

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: 150023 Period: From 09/01/2011 To 08/31/2012 Worksheet 5 Parts I-III Date/Time Prepared: 1/31/2013 11:02 am

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 1/31/2013 Time: 11:02 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

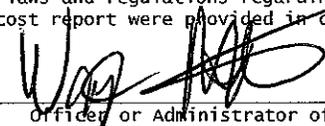
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR 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 UNION HOSPITAL, INC. (150023) for the cost reporting period beginning 09/01/2011 and ending 08/31/2012 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.

Encryption Information

ECR: Date: 1/31/2013 Time: 11:02 am
 w3:EvoJU3rJhNvYJC0Mx0xFuhfPfk0
 1m2vm0etxQJXw2qwgUDPevue3hsnab
 R9filgxxQB0lQbhh
 PI: Date: 1/31/2013 Time: 11:02 am
 WlflYdZwk9cmktL.kGi.FHYmFV6KH1
 3sYtj0NUKzistIur416No1m6p00rbv
 MC7LauPib:OmtUmc

(Signed) 
 Officer or Administrator of Provider(s)
Executive Vice President/CFO
 Title
 January 31, 2013
 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	-531,777	-231,267	2,957,012	-4,234,539	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	69,745	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	-462,032	-231,267	2,957,012	-4,234,539	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: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
1/31/2013 11:01 am

		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1606 NORTH SEVENTH ST	PO Box:		Zip Code: 47804-		County: VIGO			1.00	
2.00	City: TERRE HAUTE	State: IN							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	UNION HOSPITAL, INC.	150023	45460	1	01/01/1966	N	P	O	
4.00	Subprovider - IPF									
5.00	Subprovider - IRF	MEDICAL REHAB	15T023	45460	5	09/01/1989	N	P	O	
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HMA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2011	08/31/2012		20.00
21.00	Type of Control (see instructions)						2			21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
23.00	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 days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible 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.	5,818	1,086	500	1,352	5,983	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.	349	100	49	29	38	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
							Beginning:	Ending:		
							1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.						0			37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.									38.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:150023	Period: From 09/01/2011 To 08/31/2012	Worksheet S-2 Part I Date/Time Prepared: 1/31/2013 11:01 am		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for 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.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	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)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.00	19.00	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2011 To 08/31/2012	Worksheet S-2 Part I Date/Time Prepared: 1/31/2013 11:01 am	
		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)	N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&RS in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N	107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	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
				1.00	2.00
				3.00	4.00
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.		Y		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.		1		118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	865,717	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	118.02	
119.00	DO NOT USE THIS LINE			119.00	
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	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023		Period: From 09/01/2011 To 08/31/2012		Worksheet S-2 Part I Date/Time Prepared: 1/31/2013 11:01 am	
		1.00	2.00				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H043				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: UNION HOSPITAL, INC.	Contractor's Name: UNION HOSPITAL, INC		Contractor's Number: 15H043			141.00
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:					142.00
143.00	City: TERRE HAUTE	State: IN		Zip Code: 47804			143.00
144.00	Are provider based physicians' costs included in worksheet A?					1.00	144.00
145.00	If costs for renal services are claimed on worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00169.00

		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	08/31/2012
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.	Y		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Y/N		
		1.00		
Part A				
		Y/N	Date	
		1.00	2.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	01/11/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

