

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: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/24/2013 12:35 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: 5/24/2013 Time: 12:35 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 certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST BOLINGBROOK HOSPITAL (140304) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

	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	199,363	59,884	-4,481	0
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	0	0	0	0
4.00	SUBPROVIDER I	0	0	0	0	0
5.00	Swing bed - SNF	0	0	0	0	0
6.00	Swing bed - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	199,363	59,884	-4,481	0

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

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Encryption Information
 ECR: Date: 5/24/2013 Time: 12:35 pm
 TTu0KJYj 2syp8Enl zsj282l X: nEtFO
 rTWrE0pWocGucl xfx Yr2bXs9l WFRWY
 lKXq0MATi wORPxbv
 PI: Date: 5/24/2013 Time: 12:35 pm
 rT30PZW3hCXo07Hthj gFe5y1ozLTj 0
 . vPwMOXHCgj w5JQ6QWi l o68amNJSdM
 FrSB0dgi Zz0eYk0b

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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1.00	Hospital	0	199,363	59,884	-4,481	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	199,363	59,884	-4,481	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: 140304		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 12:33 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60440- County: WILL				
1.00 Street: 500 REMINGTON BLVD		2.00 City: BOLINGBROOK								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVENTIST BOLINGBROOK HOSPITAL	140304	16974	1	01/13/2008	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)					1		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					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 unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,048	1,202	0	12	647	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural	S		Date of Geogr	
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 12:33 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
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	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140304

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
					5.00	
1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			3.00	
1.00	2.00	3.00		

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010

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

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		1.00	2.00	3.00					
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00			
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00			
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00			
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00			
		1.00							
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00			
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00			
		V		XIX					
		1.00		2.00					
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N			Y	90.00			
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N			N	91.00			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00			
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N			N	93.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N			N	94.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N			N	96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00			
Rural Providers									
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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.	N	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
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y							117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2							118.00

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	957,468	0	0
			1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	108013
		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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001
142.00	Street: 900 HOPE WAY	PO Box:		
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y	
			1.00	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	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	
		Part A	Part B	Title V
		1.00	2.00	3.00
				Title XIX
				4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	N
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140304			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 12:33 pm	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 12:33 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)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2013		Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 12:33 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHE		HOOTS	
42.00	Enter the employer/company name of the cost report preparer.	DI XON HUGHES GOODMAN LLP			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	828-393-1059		KATHE.HOOTS@DHGLLP.COM	

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	04/02/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	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

VOLUNTARY CONTACT INFORMATION		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part V Date/Time Prepared: 5/24/2013 12:33 pm
			1.00	
Cost Report Preparer Contact Information				
1.00	First Name	MI KE		1.00
2.00	Last Name	THOMPSON		2.00
3.00	Title	REIMBURSEMENT MANAGER		3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM SUNBELT		4.00
5.00	Phone Number	(407)357-2338		5.00
6.00	E-mail Address	MI KE.THOMPSON3@AHSS.ORG		6.00
7.00	Department	REIMBURSEMENT		7.00
8.00	Mailing Address 1	900 HOPE WAY		8.00
9.00	Mailing Address 2			9.00
10.00	City	ALTAMONTE SPRINGS		10.00
11.00	State	FL		11.00
12.00	Zip	32714		12.00
Officer or Administrator of Provider Contact Information				
13.00	First Name			13.00
14.00	Last Name			14.00
15.00	Title			15.00
16.00	Employer			16.00
17.00	Phone Number			17.00
18.00	E-mail Address			18.00
19.00	Department			19.00
20.00	Mailing Address 1			20.00
21.00	Mailing Address 2			21.00
22.00	City			22.00
23.00	State			23.00
24.00	Zip			24.00

HFS Supplemental Information		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/24/2013 12:33 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140304

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	126	46,116	0.00	0	1.00	
2.00 HMO						2.00	
3.00 HMO IPF Subprovider						3.00	
4.00 HMO IRF Subprovider						4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		126	46,116	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	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				0	13.00	
14.00 Total (see instructions)		138	50,508	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	
27.00 Total (sum of lines 14-26)		138				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	
				I/P Days / O/P Visi ts / Tri ps		Full Time Equival ents	
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l		
	6.00	7.00	8.00	9.00	10.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	6,398	2,619	15,929			1.00	
2.00 HMO	718	1,327				2.00	
3.00 HMO IPF Subprovider	0	0				3.00	
4.00 HMO IRF Subprovider	0	0				4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,398	2,619	15,929			7.00	
8.00 INTENSIVE CARE UNIT	1,069	148	2,084			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		1,720	2,458			13.00	
14.00 Total (see instructions)	7,467	4,487	20,471	0.00	472.46	14.00	
15.00 CAH visits	0	0	0			15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140304

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents							
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll						
	6.00	7.00	8.00	9.00	10.00						
27.00	Total (sum of lines 14-26)					0.00	472.46	27.00			
28.00	Observation Bed Days							28.00			
29.00	Ambulance Trips					0		29.00			
30.00	Employee discount days (see instruction)					0		30.00			
31.00	Employee discount days - IRF					0		31.00			
32.00	Labor & delivery days (see instructions)					95	148	32.00			
33.00	LTCH non-covered days					0		33.00			
Component	Full Time Equivalents	Discharges									
	Nonpaid Workers	Title V	Title VIII	Title XIX	Total All Patients						
	11.00	12.00	13.00	14.00	15.00						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)					0	1,799	1,655	5,487	1.00	
2.00	HMO						176			2.00	
3.00	HMO IPF Subprovider									3.00	
4.00	HMO IRF Subprovider									4.00	
5.00	Hospital Adults & Peds. Swing Bed SNF									5.00	
6.00	Hospital Adults & Peds. Swing Bed NF									6.00	
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)									7.00	
8.00	INTENSIVE CARE UNIT									8.00	
9.00	CORONARY CARE UNIT									9.00	
10.00	BURN INTENSIVE CARE UNIT									10.00	
11.00	SURGICAL INTENSIVE CARE UNIT									11.00	
12.00	OTHER SPECIAL CARE (SPECIFY)									12.00	
13.00	NURSERY									13.00	
14.00	Total (see instructions)					0.00	0	1,799	1,655	5,487	14.00
15.00	CAH visits									15.00	
16.00	SUBPROVIDER - IPF									16.00	
17.00	SUBPROVIDER - IRF									17.00	
18.00	SUBPROVIDER									18.00	
19.00	SKILLED NURSING FACILITY									19.00	
20.00	NURSING FACILITY									20.00	
21.00	OTHER LONG TERM CARE									21.00	
22.00	HOME HEALTH AGENCY									22.00	
23.00	AMBULATORY SURGICAL CENTER (D.P.)									23.00	
24.00	HOSPICE									24.00	
25.00	CMHC - CMHC									25.00	
26.00	RURAL HEALTH CLINIC									26.00	
26.25	FEDERALLY QUALIFIED HEALTH CENTER									26.25	
27.00	Total (sum of lines 14-26)					0.00				27.00	
28.00	Observation Bed Days									28.00	
29.00	Ambulance Trips									29.00	
30.00	Employee discount days (see instruction)									30.00	
31.00	Employee discount days - IRF									31.00	
32.00	Labor & delivery days (see instructions)									32.00	
33.00	LTCH non-covered days									33.00	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140304

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2013 12:33 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	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	34,910,226	104,765	35,014,991	1,075,682.06	32.55
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		188,205	0	188,205	3,252.37	57.87
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		694,500	0	694,500	9,827.00	70.67
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		398,074	-32,305	365,769	9,514.00	38.45
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		360,203	0	360,203	5,280.67	68.21
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		90,969	0	90,969	808.17	112.56
14.00	Home office salaries & wage-related costs		3,865,271	0	3,865,271	54,692.00	70.67
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		6,988,657	0	6,988,657		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		74,176	0	74,176		
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		38,170	0	38,170		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	386,109	0	386,109	12,863.40	30.02
27.00	Administrative & General	5.00	5,613,638	20,216	5,633,854	167,847.83	33.57
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,129,314	0	1,129,314	45,842.81	24.63
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	532,752	237,984	770,736	15,292.54	50.40
39.00	Central Services and Supply	14.00	347,220	0	347,220	19,836.26	17.50
40.00	Pharmacy	15.00	1,303,535	-121,130	1,182,405	27,821.93	42.50
41.00	Medical Records & Medical Records Library	16.00	736,329	0	736,329	34,127.10	21.58

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140304

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2013 12:33 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	658,081	0	658,081	19,456.33	33.82	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140304

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2013 12:33 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	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	34,027,521	104,765	34,132,286	1,062,602.69	32.12	1.00
2.00	Excluded area salaries (see instructions)	398,074	-32,305	365,769	9,514.00	38.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,629,447	137,070	33,766,517	1,053,088.69	32.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,316,443	0	4,316,443	60,780.84	71.02	4.00
5.00	Subtotal wage-related costs (see inst.)	6,988,657	0	6,988,657	0.00	20.70	5.00
6.00	Total (sum of lines 3 thru 5)	44,934,547	137,070	45,071,617	1,113,869.53	40.46	6.00
7.00	Total overhead cost (see instructions)	10,706,978	137,070	10,844,048	343,088.20	31.61	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2013 12:33 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		745,174	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		3,408,252	8.00
9.00	Prescription Drug Plan		18,934	9.00
10.00	Dental, Hearing and Vision Plan		62,900	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		21,641	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		283,540	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		1,860,100	17.00
18.00	Medicare Taxes - Employers Portion Only		435,024	18.00
19.00	Unemployment Insurance		86,301	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		104,961	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		7,026,827	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: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/24/2013 12:33 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		506,794	7,101,003
2.00	Hospital		506,794	6,988,657
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	112,346

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/24/2013 12:33 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.215502	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		6,889,604		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		79,991,187		6.00	
7.00	Medicaid cost (line 1 times line 6)		17,238,261		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)		10,348,657		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)		55		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		18,119		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		3,905		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)		3,850		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)		10,352,507		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		18,302,895	0		18,302,895
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		3,944,310	0		3,944,310
22.00	Partial payment by patients approved for charity care		4,469	0		4,469
23.00	Cost of charity care (line 21 minus line 22)		3,939,841	0		3,939,841
				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?				Y	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				1,633	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				6,626,170	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				473,294	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				6,152,876	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				1,325,957	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				5,265,798	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				15,618,305	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140304

