad debts (see instructions)		256,629	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		179,640	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		197,831	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,469,344	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)		15,469,344	71.00
72.00	Interim payments		15,463,416	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)		5,928	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: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/26/2012 1:45 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,191	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,778,401	2.00
3.00	PPS payments		5,671,910	3.00
4.00	Outlier payment (see instructions)		8,821	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)		13,191	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		37,700	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)		37,700	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)		37,700	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,509	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)		13,191	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)		5,680,731	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		344	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,280,328	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)		4,413,250	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)		4,413,250	30.00
31.00	Primary payer payments		3,755	31.00
32.00	Subtotal (line 30 minus line 31)		4,409,495	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)		145,687	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		101,981	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		95,864	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,511,476	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)		4,511,476	40.00
41.00	Interim payments		4,633,660	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)		-122,184	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140275

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

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2012 1:45 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		15,463,416		4,567,360	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		66,300	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		66,300	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)		15,463,416		4,633,660	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		5,928		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		122,184	6.02	
7.00	Total Medicare program liability (see instructions)		15,469,344		4,511,476	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: 140275
Component CCN: 145703

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

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2012 1:45 pm
PPS

Title XVIII

Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,745,402		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)		1,745,402		0	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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,745,402		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140275

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

Worksheet E-1
Part II
Date/Time Prepared:
11/26/2012 1:45 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			4,461 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			7,591 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,129 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			14,178 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			201,609,954 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			6,005,068 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,687,709 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,657,196 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			30,513 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140275 Component CCN: 145703	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VI Date/Time Prepared: 11/26/2012 1:45 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,033,172	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,033,172	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		287,770	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,745,402	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,745,402	15.00
16.00	Interim payments		1,745,402	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140275

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

Worksheet G

Date/Time Prepared:
11/26/2012 1:45 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	17,872,725	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	16,928,987	0	0	0	4.00
5.00	Other receivable	8,880,982	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,258,554	0	0	0	7.00
8.00	Prepaid expenses	659,802	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)	46,601,050	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,355,591	0	0	0	12.00
13.00	Land improvements	1,728,047	0	0	0	13.00
14.00	Accumulated depreciation	-1,482,063	0	0	0	14.00
15.00	Buildings	55,054,368	0	0	0	15.00
16.00	Accumulated depreciation	-30,445,328	0	0	0	16.00
17.00	Leasehold improvements	16,771	0	0	0	17.00
18.00	Accumulated depreciation	-9,052	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	41,493,730	0	0	0	23.00
24.00	Accumulated depreciation	-31,725,461	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	36,986,603	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,276,342	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	2,301,454	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,577,796	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	88,165,449	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,839,491	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,601,293	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	680,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,088,441	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,209,225	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	13,636,918	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	114,030	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,750,948	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	26,960,173	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	61,205,276				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	61,205,276	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	88,165,449	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140275

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

Worksheet G-1

Date/Time Prepared:
11/26/2012 1:45 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		56,881,208		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,359,807			2.00
3.00	Total (sum of line 1 and line 2)		61,241,015		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)		61,241,015		0	11.00
12.00	Deductions (debit adjustments) (specify)	35,739		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)		35,739		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		61,205,276		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140275

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

Worksheet G-1

Date/Time Prepared:
11/26/2012 1:45 pm

	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: 140275

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2012 1:45 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	23,047,917		23,047,917	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,911,512		2,911,512	7.00
8.00	NURSING FACILITY	4,823,543		4,823,543	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	30,782,972		30,782,972	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,983,878		3,983,878	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)	3,983,878		3,983,878	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,766,850		34,766,850	17.00
18.00	Ancillary services	68,984,516	110,893,431	179,877,947	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	CROSTOWN SQUARE	994,618	0	994,618	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	104,745,984	110,893,431	215,639,415	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		85,593,446		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)		85,593,446		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140275

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

Worksheet G-3

Date/Time Prepared:
11/26/2012 1:45 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	215,639,415	1.00
2.00	Less contractual allowances and discounts on patients' accounts	125,783,362	2.00
3.00	Net patient revenues (line 1 minus line 2)	89,856,053	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	85,593,446	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,262,607	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	6,326,120	24.00
24.01	NONOPERATING GAINS & LOSSES	581,334	24.01
24.02	OTHER	0	24.02
25.00	Total other income (sum of lines 6-24)	6,907,454	25.00
26.00	Total (line 5 plus line 25)	11,170,061	26.00
27.00	BAD DEBTS	6,810,254	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,810,254	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,359,807	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140275	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/26/2012 1:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,181,011	1.00
2.00	Capital DRG outlier payments		17,688	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		39.12	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.91	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		24.55	8.00
9.00	Sum of lines 7 and 8		28.46	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.93	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		70,034	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,268,733	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00