	Description	Part A			
		Y/N	Date		
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N	2.00		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N			23.00
24.00	were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N			25.00
26.00	were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N			27.00
Interest Expense					
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N			31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	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.	SHANTHA AARON	CONTROLLER		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNION HOSPITAL, INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-238-7655	FASSA@UHHG.ORG		43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	01/11/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for other? Describe the other adjustments:	N		20.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				3.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	812-238-7655		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	244	90,862	0.00		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						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		244	90,862	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY	35.00	15	4,866	0.00		12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		295	108,904	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,052			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)		317				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	I/P Days / O/P Visits / Trips				
	Title V	Title XVIII	Title XIX	Total All Patients	
	5.00	6.00	7.00	8.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	32,336	6,383	59,276	1.00
2.00 HMO		3,196	7,835		2.00
3.00 HMO IPF Subprovider		0	0		3.00
4.00 HMO IRF Subprovider		0	116		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	32,336	6,383	59,276	7.00
8.00 INTENSIVE CARE UNIT	0	5,583	0	8,999	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 INTENSIVE NURSERY	0	0	326	3,188	12.00
13.00 NURSERY	0		195	3,223	13.00
14.00 Total (see instructions)	0	37,919	6,904	74,686	14.00
15.00 CAH visits	0	0	0	0	15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	0	4,337	449	6,006	17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)					27.00
28.00 Observation Bed Days	0		0	8,741	28.00
29.00 Ambulance Trips		0			29.00
30.00 Employee discount days (see instruction)				0	30.00
31.00 Employee discount days - IRF				0	31.00
32.00 Labor & delivery days (see instructions)			0	0	32.00
33.00 LTCH non-covered days		0			33.00

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, observation Bed and Hospice days)	9.00	10.00	11.00	12.00	13.00	1.00
2.00 HMO					606	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 INTENSIVE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	18.34	1,873.00	0.00	0	7,662	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	36.00	0.00	0	343	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)	18.34	1,909.00	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,310	16,022		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				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 INTENSIVE NURSERY				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,310	16,022		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	470		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	100,612,663	0	100,612,663	3,322,445.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A - Administrative		75,000	0	75,000	1,831.00
4.01	Physicians - Part A - Teaching		1,429,318	0	1,429,318	13,503.00
5.00	Physician-Part B		10,431,053	0	10,431,053	35,089.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	998,551	998,551	39,524.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		13,409,216	-2,233,564	11,175,652	500,128.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		9,077,963	0	9,077,963	275,184.00
12.00	Contract management and administrative services		0	0	0	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,004,058	0	1,004,058	7,201.00
14.00	Home office salaries & wage-related costs		18,416,596	0	18,416,596	507,159.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	wage-related costs (core) wkst S-3, Part IV line 24		23,855,679	0	23,855,679	
18.00	wage-related costs (other)wkst S-3, Part IV line 25		382,518	0	382,518	
19.00	Excluded areas		661,016	2,661,194	3,322,210	
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		14,801	0	14,801	
22.01	Physician Part A - Teaching		0	0	0	
23.00	Physician Part B		1,072,486	1,440,418	2,512,904	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		216,465	0	216,465	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	197,877	523,571	721,448	29,452.00
27.00	Administrative & General	5.00	4,919,304	-472,235	4,447,069	198,762.00
28.00	Administrative & General under contract (see inst.)		1,165,781	0	1,165,781	4,617.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	63,163	0	63,163	3,143.00
31.00	Laundry & Linen Service	8.00	797,773	0	797,773	53,909.00
32.00	Housekeeping	9.00	3,315,743	0	3,315,743	200,186.00
33.00	Housekeeping under contract (see instructions)		1,913,732	0	1,913,732	102,727.00
34.00	Dietary	10.00	1,727,149	-10,056	1,717,093	114,240.00
35.00	Dietary under contract (see instructions)		155,146	0	155,146	13,111.00
36.00	Cafeteria	11.00	652,023	0	652,023	48,755.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	91,048	0	91,048	1,951.00
39.00	Central Services and Supply	14.00	0	0	0	0.00
40.00	Pharmacy	15.00	0	0	0	0.00
41.00	Medical Records & Medical Records Library	16.00	2,404,875	0	2,404,875	117,720.00
42.00	Social Service	17.00	143,504	0	143,504	4,110.00
43.00	Other General Service	18.00	0	0	0	0.00