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

Worksheet A
Date/Time Prepared:
5/24/2013 12:33 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		0	1,472,328	1,472,328	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	7,581,108	7,581,108	2.00
4.00	00400	EMPLOYEE BENEFITS	386,109	1,408,636	1,794,745	1,794,745	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,613,638	26,526,592	32,140,230	-682,757	31,457,473
7.00	00700	OPERATION OF PLANT	1,129,314	3,023,747	4,153,061	-1,290	4,151,771
9.00	00900	HOUSEKEEPING	0	2,159,400	2,159,400	-4,510	2,154,890
10.00	01000	DIETARY	0	1,815,780	1,815,780	-1,432,166	383,614
11.00	01100	CAFETERIA	0	0	0	1,431,716	1,431,716
13.00	01300	NURSING ADMINISTRATION	532,752	104,995	637,747	237,504	875,251
14.00	01400	CENTRAL SERVICES & SUPPLY	347,220	65,163	412,383	-71,865	340,518
15.00	01500	PHARMACY	1,303,535	3,060,526	4,364,061	-3,275,401	1,088,660
16.00	01600	MEDICAL RECORDS & LIBRARY	736,329	151,273	887,602	-240	887,362
17.00	01700	SOCIAL SERVICE	658,081	252,693	910,774	-640	910,134
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,070,184	1,388,209	8,458,393	-1,398,731	7,059,662
31.00	03100	INTENSIVE CARE UNIT	1,631,926	363,593	1,995,519	-59,791	1,935,728
43.00	04300	NURSERY	0	13,826	13,826	947,582	961,408
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,230,046	1,320,567	3,550,613	-87,295	3,463,318
51.00	05100	RECOVERY ROOM	451,098	46,186	497,284	-147	497,137
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,148,331	220,287	1,368,618	390,758	1,759,376
53.00	05300	ANESTHESIOLOGY	42,219	168,703	210,922	-1,080	209,842
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,164,707	1,365,483	3,530,190	-426,009	3,104,181
56.00	05600	RADIOISOTOPE	210,720	28,149	238,869	-240	238,629
57.00	05700	CT SCAN	470,757	61,831	532,588	-240	532,348
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	175,497	39,247	214,744	-360	214,384
59.00	05900	CARDIAC CATHETERIZATION	454,653	70,903	525,556	-9,330	516,226
60.00	06000	LABORATORY	1,455,271	1,849,853	3,305,124	-90,322	3,214,802
65.00	06500	RESPIRATORY THERAPY	692,320	216,954	909,274	-13,345	895,929
66.00	06600	PHYSICAL THERAPY	970,813	88,286	1,059,099	-420	1,058,679
67.00	06700	OCCUPATIONAL THERAPY	228,405	17,096	245,501	-240	245,261
68.00	06800	SPEECH PATHOLOGY	99,177	8,204	107,381	-120	107,261
69.00	06900	ELECTROCARDIOLOGY	411,802	185,461	597,263	-720	596,543
70.00	07000	ELECTROENCEPHALOGRAPHY	34,304	287,486	321,790	-1,450	320,340
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,288,814	3,288,814	-139,385	3,149,429
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,379,849	3,379,849	158,998	3,538,847
73.00	07300	DRUGS CHARGED TO PATIENTS	0	97,335	97,335	2,514,376	2,611,711
74.00	07400	RENAL DIALYSIS	0	258,415	258,415	0	258,415
76.00	03020	ANCILLARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	100,664	21,565	122,229	0	122,229
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	325,316	145,501	470,817	-110,318	360,499
91.00	09100	EMERGENCY	3,436,964	831,862	4,268,826	-633	4,268,193
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		9,690,438	9,690,438	-7,441,568	2,248,870
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,512,152	64,022,908	98,535,060	-516,243	98,018,817
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,308	41,480	99,788	0	99,788
192.00	19200	PHYSICIANS' PRIVATE OFFICES	153,435	4,630,723	4,784,158	0	4,784,158
194.00	07950	FOUNDATION	110,202	24,129	134,331	0	134,331
194.01	07951	MARKETING	76,129	445,699	521,828	0	521,828
194.02	07952	PROF OFFICE BUILDINGS	0	197,330	197,330	0	197,330
194.03	07953	OP PHARMACY	0	0	0	516,243	516,243
200.00		TOTAL (SUM OF LINES 118-199)	34,910,226	69,362,269	104,272,495	0	104,272,495

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140304

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

Worksheet A
Date/Time Prepared:
5/24/2013 12:33 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	12,082	1,484,410	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	304,349	7,885,457	2.00
4.00	00400	EMPLOYEE BENEFITS	4,037,639	5,832,384	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,212,307	19,245,166	5.00
7.00	00700	OPERATION OF PLANT	553,066	4,704,837	7.00
9.00	00900	HOUSEKEEPING	0	2,154,890	9.00
10.00	01000	DIETARY	0	383,614	10.00
11.00	01100	CAFETERIA	-146,744	1,284,972	11.00
13.00	01300	NURSING ADMINISTRATION	124,924	1,000,175	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	357,044	697,562	14.00
15.00	01500	PHARMACY	10,075	1,098,735	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	333,831	1,221,193	16.00
17.00	01700	SOCIAL SERVICE	0	910,134	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-688,941	6,370,721	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,935,728	31.00
43.00	04300	NURSERY	0	961,408	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-837,849	2,625,469	50.00
51.00	05100	RECOVERY ROOM	52,138	549,275	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,759,376	52.00
53.00	05300	ANESTHESIOLOGY	0	209,842	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,269	3,096,912	54.00
56.00	05600	RADIOISOTOPE	0	238,629	56.00
57.00	05700	CT SCAN	0	532,348	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	214,384	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	516,226	59.00
60.00	06000	LABORATORY	162,045	3,376,847	60.00
65.00	06500	RESPIRATORY THERAPY	0	895,929	65.00
66.00	06600	PHYSICAL THERAPY	1,326	1,060,005	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	245,261	67.00
68.00	06800	SPEECH PATHOLOGY	0	107,261	68.00
69.00	06900	ELECTROCARDIOLOGY	-172,583	423,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	320,340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,149,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,538,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,611,711	73.00
74.00	07400	RENAL DIALYSIS	0	258,415	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-8,427	113,802	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-101	360,398	90.00
91.00	09100	EMERGENCY	-423,308	3,844,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-2,248,870	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,797,880	87,220,937	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	99,788	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,784,158	192.00
194.00	07950	FOUNDATION	0	134,331	194.00
194.01	07951	MARKETING	0	521,828	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	197,330	194.02
194.03	07953	OP PHARMACY	0	516,243	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-10,797,880	93,474,615	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140304

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

Worksheet Non-CMS W
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ANCILLARY	03020		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	FOUNDATION	07950		194.00
194.01	MARKETING	07951		194.01
194.02	PROF OFFICE BUILDINGS	07952		194.02
194.03	OP PHARMACY	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6
Date/Time Prepared:
5/24/2013 12:33 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - PROPERTY TAXES					
1.00	INTEREST EXPENSE	113.00	0	5,183,266	1.00
	TOTALS		0	5,183,266	
C - CNO					
1.00	NURSING ADMINISTRATION	13.00	237,984	0	1.00
	TOTALS		237,984	0	
D - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,591,750	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,083,986	2.00
	TOTALS		0	9,675,736	
E - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,098,862	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	920,021	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	466,205	3.00
	TOTALS		0	3,485,088	
F - NURSERY					
1.00	NURSERY	43.00	774,755	172,827	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	269,470	166,733	2.00
	TOTALS		1,044,225	339,560	
G - CAFETERIA					
1.00	CAFETERIA	11.00	0	1,431,716	1.00
	TOTALS		0	1,431,716	
H - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	158,998	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	158,998	
I - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,843	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	11,843	
J - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,514,496	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	2,514,496	
K - PHYSICIAN SUBSIDIES					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	153,435	1.00
	TOTALS		0	153,435	
M - RENT AND LEASE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	799,921	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	574,101	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00

Provider CCN: 140304

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
TOTALS			0	1,374,022		
N - INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	165,061	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,000	2.00	
TOTALS			0	168,061		
O - OP PHARMACY						
1.00	OP PHARMACY	194.03	121,130	395,113	1.00	
TOTALS			121,130	395,113		
P - SHARED SERVICES SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	258,200	0	1.00	
TOTALS			258,200	0		
500.00	Grand Total: Increases		1,661,539	24,891,334	500.00	

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - PROPERTY TAXES							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	5,183,266	13		1.00
	TOTALS		0	5,183,266			
C - CNO							
1.00	ADMINISTRATIVE & GENERAL	5.00	237,984	0	0		1.00
	TOTALS		237,984	0			
D - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	535,990	10		1.00
2.00	INTEREST EXPENSE	113.00	0	9,139,746	11		2.00
	TOTALS		0	9,675,736			
E - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	3,485,088	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	3,485,088			
F - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,044,225	339,560	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,044,225	339,560			
G - CAFETERIA							
1.00	DIETARY	10.00	0	1,431,716	0		1.00
	TOTALS		0	1,431,716			
H - IMPLANTS							
1.00	CARDIAC CATHETERIZATION	59.00	0	7,770	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	151,228	0		2.00
	TOTALS		0	158,998			
I - BILLABLE SUPPLIES							
1.00	PHARMACY	15.00	0	1,542	0		1.00
2.00	OPERATING ROOM	50.00	0	10,131	0		2.00
3.00	CLINIC	90.00	0	170	0		3.00
	TOTALS		0	11,843			
J - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	2,514,215	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	33	0		2.00
3.00	OPERATING ROOM	50.00	0	248	0		3.00
	TOTALS		0	2,514,496			
K - PHYSICIAN SUBSIDIES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	153,435	0	0		1.00
	TOTALS		153,435	0			
M - RENT AND LEASE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	206,927	10		1.00
2.00	OPERATION OF PLANT	7.00	0	1,290	10		2.00
3.00	HOUSEKEEPING	9.00	0	4,510	0		3.00
4.00	DIETARY	10.00	0	450	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	480	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	71,865	0		6.00
7.00	PHARMACY	15.00	0	243,401	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	240	0		8.00
9.00	SOCIAL SERVICE	17.00	0	640	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	14,913	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	59,791	0		11.00
12.00	OPERATING ROOM	50.00	0	76,916	0		12.00
13.00	RECOVERY ROOM	51.00	0	147	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	45,445	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	1,080	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	426,009	0		16.00
17.00	RADIOISOTOPE	56.00	0	240	0		17.00
18.00	CT SCAN	57.00	0	240	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	360	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,560	0		20.00
21.00	LABORATORY	60.00	0	90,322	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	13,345	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	420	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	240	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	120	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	720	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,450	0		27.00
28.00	DRUGS CHARGED TO PATIENTS	73.00	0	120	0		28.00
29.00	CLINIC	90.00	0	110,148	0		29.00
30.00	EMERGENCY	91.00	0	633	0		30.00
	TOTALS		0	1,374,022			

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
N - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	168,061	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	168,061		
O - OP PHARMACY						
1.00	PHARMACY	15.00	121,130	395,113	0	1.00
	TOTALS		121,130	395,113		
P - SHARED SERVICES SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	258,200	0	1.00
	TOTALS		0	258,200		
500.00	Grand Total: Decreases		1,556,774	24,996,099		500.00