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	30.28	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	40.96	4.00
4.01	Physicians - Part A - Teaching	105.85	4.01
5.00	Physician-Part B	297.27	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	25.26	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	22.35	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	32.99	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	139.43	13.00
14.00	Home office salaries & wage-related costs	36.31	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	wage-related costs (core) wkst S-3, Part IV line 24		17.00
18.00	wage-related costs (other)wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	24.50	26.00
27.00	Administrative & General	22.37	27.00
28.00	Administrative & General under contract (see inst.)	252.50	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	20.10	30.00
31.00	Laundry & Linen Service	14.80	31.00
32.00	Housekeeping	16.56	32.00
33.00	Housekeeping under contract (see instructions)	18.63	33.00
34.00	Dietary	15.03	34.00
35.00	Dietary under contract (see instructions)	11.83	35.00
36.00	Cafeteria	13.37	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	46.67	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	20.43	41.00
42.00	Social Service	34.92	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
1/31/2013 11:01 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	91,986,951	-998,551	90,988,400	3,354,784.00	1.00
2.00	Excluded area salaries (see instructions)	13,409,216	-2,233,564	11,175,652	500,128.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,577,735	1,235,013	79,812,748	2,854,656.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,498,617	0	28,498,617	789,544.00	4.00
5.00	Subtotal wage-related costs (see inst.)	24,252,998	0	24,252,998	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	131,329,350	1,235,013	132,564,363	3,644,200.00	6.00
7.00	Total overhead cost (see instructions)	17,547,118	41,280	17,588,398	892,683.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
1/31/2013 11:01 am

		Average Hourly wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	27.12	1.00
2.00	Excluded area salaries (see instructions)	22.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	36.10	4.00
5.00	Subtotal wage-related costs (see inst.)	30.39	5.00
6.00	Total (sum of lines 3 thru 5)	36.38	6.00
7.00	Total overhead cost (see instructions)	19.70	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,579,553	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	853,101	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	9,913,154	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and vision Plan	160,702	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	71,189	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)	198,968	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	276,108	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	7,783,240	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	138,633	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))	448,478	21.00
22.00	Day Care Cost and Allowances	361,656	22.00
23.00	Tuition Reimbursement	70,896	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,855,678	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	382,518	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-3
Part V
Date/Time Prepared:
1/31/2013 11:01 am

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

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.289501	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			46,391,520	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				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			109,033,353	6.00
7.00	Medicaid cost (line 1 times line 6)			31,565,265	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)			0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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	33,786,766	0	33,786,766	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,781,303	0	9,781,303	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,781,303	0	9,781,303	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			34,480,593	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			944,973	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			33,535,620	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			9,708,596	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			19,489,899	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,489,899	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A