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
B - PROPERTY TAXES						
1.00			NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1.00
	113.00					
			TOTALS		0	
C - CNO						
1.00			ADMINISTRATIVE & GENERAL	5.00	237,984	1.00
	13.00	237,984				
		237,984	TOTALS		237,984	
D - DEPRECIATION						
1.00			ADMINISTRATIVE & GENERAL	5.00	0	1.00
	1.00					
2.00			INTEREST EXPENSE	113.00	0	2.00
	2.00					
			TOTALS		0	
E - INTEREST EXPENSE						
1.00			INTEREST EXPENSE	113.00	0	1.00
	1.00					
2.00				0.00	0	2.00
	2.00					
3.00				0.00	0	3.00
	5.00					
			TOTALS		0	
F - NURSERY						
1.00			ADULTS & PEDIATRICS	30.00	1,044,225	1.00
	43.00	774,755				
2.00				0.00	0	2.00
	52.00	269,470				
		1,044,225	TOTALS		1,044,225	
G - CAFETERIA						
1.00			DIETARY	10.00	0	1.00
	11.00					
			TOTALS		0	
H - IMPLANTS						
1.00			CARDIAC CATHETERIZATION	59.00	0	1.00
	72.00					
2.00			MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2.00
	0.00					
			TOTALS		0	
I - BILLABLE SUPPLIES						
1.00			PHARMACY	15.00	0	1.00
	71.00					
2.00			OPERATING ROOM	50.00	0	2.00
	0.00					
3.00			CLINIC	90.00	0	3.00
	0.00					
			TOTALS		0	
J - BILLABLE DRUGS						
1.00			PHARMACY	15.00	0	1.00
	73.00					
2.00			ADULTS & PEDIATRICS	30.00	0	2.00
	0.00					
3.00			OPERATING ROOM	50.00	0	3.00
	0.00					
			TOTALS		0	
K - PHYSICIAN SUBSIDIES						
1.00			PHYSICIANS' PRIVATE OFFICES	192.00	153,435	1.00
	192.00					
			TOTALS		153,435	
M - RENT AND LEASE						
1.00			ADMINISTRATIVE & GENERAL	5.00	0	1.00
	1.00					
2.00			OPERATION OF PLANT	7.00	0	2.00
	2.00					
3.00			HOUSEKEEPING	9.00	0	3.00
	0.00					
4.00			DIETARY	10.00	0	4.00
	0.00					
5.00			NURSING ADMINISTRATION	13.00	0	5.00
	0.00					
6.00			CENTRAL SERVICES & SUPPLY	14.00	0	6.00
	0.00					
7.00			PHARMACY	15.00	0	7.00
	0.00					
8.00			MEDICAL RECORDS & LIBRARY	16.00	0	8.00
	0.00					
9.00			SOCIAL SERVICE	17.00	0	9.00
	0.00					
10.00			ADULTS & PEDIATRICS	30.00	0	10.00
	0.00					
11.00			INTENSIVE CARE UNIT	31.00	0	11.00
	0.00					
12.00			OPERATING ROOM	50.00	0	12.00
	0.00					
13.00			RECOVERY ROOM	51.00	0	13.00
	0.00					
14.00			DELIVERY ROOM & LABOR ROOM	52.00	0	14.00
	0.00					
15.00			ANESTHESIOLOGY	53.00	0	15.00
	0.00					
16.00			RADIOLOGY-DIAGNOSTIC	54.00	0	16.00
	0.00					
17.00			RADIOISOTOPE	56.00	0	17.00
	0.00					
18.00			CT SCAN	57.00	0	18.00
	0.00					
19.00			MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19.00
	0.00					
20.00			CARDIAC CATHETERIZATION	59.00	0	20.00
	0.00					
21.00			LABORATORY	60.00	0	21.00
	0.00					
22.00			RESPIRATORY THERAPY	65.00	0	22.00
	0.00					
23.00			PHYSICAL THERAPY	66.00	0	23.00
	0.00					

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2013 12:33 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
24.00		0.00		0 OCCUPATIONAL THERAPY	67.00	0	24.00
25.00		0.00		0 SPEECH PATHOLOGY	68.00	0	25.00
26.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	26.00
27.00		0.00		0 ELECTROENCEPHALOGRAPHY	70.00	0	27.00
28.00		0.00		0 DRUGS CHARGED TO PATIENTS	73.00	0	28.00
29.00		0.00		0 CLINIC	90.00	0	29.00
30.00		0.00		0 EMERGENCY	91.00	0	30.00
	TOTALS			TOTALS		0	
N - INSURANCE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00		0 ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00			0.00	0	2.00
	TOTALS			TOTALS		0	
O - OP PHARMACY							
1.00	OP PHARMACY	194.03	121,130	PHARMACY	15.00	121,130	1.00
	TOTALS		121,130	TOTALS		121,130	
P - SHARED SERVICES SALARIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	258,200	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		258,200	TOTALS		0	
500.00	Grand Total: Increases		1,661,539	Grand Total: Decreases		1,556,774	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,440,226	0	0	0	0	1.00
2.00	Land Improvements	84,552	0	0	0	0	2.00
3.00	Buildings and Fixtures	104,245,606	633,478	0	633,478	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	22,583,963	101,329	0	101,329	0	5.00
6.00	Movable Equipment	34,416,191	602,622	0	602,622	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	166,770,538	1,337,429	0	1,337,429	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	166,770,538	1,337,429	0	1,337,429	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,440,226	0				1.00
2.00	Land Improvements	84,552	0				2.00
3.00	Buildings and Fixtures	104,879,084	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	22,685,292	0				5.00
6.00	Movable Equipment	35,018,813	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	168,107,967	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	168,107,967	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2013 12:33 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	133,089,154	0	133,089,154	0.791689	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	35,018,813	0	35,018,813	0.208311	0	2.00
3.00	Total (sum of lines 1-2)	168,107,967	0	168,107,967	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	63,025	4,391,671	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	326,579	574,101	2.00
3.00	Total (sum of lines 1-2)	0	0	0	389,604	4,965,772	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,047,919	165,061	-5,183,266	0	1,484,410	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,981,777	3,000	0	0	7,885,457	2.00
3.00	Total (sum of lines 1-2)	9,029,696	168,061	-5,183,266	0	9,369,867	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140304

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

Worksheet A-8

Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-50,943	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-22,230	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)	B	-11,756	ADMINISTRATIVE & GENERAL		5.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-80,907	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-21,270	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,022,528				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	966,425				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-146,744	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-5,142	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 OTHER REVENUE	B	-229,660	ADMINISTRATIVE & GENERAL		5.00	0	33.00
33.01 OTHER REVENUE	B	-14,286	OPERATING ROOM		50.00	0	33.01

Provider CCN: 140304

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

Worksheet A-8

Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.02 OTHER REVENUE	B	-37	OPERATION OF PLANT	7.00	0	33.02
33.03 OTHER REVENUE	B	-101	CLINIC	90.00	0	33.03
33.04 OTHER REVENUE	B	-4,919	PHARMACY	15.00	0	33.04
33.05 OTHER REVENUE	B	-9,221	ADULTS & PEDIATRICS	30.00	0	33.05
33.06 OTHER REVENUE	B	-4,313	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.07 OTHER REVENUE	B	-8,427	CARDIAC REHABILITATION	76.97	0	33.07
33.08 OTHER REVENUE	B	-35,383	EMERGENCY	91.00	0	33.08
34.00 OFFSET BAD DEBT	A	-6,626,167	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00 PHYSICIAN TRAVEL	A	-4,458	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00 BANK FEES	A	-17,373	INTEREST EXPENSE	113.00	0	36.00
37.00 ADVERTISING	A	-1,569	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 ADVERTISING	A	-1,156	RADIOLOGY-DIAGNOSTIC	54.00	0	38.00
39.00 PT RESALE ITEMS	A	1,326	PHYSICAL THERAPY	66.00	0	39.00
40.00 RECRUIT ELEC MED	A	-19,844	EMPLOYEE BENEFITS	4.00	0	40.00
41.00 NON ALLOWABLE LEGAL	A	-124,735	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 NON ALLOWABLE LOBBYING	A	-14,347	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00 NON ALLOWABLE DUES	A	-8,012	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00 NON ALLOWABLE INTEREST	A	-1,225,988	INTEREST EXPENSE	113.00	0	44.00
45.00 PHY COLLECTION FEES	A	-54,115	ELECTROCARDIOLOGY	69.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,797,880				50.00

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

Provider CCN: 140304

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2013 12:33 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	AHS SHARED SERVICES	3,879,371	0
2.00	5.00	ADMINISTRATIVE & GENERAL	AHS SHARED SERVICES	7,607,487	13,894,886
3.00	7.00	OPERATION OF PLANT	AHS SHARED SERVICES	574,373	0
4.00	13.00	NURSING ADMINISTRATION	AHS SHARED SERVICES	124,924	0
4.01	14.00	CENTRAL SERVICES & SUPPLY	AHS SHARED SERVICES	357,044	0
4.02	15.00	PHARMACY	AHS SHARED SERVICES	14,994	0
4.03	16.00	MEDICAL RECORDS & LIBRARY	AHS SHARED SERVICES	318,744	0
4.04	51.00	RECOVERY ROOM	AHS SHARED SERVICES	52,138	0
4.05	60.00	LABORATORY	AHS SHARED SERVICES	162,045	0
4.06	1.00	NEW CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	63,025	0
4.07	2.00	NEW CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	326,579	0
4.08	4.00	EMPLOYEE BENEFITS	AHS HOME OFFICE	200,336	21,424
4.09	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	5,099,487	2,912,532
4.10	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	20,229	0
4.11	113.00	INTEREST EXPENSE	AHS HOME OFFICE	3,503,236	4,508,745
5.00	0		0	22,304,012	21,337,587

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

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

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

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

6.00	B	AHS CORPORATE	100.00	AHS CORPORATE	0.00	6.00
7.00	B	SHARED SERVICES	0.00	SHARED SERVICES	0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G	Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140304

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2013 12:33 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,879,371	0		1.00
2.00	-6,287,399	0		2.00
3.00	574,373	0		3.00
4.00	124,924	0		4.00
4.01	357,044	0		4.01
4.02	14,994	0		4.02
4.03	318,744	0		4.03
4.04	52,138	0		4.04
4.05	162,045	0		4.05
4.06	63,025	9		4.06
4.07	326,579	9		4.07
4.08	178,912	0		4.08
4.09	2,186,955	0		4.09
4.10	20,229	0		4.10
4.11	-1,005,509	0		4.11
5.00	966,425			5.00

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

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

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

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

6.00	MANAGEMENT SERVICES		6.00
7.00	FINANCIAL SERVICES		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140304

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2013 12:33 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS	800	800	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1,010,252	1,010,252	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	679,720	679,720	0	0	0	3.00
4.00	50.00	OPERATING ROOM	823,563	823,563	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	1,800	1,800	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	118,468	118,468	0	0	0	6.00
7.00	91.00	EMERGENCY	387,925	387,925	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,022,528	3,022,528	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	4.00	EMPLOYEE BENEFITS	0	0	0	800	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,010,252	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	679,720	3.00
4.00	50.00	OPERATING ROOM	0	0	0	823,563	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,800	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	118,468	6.00
7.00	91.00	EMERGENCY	0	0	0	387,925	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	3,022,528	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,484,410	1,484,410				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	7,885,457		7,885,457			2.00
4.00 00400 EMPLOYEE BENEFITS	5,832,384	591	3,138	5,836,113		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	19,245,166	56,605	300,694	949,490	20,551,955	5.00
7.00 00700 OPERATION OF PLANT	4,704,837	102,086	542,300	190,327	5,539,550	7.00
9.00 00900 HOUSEKEEPING	2,154,890	9,351	49,672	0	2,213,913	9.00
10.00 01000 DIETARY	383,614	49,201	261,362	0	694,177	10.00
11.00 01100 CAFETERIA	1,284,972	18,347	97,462	0	1,400,781	11.00
13.00 01300 NURSING ADMINISTRATION	1,000,175	30,640	162,765	129,894	1,323,474	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	697,562	36,879	195,910	58,518	988,869	14.00
15.00 01500 PHARMACY	1,098,735	12,867	68,352	199,274	1,379,228	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,221,193	19,134	101,646	124,096	1,466,069	16.00
17.00 01700 SOCIAL SERVICE	910,134	4,056	21,549	110,908	1,046,647	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,370,721	434,710	2,309,251	1,015,579	10,130,261	30.00
31.00 03100 INTENSIVE CARE UNIT	1,935,728	66,518	353,354	275,033	2,630,633	31.00
43.00 04300 NURSERY	961,408	20,254	107,593	130,572	1,219,827	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,625,469	188,903	1,003,487	375,836	4,193,695	50.00
51.00 05100 RECOVERY ROOM	549,275	20,007	106,278	76,025	751,585	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,759,376	71,322	378,878	238,946	2,448,522	52.00
53.00 05300 ANESTHESIOLOGY	209,842	3,505	18,620	7,115	239,082	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,096,912	90,693	481,779	364,825	4,034,209	54.00
56.00 05600 RADIOISOTOPE	238,629	41,093	218,295	35,513	533,530	56.00
57.00 05700 CT SCAN	532,348	6,628	35,207	79,338	653,521	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	214,384	3,983	21,160	29,577	269,104	58.00
59.00 05900 CARDIAC CATHETERIZATION	516,226	12,659	67,246	76,624	672,755	59.00
60.00 06000 LABORATORY	3,376,847	22,319	118,562	245,261	3,762,989	60.00
65.00 06500 RESPIRATORY THERAPY	895,929	3,038	16,139	116,679	1,031,785	65.00
66.00 06600 PHYSICAL THERAPY	1,060,005	35,878	190,590	163,614	1,450,087	66.00
67.00 06700 OCCUPATIONAL THERAPY	245,261	5,367	28,512	38,494	317,634	67.00
68.00 06800 SPEECH PATHOLOGY	107,261	473	2,511	16,715	126,960	68.00
69.00 06900 ELECTROCARDIOLOGY	423,960	3,303	17,544	69,402	514,209	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	320,340	5,176	27,496	5,781	358,793	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,149,429	0	0	0	3,149,429	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	3,538,847	0	0	0	3,538,847	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,611,711	0	0	0	2,611,711	73.00
74.00 07400 RENAL DIALYSIS	258,415	0	0	0	258,415	74.00
76.00 03020 ANCILLARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	113,802	8,495	45,129	16,965	184,391	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	360,398	7,353	39,062	54,826	461,639	90.00
91.00 09100 EMERGENCY	3,844,885	82,434	437,905	579,242	4,944,466	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	87,220,937	1,473,868	7,829,448	5,774,469	87,092,742	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	99,788	6,149	32,667	9,827	148,431	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,784,158	0	0	0	4,784,158	192.00
194.00 07950 FOUNDATION	134,331	596	3,168	18,573	156,668	194.00
194.01 07951 MARKETING	521,828	2,194	11,656	12,830	548,508	194.01
194.02 07952 PROF OFFICE BUILDINGS	197,330	0	0	0	197,330	194.02
194.03 07953 OP PHARMACY	516,243	1,603	8,518	20,414	546,778	194.03
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	93,474,615	1,484,410	7,885,457	5,836,113	93,474,615	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	7.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,551,955				5.00
7.00	00700	OPERATION OF PLANT	1,561,222	7,100,772			7.00
9.00	00900	HOUSEKEEPING	623,952	50,106	2,887,971		9.00
10.00	01000	DIETARY	195,641	263,644	107,989	1,261,451	10.00
11.00	01100	CAFETERIA	394,785	98,312	40,269	0	1,934,147
13.00	01300	NURSING ADMINISTRATION	372,997	164,186	67,251	0	36,115
14.00	01400	CENTRAL SERVICES & SUPPLY	278,695	197,620	80,946	0	45,595
15.00	01500	PHARMACY	388,711	68,948	28,241	0	63,534
16.00	01600	MEDICAL RECORDS & LIBRARY	413,185	102,533	41,998	0	77,829
17.00	01700	SOCIAL SERVICE	294,979	21,737	8,903	0	45,238
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,855,046	2,329,410	954,132	1,115,517	466,114
31.00	03100	INTENSIVE CARE UNIT	741,397	356,439	145,998	145,934	96,653
43.00	04300	NURSERY	343,786	108,533	44,455	0	53,311
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,181,917	1,012,247	414,619	0	154,779
51.00	05100	RECOVERY ROOM	211,821	107,206	43,912	0	22,052
52.00	05200	DELIVERY ROOM & LABOR ROOM	690,072	382,185	156,544	0	91,525
53.00	05300	ANESTHESIOLOGY	67,381	18,782	7,693	0	4,585
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,136,969	485,985	199,061	0	151,858
56.00	05600	RADIOISOTOPE	150,366	220,200	90,195	0	9,710
57.00	05700	CT SCAN	184,183	35,514	14,547	0	27,197
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	75,842	21,345	8,743	0	10,272
59.00	05900	CARDIAC CATHETERIZATION	189,604	67,833	27,785	0	22,524
60.00	06000	LABORATORY	1,060,531	119,597	48,987	0	121,920
65.00	06500	RESPIRATORY THERAPY	290,790	16,280	6,668	0	53,124
66.00	06600	PHYSICAL THERAPY	408,681	192,253	78,747	0	63,611
67.00	06700	OCCUPATIONAL THERAPY	89,519	28,761	11,781	0	12,796
68.00	06800	SPEECH PATHOLOGY	35,781	2,532	1,037	0	5,382
69.00	06900	ELECTROCARDIOLOGY	144,921	17,697	7,249	0	29,243
70.00	07000	ELECTROENCEPHALOGRAPHY	101,119	27,736	11,361	0	2,986
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	887,610	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	997,360	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	736,064	0	0	0	0
74.00	07400	RENAL DIALYSIS	72,830	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	51,967	45,523	18,646	0	6,717
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	130,105	39,403	16,140	0	22,786
91.00	09100	EMERGENCY	1,393,509	441,727	180,933	0	236,691
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,753,338	7,044,274	2,864,830	1,261,451	1,934,147
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,833	32,952	13,497	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,348,329	0	0	0	0
194.00	07950	FOUNDATION	44,154	3,196	1,309	0	0
194.01	07951	MARKETING	154,587	11,758	4,816	0	0
194.02	07952	PROF OFFICE BUILDINGS	55,614	0	0	0	0
194.03	07953	OP PHARMACY	154,100	8,592	3,519	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	20,551,955	7,100,772	2,887,971	1,261,451	1,934,147

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B
Part I
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Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,964,023					13.00
14.00	01400	47,261	1,638,986				14.00
15.00	01500	66,289	3,060	1,998,011			15.00
16.00	01600	81,311	0	0	2,182,925		16.00
17.00	01700	46,356	0	0	0	1,463,860	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	492,268	67,920	0	140,004	1,130,891	30.00
31.00	03100	98,373	24,086	0	26,411	147,955	31.00
43.00	04300	50,833	4,331	0	14,842	174,507	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	160,504	50,847	2,190	170,221	0	50.00
51.00	05100	22,942	2,296	0	23,079	0	51.00
52.00	05200	93,021	18,271	0	27,161	10,507	52.00
53.00	05300	4,970	14,464	40,566	50,006	0	53.00
54.00	05400	157,761	7,697	765	219,584	0	54.00
56.00	05600	10,445	717	156	36,388	0	56.00
57.00	05700	27,409	3,507	0	228,078	0	57.00
58.00	05800	10,486	358	0	64,013	0	58.00
59.00	05900	23,945	2,460	0	41,481	0	59.00
60.00	06000	125,820	10,544	22	306,388	0	60.00
65.00	06500	55,138	6,539	0	47,695	0	65.00
66.00	06600	65,841	1,832	224	33,244	0	66.00
67.00	06700	12,885	167	0	6,273	0	67.00
68.00	06800	5,632	55	0	3,134	0	68.00
69.00	06900	30,616	1,043	0	67,066	0	69.00
70.00	07000	3,307	254	0	16,164	0	70.00
71.00	07100	0	597,110	1,080	78,616	0	71.00
72.00	07200	0	763,798	0	80,278	0	72.00
73.00	07300	0	0	1,952,172	157,766	0	73.00
74.00	07400	0	0	0	5,592	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	6,778	445	1	2,161	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	22,763	2,317	78	19,300	0	90.00
91.00	09100	241,069	54,868	757	317,980	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		1,964,023	1,638,986	1,998,011	2,182,925	1,463,860	
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,964,023	1,638,986	1,998,011	2,182,925	1,463,860	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	19,681,563	0	19,681,563	30.00
31.00	03100	4,413,879	0	4,413,879	31.00
43.00	04300	2,014,425	0	2,014,425	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	7,341,019	0	7,341,019	50.00
51.00	05100	1,184,893	0	1,184,893	51.00
52.00	05200	3,917,808	0	3,917,808	52.00
53.00	05300	447,529	0	447,529	53.00
54.00	05400	6,393,889	0	6,393,889	54.00
56.00	05600	1,051,707	0	1,051,707	56.00
57.00	05700	1,173,956	0	1,173,956	57.00
58.00	05800	460,163	0	460,163	58.00
59.00	05900	1,048,387	0	1,048,387	59.00
60.00	06000	5,556,798	0	5,556,798	60.00
65.00	06500	1,508,019	0	1,508,019	65.00
66.00	06600	2,294,520	0	2,294,520	66.00
67.00	06700	479,816	0	479,816	67.00
68.00	06800	180,513	0	180,513	68.00
69.00	06900	812,044	0	812,044	69.00
70.00	07000	521,720	0	521,720	70.00
71.00	07100	4,713,845	0	4,713,845	71.00
72.00	07200	5,380,283	0	5,380,283	72.00
73.00	07300	5,457,713	0	5,457,713	73.00
74.00	07400	336,837	0	336,837	74.00
76.00	03020	0	0	0	76.00
76.97	07697	316,629	0	316,629	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	714,531	0	714,531	90.00
91.00	09100	7,812,000	0	7,812,000	91.00
92.00	09200		0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		85,214,486	0	85,214,486	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	236,713	0	236,713	190.00
192.00	19200	6,132,487	0	6,132,487	192.00
194.00	07950	205,327	0	205,327	194.00
194.01	07951	719,669	0	719,669	194.01
194.02	07952	252,944	0	252,944	194.02
194.03	07953	712,989	0	712,989	194.03
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		93,474,615	0	93,474,615	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140304

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

Worksheet Non-CMS W
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00		2.00	
	GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES		4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	5.00
7.00	OPERATION OF PLANT	3	SQUARE	FEET	7.00
9.00	HOUSEKEEPING	3	SQUARE	FEET	9.00
10.00	DIETARY	10	MEALS	SERVED	10.00
11.00	CAFETERIA	11	TOTAL	HOURS	11.00
13.00	NURSING ADMINISTRATION	13	TOTAL	HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	14.00
15.00	PHARMACY	15	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES		16.00
17.00	SOCIAL SERVICE	19	PATIENT DAYS		17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	591	3,138	3,729	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	56,605	300,694	357,299	5.00
7.00 00700	OPERATION OF PLANT	0	102,086	542,300	644,386	7.00
9.00 00900	HOUSEKEEPING	0	9,351	49,672	59,023	9.00
10.00 01000	DIETARY	0	49,201	261,362	310,563	10.00
11.00 01100	CAFETERIA	0	18,347	97,462	115,809	11.00
13.00 01300	NURSING ADMINISTRATION	0	30,640	162,765	193,405	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	36,879	195,910	232,789	14.00
15.00 01500	PHARMACY	0	12,867	68,352	81,219	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	19,134	101,646	120,780	16.00
17.00 01700	SOCIAL SERVICE	0	4,056	21,549	25,605	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	434,710	2,309,251	2,743,961	30.00
31.00 03100	INTENSIVE CARE UNIT	0	66,518	353,354	419,872	31.00
43.00 04300	NURSERY	0	20,254	107,593	127,847	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	188,903	1,003,487	1,192,390	50.00
51.00 05100	RECOVERY ROOM	0	20,007	106,278	126,285	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	71,322	378,878	450,200	52.00
53.00 05300	ANESTHESIOLOGY	0	3,505	18,620	22,125	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	90,693	481,779	572,472	54.00
56.00 05600	RADIOLOGY	0	41,093	218,295	259,388	56.00
57.00 05700	CT SCAN	0	6,628	35,207	41,835	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,983	21,160	25,143	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	12,659	67,246	79,905	59.00
60.00 06000	LABORATORY	0	22,319	118,562	140,881	60.00
65.00 06500	RESPIRATORY THERAPY	0	3,038	16,139	19,177	65.00
66.00 06600	PHYSICAL THERAPY	0	35,878	190,590	226,468	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	5,367	28,512	33,879	67.00
68.00 06800	SPEECH PATHOLOGY	0	473	2,511	2,984	68.00
69.00 06900	ELECTROCARDIOLOGY	0	3,303	17,544	20,847	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	5,176	27,496	32,672	70.00
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
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	ANCILLARY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	8,495	45,129	53,624	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	7,353	39,062	46,415	90.00
91.00 09100	EMERGENCY	0	82,434	437,905	520,339	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,473,868	7,829,448	9,303,316	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,149	32,667	38,816	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	FOUNDATION	0	596	3,168	3,764	194.00
194.01 07951	MARKETING	0	2,194	11,656	13,850	194.01
194.02 07952	PROF OFFICE BUILDINGS	0	0	0	0	194.02
194.03 07953	OP PHARMACY	0	1,603	8,518	10,121	194.03
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,484,410	7,885,457	9,369,867	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140304		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/24/2013 12: 33 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	7.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	357,907				5.00
7.00	00700	OPERATION OF PLANT	27,188	671,696			7.00
9.00	00900	HOUSEKEEPING	10,866	4,740	74,629		9.00
10.00	01000	DIETARY	3,407	24,939	2,791	341,700	10.00
11.00	01100	CAFETERIA	6,875	9,300	1,041	0	113,025
13.00	01300	NURSING ADMINISTRATION	6,496	15,531	1,738	0	2,484
14.00	01400	CENTRAL SERVICES & SUPPLY	4,853	18,694	2,092	0	3,136
15.00	01500	PHARMACY	6,769	6,522	730	0	4,370
16.00	01600	MEDICAL RECORDS & LIBRARY	7,195	9,699	1,085	0	5,353
17.00	01700	SOCIAL SERVICE	5,137	2,056	230	0	3,111
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,723	220,350	24,654	302,170	32,058
31.00	03100	INTENSIVE CARE UNIT	12,911	33,717	3,773	39,530	6,647
43.00	04300	NURSERY	5,987	10,267	1,149	0	3,667
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,583	95,753	10,714	0	10,645
51.00	05100	RECOVERY ROOM	3,689	10,141	1,135	0	1,517
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,017	36,153	4,045	0	6,295
53.00	05300	ANESTHESIOLOGY	1,173	1,777	199	0	315
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,800	45,972	5,144	0	10,444
56.00	05600	RADIOISOTOPE	2,619	20,830	2,331	0	668
57.00	05700	CT SCAN	3,207	3,359	376	0	1,871
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,321	2,019	226	0	707
59.00	05900	CARDIAC CATHETERIZATION	3,302	6,417	718	0	1,549
60.00	06000	LABORATORY	18,469	11,313	1,266	0	8,385
65.00	06500	RESPIRATORY THERAPY	5,064	1,540	172	0	3,654
66.00	06600	PHYSICAL THERAPY	7,117	18,186	2,035	0	4,375
67.00	06700	OCCUPATIONAL THERAPY	1,559	2,721	304	0	880
68.00	06800	SPEECH PATHOLOGY	623	240	27	0	370
69.00	06900	ELECTROCARDIOLOGY	2,524	1,674	187	0	2,011
70.00	07000	ELECTROENCEPHALOGRAPHY	1,761	2,624	294	0	205
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,457	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,369	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,818	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,268	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	905	4,306	482	0	462
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,266	3,727	417	0	1,567
91.00	09100	EMERGENCY	24,267	41,785	4,676	0	16,279
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	326,585	666,352	74,031	341,700	133,025
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	728	3,117	349	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,481	0	0	0	0
194.00	07950	FOUNDATION	769	302	34	0	0
194.01	07951	MARKETING	2,692	1,112	124	0	0
194.02	07952	PROF OFFICE BUILDINGS	968	0	0	0	0
194.03	07953	OP PHARMACY	2,684	813	91	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	357,907	671,696	74,629	341,700	133,025

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140304		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/24/2013 12:33 pm	
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	219,737					13.00
14.00	01400	5,288	266,889				14.00
15.00	01500	7,416	498	107,652			15.00
16.00	01600	9,097	0	0	153,289		16.00
17.00	01700	5,186	0	0	0	41,396	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	55,076	11,060	0	9,841	31,980	30.00
31.00	03100	11,006	3,922	0	1,856	4,184	31.00
43.00	04300	5,687	705	0	1,043	4,935	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	17,957	8,280	118	11,965	0	50.00
51.00	05100	2,567	374	0	1,622	0	51.00
52.00	05200	10,407	2,975	0	1,909	297	52.00
53.00	05300	556	2,355	2,186	3,515	0	53.00
54.00	05400	17,651	1,253	41	15,435	0	54.00
56.00	05600	1,169	117	8	2,558	0	56.00
57.00	05700	3,067	571	0	16,032	0	57.00
58.00	05800	1,173	58	0	4,499	0	58.00
59.00	05900	2,679	401	0	2,916	0	59.00
60.00	06000	14,077	1,717	1	21,536	0	60.00
65.00	06500	6,169	1,065	0	3,352	0	65.00
66.00	06600	7,366	298	12	2,337	0	66.00
67.00	06700	1,442	27	0	441	0	67.00
68.00	06800	630	9	0	220	0	68.00
69.00	06900	3,425	170	0	4,714	0	69.00
70.00	07000	370	41	0	1,136	0	70.00
71.00	07100	0	97,233	58	5,526	0	71.00
72.00	07200	0	124,376	0	5,643	0	72.00
73.00	07300	0	0	105,183	11,089	0	73.00
74.00	07400	0	0	0	393	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	758	72	0	152	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,547	377	4	1,357	0	90.00
91.00	09100	26,971	8,935	41	22,202	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		219,737	266,889	107,652	153,289	41,396	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,481,512	0	3,481,512	30.00
31.00	03100	537,594	0	537,594	31.00
43.00	04300	161,371	0	161,371	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,368,646	0	1,368,646	50.00
51.00	05100	147,379	0	147,379	51.00
52.00	05200	524,451	0	524,451	52.00
53.00	05300	34,206	0	34,206	53.00
54.00	05400	688,446	0	688,446	54.00
56.00	05600	289,711	0	289,711	56.00
57.00	05700	70,369	0	70,369	57.00
58.00	05800	35,165	0	35,165	58.00
59.00	05900	97,936	0	97,936	59.00
60.00	06000	217,802	0	217,802	60.00
65.00	06500	40,268	0	40,268	65.00
66.00	06600	268,299	0	268,299	66.00
67.00	06700	41,278	0	41,278	67.00
68.00	06800	5,114	0	5,114	68.00
69.00	06900	35,596	0	35,596	69.00
70.00	07000	39,107	0	39,107	70.00
71.00	07100	118,274	0	118,274	71.00
72.00	07200	147,388	0	147,388	72.00
73.00	07300	129,090	0	129,090	73.00
74.00	07400	1,661	0	1,661	74.00
76.00	03020	0	0	0	76.00
76.97	07697	60,772	0	60,772	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	58,712	0	58,712	90.00
91.00	09100	665,866	0	665,866	91.00
92.00	09200		0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		9,266,013	0	9,266,013	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	43,016	0	43,016	190.00
192.00	19200	23,481	0	23,481	192.00
194.00	07950	4,881	0	4,881	194.00
194.01	07951	17,786	0	17,786	194.01
194.02	07952	968	0	968	194.02
194.03	07953	13,722	0	13,722	194.03
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		9,369,867	0	9,369,867	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared: 5/24/2013 12:33 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	263,842					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		263,842				2.00
4.00 00400	EMPLOYEE BENEFITS	105	105	34,628,882			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	10,061	10,061	5,633,854	-20,551,955	72,922,660	5.00
7.00 00700	OPERATION OF PLANT	18,145	18,145	1,129,314	0	5,539,550	7.00
9.00 00900	HOUSEKEEPING	1,662	1,662	0	0	2,213,913	9.00
10.00 01000	DIETARY	8,745	8,745	0	0	694,177	10.00
11.00 01100	CAFETERIA	3,261	3,261	0	0	1,400,781	11.00
13.00 01300	NURSING ADMINISTRATION	5,446	5,446	770,736	0	1,323,474	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,555	6,555	347,220	0	988,869	14.00
15.00 01500	PHARMACY	2,287	2,287	1,182,405	0	1,379,228	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	736,329	0	1,466,069	16.00
17.00 01700	SOCIAL SERVICE	721	721	658,081	0	1,046,647	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	77,266	77,266	6,025,959	0	10,130,261	30.00
31.00 03100	INTENSIVE CARE UNIT	11,823	11,823	1,631,926	0	2,630,633	31.00
43.00 04300	NURSERY	3,600	3,600	774,755	0	1,219,827	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	33,576	33,576	2,230,046	0	4,193,695	50.00
51.00 05100	RECOVERY ROOM	3,556	3,556	451,098	0	751,585	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	1,417,801	0	2,448,522	52.00
53.00 05300	ANESTHESIOLOGY	623	623	42,219	0	239,082	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,120	16,120	2,164,707	0	4,034,209	54.00
56.00 05600	RADIOISOTOPE	7,304	7,304	210,720	0	533,530	56.00
57.00 05700	CT SCAN	1,178	1,178	470,757	0	653,521	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	708	708	175,497	0	269,104	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,250	2,250	454,653	0	672,755	59.00
60.00 06000	LABORATORY	3,967	3,967	1,455,271	0	3,762,989	60.00
65.00 06500	RESPIRATORY THERAPY	540	540	692,320	0	1,031,785	65.00
66.00 06600	PHYSICAL THERAPY	6,377	6,377	970,813	0	1,450,087	66.00
67.00 06700	OCCUPATIONAL THERAPY	954	954	228,405	0	317,634	67.00
68.00 06800	SPEECH PATHOLOGY	84	84	99,177	0	126,960	68.00
69.00 06900	ELECTROCARDIOLOGY	587	587	411,802	0	514,209	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	920	920	34,304	0	358,793	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,149,429	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,538,847	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,611,711	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	258,415	74.00
76.00 03020	ANCILLARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,510	1,510	100,664	0	184,391	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	1,307	1,307	325,316	0	461,639	90.00
91.00 09100	EMERGENCY	14,652	14,652	3,436,964	0	4,944,466	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	261,968	261,968	34,263,113	-20,551,955	66,540,787	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,093	1,093	58,308	0	148,431	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,784,158	192.00
194.00 07950	FOUNDATION	106	106	110,202	0	156,668	194.00
194.01 07951	MARKETING	390	390	76,129	0	548,508	194.01
194.02 07952	PROF OFFICE BUILDINGS	0	0	0	0	197,330	194.02
194.03 07953	OP PHARMACY	285	285	121,130	0	546,778	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,484,410	7,885,457	5,836,113		20,551,955	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.626132	29.887042	0.168533		0.281832	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			3,729		357,907	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000108		0.004908	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	NURSING ADMINISTRATION (TOTAL HOURS)	
		7.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	235,531				7.00
9.00	00900	HOUSEKEEPING	1,662	233,869			9.00
10.00	01000	DIETARY	8,745	8,745	54,483		10.00
11.00	01100	CAFETERIA	3,261	3,261	0	774,038	11.00
13.00	01300	NURSING ADMINISTRATION	5,446	5,446	0	14,453	824,320
14.00	01400	CENTRAL SERVICES & SUPPLY	6,555	6,555	0	18,247	19,836
15.00	01500	PHARMACY	2,287	2,287	0	25,426	27,822
16.00	01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	0	31,147	34,127
17.00	01700	SOCIAL SERVICE	721	721	0	18,104	19,456
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,266	77,266	48,180	186,536	206,609
31.00	03100	INTENSIVE CARE UNIT	11,823	11,823	6,303	38,680	41,288
43.00	04300	NURSERY	3,600	3,600	0	21,335	21,335
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,576	33,576	0	61,942	67,365
51.00	05100	RECOVERY ROOM	3,556	3,556	0	8,825	9,629
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	0	36,628	39,042
53.00	05300	ANESTHESIOLOGY	623	623	0	1,835	2,086
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,120	16,120	0	60,773	66,214
56.00	05600	RADIOISOTOPE	7,304	7,304	0	3,886	4,384
57.00	05700	CT SCAN	1,178	1,178	0	10,884	11,504
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	708	708	0	4,111	4,401
59.00	05900	CARDIAC CATHETERIZATION	2,250	2,250	0	9,014	10,050
60.00	06000	LABORATORY	3,967	3,967	0	48,792	52,808
65.00	06500	RESPIRATORY THERAPY	540	540	0	21,260	23,142
66.00	06600	PHYSICAL THERAPY	6,377	6,377	0	25,457	27,634
67.00	06700	OCCUPATIONAL THERAPY	954	954	0	5,121	5,408
68.00	06800	SPEECH PATHOLOGY	84	84	0	2,154	2,364
69.00	06900	ELECTROCARDIOLOGY	587	587	0	11,703	12,850
70.00	07000	ELECTROENCEPHALOGRAPHY	920	920	0	1,195	1,388
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,510	1,510	0	2,688	2,845
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,307	1,307	0	9,119	9,554
91.00	09100	EMERGENCY	14,652	14,652	0	94,723	101,179
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	233,657	231,995	54,483	774,038	824,320
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,093	1,093	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FOUNDATION	106	106	0	0	0
194.01	07951	MARKETING	390	390	0	0	0
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0
194.03	07953	OP PHARMACY	285	285	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	7,100,772	2,887,971	1,261,451	1,934,147	1,964,023
203.00		Unit cost multiplier (Wkst. B, Part I)	30.147930	12.348670	23.153112	2.498775	2.382598
204.00		Cost to be allocated (per Wkst. B, Part II)	671,696	74,629	341,700	133,025	219,737
205.00		Unit cost multiplier (Wkst. B, Part II)	2.851837	0.319106	6.271681	0.171858	0.266568

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	7,593,803				14.00
15.00	01500	14,180	3,056,980			15.00
16.00	01600	0	0	395,424,008		16.00
17.00	01700	0	0	0	20,619	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	314,690	0	25,363,002	15,929	30.00
31.00	03100	111,595	0	4,784,649	2,084	31.00
43.00	04300	20,068	0	2,688,829	2,458	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	235,587	3,351	30,837,218	0	50.00
51.00	05100	10,636	0	4,180,929	0	51.00
52.00	05200	84,656	0	4,920,558	148	52.00
53.00	05300	67,013	62,067	9,059,007	0	53.00
54.00	05400	35,664	1,171	39,779,676	0	54.00
56.00	05600	3,323	238	6,591,973	0	56.00
57.00	05700	16,249	0	41,318,456	0	57.00
58.00	05800	1,659	0	11,596,629	0	58.00
59.00	05900	11,396	0	7,514,663	0	59.00
60.00	06000	48,853	33	55,505,135	0	60.00
65.00	06500	30,295	0	8,640,359	0	65.00
66.00	06600	8,487	342	6,022,551	0	66.00
67.00	06700	775	0	1,136,387	0	67.00
68.00	06800	257	0	567,785	0	68.00
69.00	06900	4,834	0	12,149,642	0	69.00
70.00	07000	1,175	0	2,928,315	0	70.00
71.00	07100	2,766,550	1,652	14,242,098	0	71.00
72.00	07200	3,538,847	0	14,543,089	0	72.00
73.00	07300	0	2,986,847	28,580,710	0	73.00
74.00	07400	0	0	1,013,120	0	74.00
76.00	03020	0	0	0	0	76.00
76.97	07697	2,062	2	391,487	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	10,737	119	3,496,299	0	90.00
91.00	09100	254,215	1,158	57,571,442	0	91.00
92.00	09200					92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00		7,593,803	3,056,980	395,424,008	20,619	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
192.00	19200	0	0	0	0	192.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
200.00						200.00
201.00						201.00
202.00		1,638,986	1,998,011	2,182,925	1,463,860	202.00
203.00		0.215832	0.653590	0.005520	70.995684	203.00
204.00		266,889	107,652	153,289	41,396	204.00
205.00		0.035146	0.035215	0.000388	2.007663	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	19,681,563		19,681,563	0	19,681,563	18,717,474	30.00
31.00	03100	INTENSIVE CARE UNIT	4,413,879		4,413,879	0	4,413,879	4,784,649	31.00
43.00	04300	NURSERY	2,014,425		2,014,425	0	2,014,425	2,688,829	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,341,019		7,341,019	0	7,341,019	8,715,924	50.00
51.00	05100	RECOVERY ROOM	1,184,893		1,184,893	0	1,184,893	1,297,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,917,808		3,917,808	0	3,917,808	4,195,097	52.00
53.00	05300	ANESTHESIOLOGY	447,529		447,529	0	447,529	3,236,599	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,393,889		6,393,889	0	6,393,889	7,433,902	54.00
56.00	05600	RADIOISOTOPE	1,051,707		1,051,707	0	1,051,707	1,819,271	56.00
57.00	05700	CT SCAN	1,173,956		1,173,956	0	1,173,956	11,287,617	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	460,163		460,163	0	460,163	3,384,038	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,048,387		1,048,387	0	1,048,387	6,117,870	59.00
60.00	06000	LABORATORY	5,556,798		5,556,798	0	5,556,798	26,209,287	60.00
65.00	06500	RESPIRATORY THERAPY	1,508,019	0	1,508,019	0	1,508,019	7,346,248	65.00
66.00	06600	PHYSICAL THERAPY	2,294,520	0	2,294,520	0	2,294,520	1,169,058	66.00
67.00	06700	OCCUPATIONAL THERAPY	479,816	0	479,816	0	479,816	730,261	67.00
68.00	06800	SPEECH PATHOLOGY	180,513	0	180,513	0	180,513	368,892	68.00
69.00	06900	ELECTROCARDIOLOGY	812,044		812,044	0	812,044	4,951,371	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	521,720		521,720	0	521,720	417,820	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,713,845		4,713,845	0	4,713,845	6,138,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,380,283		5,380,283	0	5,380,283	6,309,090	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,457,713		5,457,713	0	5,457,713	19,555,696	73.00
74.00	07400	RENAL DIALYSIS	336,837		336,837	0	336,837	1,013,120	74.00
76.00	03020	ANCILLARY	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	316,629		316,629	0	316,629	1,716	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	714,531		714,531	0	714,531	42,143	90.00
91.00	09100	EMERGENCY	7,812,000		7,812,000	0	7,812,000	11,877,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,597,668		3,597,668		3,597,668	775,888	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	88,812,154	0	88,812,154	0	88,812,154	160,585,305	200.00
201.00		Less Observation Beds	3,597,668		3,597,668		3,597,668		201.00
202.00		Total (see instructions)	85,214,486	0	85,214,486	0	85,214,486	160,585,305	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		18,717,474					30.00
31.00	03100	INTENSIVE CARE UNIT		4,784,649					31.00
43.00	04300	NURSERY		2,688,829					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	22,121,294	30,837,218	0.238057	0.000000	0.238057		50.00
51.00	05100	RECOVERY ROOM	2,883,869	4,180,929	0.283404	0.000000	0.283404		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	725,461	4,920,558	0.796212	0.000000	0.796212		52.00
53.00	05300	ANESTHESIOLOGY	5,822,408	9,059,007	0.049402	0.000000	0.049402		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,345,774	39,779,676	0.160733	0.000000	0.160733		54.00
56.00	05600	RADIOISOTOPE	4,772,702	6,591,973	0.159544	0.000000	0.159544		56.00
57.00	05700	CT SCAN	30,030,839	41,318,456	0.028412	0.000000	0.028412		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,212,591	11,596,629	0.039681	0.000000	0.039681		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,396,793	7,514,663	0.139512	0.000000	0.139512		59.00
60.00	06000	LABORATORY	29,295,848	55,505,135	0.100113	0.000000	0.100113		60.00
65.00	06500	RESPIRATORY THERAPY	1,294,111	8,640,359	0.174532	0.000000	0.174532		65.00
66.00	06600	PHYSICAL THERAPY	4,853,493	6,022,551	0.380988	0.000000	0.380988		66.00
67.00	06700	OCCUPATIONAL THERAPY	406,126	1,136,387	0.422229	0.000000	0.422229		67.00
68.00	06800	SPEECH PATHOLOGY	198,893	567,785	0.317925	0.000000	0.317925		68.00
69.00	06900	ELECTROCARDIOLOGY	7,198,271	12,149,642	0.066837	0.000000	0.066837		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description			Outpatient	Total (col. 6 + col. 7)				Hospital	
			7.00	8.00	9.00	10.00	11.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	2,510,495	2,928,315	0.178164	0.000000	0.178164		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,103,460	14,242,098	0.330980	0.000000	0.330980		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,233,999	14,543,089	0.369955	0.000000	0.369955		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,025,014	28,580,710	0.190958	0.000000	0.190958		73.00
74.00	07400	RENAL DIALYSIS	0	1,013,120	0.332475	0.000000	0.332475		74.00
76.00	03020	ANCILLARY	0	0	0.000000	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	389,771	391,487	0.808785	0.000000	0.808785		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,454,156	3,496,299	0.204368	0.000000	0.204368		90.00
91.00	09100	EMERGENCY	45,693,695	57,571,442	0.135692	0.000000	0.135692		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,869,640	6,645,528	0.541367	0.000000	0.541367		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	234,838,703	395,424,008					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	234,838,703	395,424,008					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	19,681,563		19,681,563	0	0	18,717,474	30.00
31.00	03100	INTENSIVE CARE UNIT	4,413,879		4,413,879	0	0	4,784,649	31.00
43.00	04300	NURSERY	2,014,425		2,014,425	0	0	2,688,829	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,341,019		7,341,019	0	0	8,715,924	50.00
51.00	05100	RECOVERY ROOM	1,184,893		1,184,893	0	0	1,297,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,917,808		3,917,808	0	0	4,195,097	52.00
53.00	05300	ANESTHESIOLOGY	447,529		447,529	0	0	3,236,599	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,393,889		6,393,889	0	0	7,433,902	54.00
56.00	05600	RADIOISOTOPE	1,051,707		1,051,707	0	0	1,819,271	56.00
57.00	05700	CT SCAN	1,173,956		1,173,956	0	0	11,287,617	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	460,163		460,163	0	0	3,384,038	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,048,387		1,048,387	0	0	6,117,870	59.00
60.00	06000	LABORATORY	5,556,798		5,556,798	0	0	26,209,287	60.00
65.00	06500	RESPIRATORY THERAPY	1,508,019	0	1,508,019	0	0	7,346,248	65.00
66.00	06600	PHYSICAL THERAPY	2,294,520	0	2,294,520	0	0	1,169,058	66.00
67.00	06700	OCCUPATIONAL THERAPY	479,816	0	479,816	0	0	730,261	67.00
68.00	06800	SPEECH PATHOLOGY	180,513	0	180,513	0	0	368,892	68.00
69.00	06900	ELECTROCARDIOLOGY	812,044		812,044	0	0	4,951,371	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	521,720		521,720	0	0	417,820	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,713,845		4,713,845	0	0	6,138,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,380,283		5,380,283	0	0	6,309,090	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,457,713		5,457,713	0	0	19,555,696	73.00
74.00	07400	RENAL DIALYSIS	336,837		336,837	0	0	1,013,120	74.00
76.00	03020	ANCILLARY	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	316,629		316,629	0	0	1,716	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	714,531		714,531	0	0	42,143	90.00
91.00	09100	EMERGENCY	7,812,000		7,812,000	0	0	11,877,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,597,668		3,597,668	0	0	775,888	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	88,812,154	0	88,812,154	0	0	160,585,305	200.00
201.00		Less Observation Beds	3,597,668		3,597,668		0		201.00
202.00		Total (see instructions)	85,214,486	0	85,214,486	0	0	160,585,305	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		18,717,474					30.00
31.00	03100	INTENSIVE CARE UNIT		4,784,649					31.00
43.00	04300	NURSERY		2,688,829					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	22,121,294	30,837,218	0.238057	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,883,869	4,180,929	0.283404	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	725,461	4,920,558	0.796212	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	5,822,408	9,059,007	0.049402	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,345,774	39,779,676	0.160733	0.000000	0.000000		54.00
56.00	05600	RADIOISOTOPE	4,772,702	6,591,973	0.159544	0.000000	0.000000		56.00
57.00	05700	CT SCAN	30,030,839	41,318,456	0.028412	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,212,591	11,596,629	0.039681	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,396,793	7,514,663	0.139512	0.000000	0.000000		59.00
60.00	06000	LABORATORY	29,295,848	55,505,135	0.100113	0.000000	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	1,294,111	8,640,359	0.174532	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,853,493	6,022,551	0.380988	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	406,126	1,136,387	0.422229	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	198,893	567,785	0.317925	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	7,198,271	12,149,642	0.066837	0.000000	0.000000		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140304

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 12:33 pm

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00	8.00				
70.00	07000	ELECTROENCEPHALOGRAPHY	2,510,495	2,928,315	0.178164	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,103,460	14,242,098	0.330980	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,233,999	14,543,089	0.369955	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,025,014	28,580,710	0.190958	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	1,013,120	0.332475	0.000000	0.000000	74.00
76.00	03020	ANCILLARY	0	0	0.000000	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	389,771	391,487	0.808785	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,454,156	3,496,299	0.204368	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	45,693,695	57,571,442	0.135692	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,869,640	6,645,528	0.541367	0.000000	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	234,838,703	395,424,008				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	234,838,703	395,424,008				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/24/2013 12:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,481,512	0	3,481,512	19,492	178.61	30.00
31.00	INTENSIVE CARE UNIT	537,594		537,594	2,084	257.96	31.00
43.00	NURSERY	161,371		161,371	2,458	65.65	43.00
200.00	Total (Lines 30-199)	4,180,477		4,180,477	24,034		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				

30.00	ADULTS & PEDIATRICS	6,398	1,142,747	30.00
31.00	INTENSIVE CARE UNIT	1,069	275,759	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	7,467	1,418,506	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/24/2013 12:33 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	1,368,646	30,837,218	0.044383	2,954,355	131,123	50.00
51.00	05100 RECOVERY ROOM	147,379	4,180,929	0.035250	353,515	12,461	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	524,451	4,920,558	0.106584	0	0	52.00
53.00	05300 ANESTHESIOLOGY	34,206	9,059,007	0.003776	857,175	3,237	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	688,446	39,779,676	0.017306	3,598,126	62,269	54.00
56.00	05600 RADIOISOTOPE	289,711	6,591,973	0.043949	1,033,504	45,421	56.00
57.00	05700 CT SCAN	70,369	41,318,456	0.001703	4,573,908	7,789	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	35,165	11,596,629	0.003032	1,364,069	4,136	58.00
59.00	05900 CARDIAC CATHETERIZATION	97,936	7,514,663	0.013033	2,253,298	29,367	59.00
60.00	06000 LABORATORY	217,802	55,505,135	0.003924	11,531,932	45,251	60.00
65.00	06500 RESPIRATORY THERAPY	40,268	8,640,359	0.004660	4,114,813	19,175	65.00
66.00	06600 PHYSICAL THERAPY	268,299	6,022,551	0.044549	733,066	32,657	66.00
67.00	06700 OCCUPATIONAL THERAPY	41,278	1,136,387	0.036324	451,495	16,400	67.00
68.00	06800 SPEECH PATHOLOGY	5,114	567,785	0.009007	218,245	1,966	68.00
69.00	06900 ELECTROCARDIOLOGY	35,596	12,149,642	0.002930	2,524,120	7,396	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	39,107	2,928,315	0.013355	227,420	3,037	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	118,274	14,242,098	0.008305	2,160,763	17,945	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	147,388	14,543,089	0.010135	2,776,580	28,141	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	129,090	28,580,710	0.004517	8,318,193	37,573	73.00
74.00	07400 RENAL DIALYSIS	1,661	1,013,120	0.001639	600,700	985	74.00
76.00	03020 ANCILLARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	60,772	391,487	0.155234	386	60	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	58,712	3,496,299	0.016793	4,849	81	90.00
91.00	09100 EMERGENCY	665,866	57,571,442	0.011566	4,846,707	56,057	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	636,399	6,645,528	0.095763	399,959	38,301	92.00
200.00	Total (lines 50-199)	5,721,935	369,233,056		55,897,178	600,828	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/24/2013 12:33 pm
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Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	0	0	0	200.00	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,492	0.00	6,398	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,084	0.00	1,069	0	31.00	
43.00	04300	NURSERY	2,458	0.00	0	0	43.00	
200.00		Total (lines 30-199)	24,034		7,467	0	200.00	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
		12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140304

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 12:33 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	30,837,218	0.000000	0.000000	2,954,355	50.00
51.00	05100 RECOVERY ROOM	0	4,180,929	0.000000	0.000000	353,515	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,920,558	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	9,059,007	0.000000	0.000000	857,175	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	39,779,676	0.000000	0.000000	3,598,126	54.00
56.00	05600 RADIOISOTOPE	0	6,591,973	0.000000	0.000000	1,033,504	56.00
57.00	05700 CT SCAN	0	41,318,456	0.000000	0.000000	4,573,908	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,596,629	0.000000	0.000000	1,364,069	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,514,663	0.000000	0.000000	2,253,298	59.00
60.00	06000 LABORATORY	0	55,505,135	0.000000	0.000000	11,531,932	60.00
65.00	06500 RESPIRATORY THERAPY	0	8,640,359	0.000000	0.000000	4,114,813	65.00
66.00	06600 PHYSICAL THERAPY	0	6,022,551	0.000000	0.000000	733,066	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,136,387	0.000000	0.000000	451,495	67.00
68.00	06800 SPEECH PATHOLOGY	0	567,785	0.000000	0.000000	218,245	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,149,642	0.000000	0.000000	2,524,120	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,928,315	0.000000	0.000000	227,420	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,242,098	0.000000	0.000000	2,160,763	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	14,543,089	0.000000	0.000000	2,776,580	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	28,580,710	0.000000	0.000000	8,318,193	73.00
74.00	07400 RENAL DIALYSIS	0	1,013,120	0.000000	0.000000	600,700	74.00
76.00	03020 ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	391,487	0.000000	0.000000	386	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,496,299	0.000000	0.000000	4,849	90.00
91.00	09100 EMERGENCY	0	57,571,442	0.000000	0.000000	4,846,707	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,645,528	0.000000	0.000000	399,959	92.00
200.00	Total (Lines 50-199)	0	369,233,056			55,897,178	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 12:33 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	3,283,569	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	230,234	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	593,049	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,298,415	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	1,343,103	0	0	0	56.00
57.00	05700 CT SCAN	0	4,854,156	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,374,599	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	445,545	0	0	0	59.00
60.00	06000 LABORATORY	0	462,039	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	284,613	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,358,438	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	333,410	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,572,461	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,221,168	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,144,792	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ANCILLARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	195,356	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	311,567	0	0	0	90.00
91.00	09100 EMERGENCY	0	4,217,932	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,134,672	0	0	0	92.00
200.00	Total (Lines 50-199)	0	29,659,118	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 12:33 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ANCILLARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 12:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.238057	3,283,569	0	0	781,677	50.00
51.00	05100 RECOVERY ROOM	0.283404	230,234	0	0	65,249	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.796212	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049402	593,049	0	0	29,298	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.160733	4,298,415	0	0	690,897	54.00
56.00	05600 RADIOISOTOPE	0.159544	1,343,103	0	0	214,284	56.00
57.00	05700 CT SCAN	0.028412	4,854,156	0	0	137,916	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.039681	1,374,599	0	0	54,545	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139512	445,545	0	0	62,159	59.00
60.00	06000 LABORATORY	0.100113	462,039	0	0	46,256	60.00
65.00	06500 RESPIRATORY THERAPY	0.174532	284,613	0	0	49,674	65.00
66.00	06600 PHYSICAL THERAPY	0.380988	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.422229	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.317925	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.066837	1,358,438	0	0	90,794	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.178164	333,410	0	0	59,402	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330980	1,572,461	0	0	520,453	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.369955	1,221,168	0	0	451,777	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.190958	2,144,792	0	16,376	409,565	73.00
74.00	07400 RENAL DIALYSIS	0.332475	0	0	0	0	74.00
76.00	03020 ANCILLARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.808785	195,356	0	0	158,001	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.204368	311,567	0	0	63,674	90.00
91.00	09100 EMERGENCY	0.135692	4,217,932	0	0	572,340	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.541367	1,134,672	0	0	614,274	92.00
200.00	Subtotal (see instructions)		29,659,118	0	16,376	5,072,235	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		29,659,118	0	16,376	5,072,235	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 12:33 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,127		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ANCILLARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	3,127		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	3,127		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2013 12:33 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,492	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,492	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)		15,929	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)		6,398	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)		19,681,563	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)		19,681,563	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		18,717,474	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		18,717,474	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.051507	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)		1,175.06	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)		19,681,563	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)		1,009.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,460,253	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)		6,460,253	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/24/2013 12:33 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,413,879	2,084	2,117.98	1,069	2,264,121	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)					9,114,714	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,839,088	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,418,506	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					600,828	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,019,334	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,819,754	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)					3,563	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,009.73	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,597,668	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 12:33 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,481,512	19,681,563	0.176892	3,597,668	636,399	90.00
91.00	Nursing School cost	0	19,681,563	0.000000	3,597,668	0	91.00
92.00	Allied health cost	0	19,681,563	0.000000	3,597,668	0	92.00
93.00	All other Medical Education	0	19,681,563	0.000000	3,597,668	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2013 12:33 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,492	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,492	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)		15,929	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,619	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)		2,458	15.00
16.00	Nursery days (title V or XIX only)		1,720	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)		19,681,563	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)		19,681,563	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		18,717,474	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		18,717,474	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.051507	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)		1,175.06	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)		19,681,563	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)		1,009.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,644,483	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,644,483	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/24/2013 12:33 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,014,425	2,458	819.54	1,720	1,409,609	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,413,879	2,084	2,117.98	148	313,461	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,367,553	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,563	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,009.73	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,597,668	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 12:33 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 12:33 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		7,085,214		30.00
31.00	03100 INTENSIVE CARE UNIT		2,408,903		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.238057	2,954,355	703,305	50.00
51.00	05100 RECOVERY ROOM	0.283404	353,515	100,188	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.796212	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049402	857,175	42,346	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.160733	3,598,126	578,338	54.00
56.00	05600 RADIOISOTOPE	0.159544	1,033,504	164,889	56.00
57.00	05700 CT SCAN	0.028412	4,573,908	129,954	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.039681	1,364,069	54,128	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139512	2,253,298	314,362	59.00
60.00	06000 LABORATORY	0.100113	11,531,932	1,154,496	60.00
65.00	06500 RESPIRATORY THERAPY	0.174532	4,114,813	718,167	65.00
66.00	06600 PHYSICAL THERAPY	0.380988	733,066	279,289	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.422229	451,495	190,634	67.00
68.00	06800 SPEECH PATHOLOGY	0.317925	218,245	69,386	68.00
69.00	06900 ELECTROCARDIOLOGY	0.066837	2,524,120	168,705	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.178164	227,420	40,518	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330980	2,160,763	715,169	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.369955	2,776,580	1,027,210	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.190958	8,318,193	1,588,425	73.00
74.00	07400 RENAL DIALYSIS	0.332475	600,700	199,718	74.00
76.00	03020 ANCILLARY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.808785	386	312	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.204368	4,849	991	90.00
91.00	09100 EMERGENCY	0.135692	4,846,707	657,659	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.541367	399,959	216,525	92.00
200.00	Total (sum of lines 50-94 and 96-98)		55,897,178	9,114,714	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)		55,897,178		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 12: 33 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		13,803,425	1.00
2.00	Outlier payments for discharges. (see instructions)		98,179	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,261,247	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		128.27	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)		4.92	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		28.66	31.00
32.00	Sum of lines 30 and 31		33.58	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.92	33.00
34.00	Disproportionate share adjustment (see instructions)		2,335,540	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)		16,237,144	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		16,237,144	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,257,178	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 12:33 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			17,494,322 59.00
60.00	Primary payer payments			14,675 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			17,479,647 61.00
62.00	Deductibles billed to program beneficiaries			1,322,104 62.00
63.00	Coinurance billed to program beneficiaries			28,033 63.00
64.00	Allowable bad debts (see instructions)			373,879 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			261,715 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			329,079 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			16,391,225 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			-408 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-33,639 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			16,357,178 71.00
72.00	Interim payments			16,157,815 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)			199,363 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			1,042,959 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/24/2013 12:33 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,127	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,072,235	2.00
3.00	PPS payments		4,517,568	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,127	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		16,376	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)		16,376	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)		16,376	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		13,249	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)		3,127	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		4,517,568	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,068,682	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		3,452,013	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)		3,452,013	30.00
31.00	Primary payer payments		2,419	31.00
32.00	Subtotal (line 30 minus line 31)		3,449,594	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)		302,255	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		211,579	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		270,408	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		3,661,173	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-351	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		3,661,524	40.00
41.00	Interim payments		3,601,640	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)		59,884	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140304

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2013 12:33 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		16,026,638		3,600,184	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	11/20/2012	131,177	11/20/2012	1,456	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)		131,177		1,456	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)		16,157,815		3,601,640	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		199,363		59,884	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		16,357,178		3,661,524	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: 140304

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2013 12:33 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			5,487 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			7,467 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			718 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			18,013 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			395,424,008 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			18,302,895 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)			1,024,709 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,029,190 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-4,481 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

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

Provider CCN: 140304

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

Worksheet G

Date/Time Prepared:
5/24/2013 12:33 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	-34,047,246	0	0	0	1.00
2.00	Temporary investments	9,431,671	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,108,146	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,415,896	0	0	0	6.00
7.00	Inventory	2,464,321	0	0	0	7.00
8.00	Prepaid expenses	1,159,129	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)	2,700,125	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,440,226	0	0	0	12.00
13.00	Land improvements	84,552	0	0	0	13.00
14.00	Accumulated depreciation	-60,185	0	0	0	14.00
15.00	Buildings	104,879,084	0	0	0	15.00
16.00	Accumulated depreciation	-23,341,556	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	22,685,292	0	0	0	19.00
20.00	Accumulated depreciation	-8,339,892	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	35,018,813	0	0	0	23.00
24.00	Accumulated depreciation	-24,610,435	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)	111,755,899	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,197,175	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	356,204	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,553,379	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	116,009,403	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,223,911	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,730,620	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,507,309	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	13,817,306	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,279,146	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	88,991,091	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,851	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	88,996,942	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	114,276,088	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,733,315				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,733,315	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	116,009,403	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140304

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

Worksheet G-1

Date/Time Prepared:
5/24/2013 12:33 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,809,681		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,607,142			2.00
3.00	Total (sum of line 1 and line 2)		1,202,539		0	3.00
4.00	DONOR RESTRICTED FUND BAL	530,776		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)		530,776		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,733,315		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)		1,733,315		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	DONOR RESTRICTED FUND BAL		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140304

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2013 12:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	18,717,474		18,717,474	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	18,717,474		18,717,474	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,784,649		4,784,649	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)	4,784,649		4,784,649	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	23,502,123		23,502,123	17.00
18.00	Ancillary services	122,513,428	189,148,183	311,661,611	18.00
19.00	Outpatient services	11,877,747	45,693,695	57,571,442	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	2,688,829	0	2,688,829	27.00
27.01	PROF FEES	0	464,436	464,436	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	160,582,127	235,306,314	395,888,441	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		104,272,495		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)		104,272,495		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140304

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

Worksheet G-3

Date/Time Prepared:
5/24/2013 12:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	395,888,441	1.00
2.00	Less contractual allowances and discounts on patients' accounts	299,002,017	2.00
3.00	Net patient revenues (line 1 minus line 2)	96,886,424	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	104,272,495	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,386,071	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	4,778,929	24.00
25.00	Total other income (sum of lines 6-24)	4,778,929	25.00
26.00	Total (line 5 plus line 25)	-2,607,142	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,607,142	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140304	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/24/2013 12:33 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,111,737	1.00
2.00	Capital DRG outlier payments		67,175	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		49.22	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)		4.92	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		28.66	8.00
9.00	Sum of lines 7 and 8		33.58	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.04	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		78,266	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,257,178	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