Date/Time Prepared:
1/31/2013 11:01 am

1	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	5.00
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		12,920,773	12,920,773	13,447,770	26,368,543	1.00
2.00	00200		10,572,088	10,572,088	4,352,675	14,924,763	2.00
4.00	00400	197,877	16,585	214,462	2,775,934	2,990,396	4.00
5.01	00510	653,847	415,694	1,069,541	0	1,069,541	5.01
5.02	00511	0	0	0	0	0	5.02
5.03	00512	0	0	0	0	0	5.03
5.04	00513	1,363,682	454,846	1,818,528	0	1,818,528	5.04
5.05	00514	0	0	0	0	0	5.05
5.06	00560	2,901,775	16,578,613	19,480,388	-18,727,005	753,383	5.06
7.00	00700	63,163	7,355,227	7,418,390	-25,300	7,393,090	7.00
8.00	00800	797,773	-770,471	27,302	0	27,302	8.00
9.00	00900	3,315,743	3,300,321	6,616,064	0	6,616,064	9.00
10.00	01000	1,727,149	910,882	2,638,031	-75,496	2,562,535	10.00
11.00	01100	652,023	1,275,363	1,927,386	0	1,927,386	11.00
13.00	01300	91,048	11,304	102,352	0	102,352	13.00
16.00	01600	2,404,875	965,930	3,370,805	0	3,370,805	16.00
17.00	01700	143,504	15,547	159,051	0	159,051	17.00
21.00	02100	0	0	0	1,075,791	1,075,791	21.00
22.00	02200	0	0	0	2,503,627	2,503,627	22.00
23.00	02300	0	0	0	76,730	76,730	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	21,322,320	4,972,394	26,294,714	357,276	26,651,990	30.00
31.00	03100	6,005,317	1,537,733	7,543,050	92,624	7,635,674	31.00
35.00	02040	1,703,058	619,312	2,322,370	0	2,322,370	35.00
41.00	04100	1,931,776	493,206	2,424,982	61,818	2,486,800	41.00
43.00	04300	828,610	244,103	1,072,713	0	1,072,713	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,831,723	21,319,683	25,151,406	-4,618,002	20,533,404	50.00
50.01	05001	2,240,900	2,454,858	4,695,758	-648,323	4,047,435	50.01
50.02	05002	27,795	12,491,758	12,519,553	-466,766	12,052,787	50.02
51.00	05100	1,734,122	411,916	2,146,038	0	2,146,038	51.00
51.02	05101	3,099,770	612,869	3,712,639	0	3,712,639	51.02
52.00	05200	1,937,013	873,506	2,810,519	0	2,810,519	52.00
54.00	05400	9,995,983	5,193,837	15,189,820	-76,730	15,113,090	54.00
55.00	05500	196,173	4,762,477	4,958,650	0	4,958,650	55.00
56.00	05600	0	2,292,567	2,292,567	0	2,292,567	56.00
57.00	05700	985,413	1,415,105	2,400,518	0	2,400,518	57.00
58.00	05800	455,460	1,496,028	1,951,488	0	1,951,488	58.00
59.00	05900	569,044	21,693,541	22,262,585	-4,562,456	17,700,129	59.00
60.00	06000	0	10,917,403	10,917,403	0	10,917,403	60.00
62.00	06200	0	2,425,105	2,425,105	0	2,425,105	62.00
65.00	06500	2,386,469	1,054,048	3,440,517	0	3,440,517	65.00
66.00	06600	1,469,587	323,346	1,792,933	0	1,792,933	66.00
66.01	06601	369,197	92,847	462,044	-90,125	371,919	66.01
66.02	06602	1,117,671	530,582	1,648,253	0	1,648,253	66.02
67.00	06700	941,971	350,374	1,292,345	0	1,292,345	67.00
68.00	06800	403,623	132,878	536,501	0	536,501	68.00
69.00	06900	947,062	550,960	1,498,022	0	1,498,022	69.00
69.01	06901	307,018	90,114	397,132	0	397,132	69.01
70.00	07000	1,933,235	580,889	2,514,124	0	2,514,124	70.00
71.00	07100	0	1,480,198	1,480,198	-436,222	1,043,976	71.00
72.00	07200	0	0	0	10,295,547	10,295,547	72.00
73.00	07300	3,323,952	41,735,742	45,059,694	-2,245,716	42,813,978	73.00
76.00	03020	0	1,870,296	1,870,296	-3,019	1,867,277	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.05	09005	159,870	32,409	192,279	0	192,279	90.05
90.07	09007	369,362	967,844	1,337,206	0	1,337,206	90.07
91.00	09100	4,229,270	1,701,834	5,931,104	0	5,931,104	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	89,135,223	201,744,464	290,879,687	3,064,632	293,944,319	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	1,762,165	719,393	2,481,558	146,518	2,628,076	194.00
194.01	07951	0	102,677	102,677	0	102,677	194.01
194.02	07954	4,490,902	1,628,284	6,119,186	-3,579,418	2,539,768	194.02
194.03	07952	0	0	0	368,268	368,268	194.03
194.04	07955	4,907,393	1,893,545	6,800,938	0	6,800,938	194.04
194.06	07953	316,980	78,935	395,915	0	395,915	194.06
200.00	TOTAL (SUM OF LINES 118-199)	100,612,663	206,167,298	306,779,961	0	306,779,961	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-2,109,987	24,258,556	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-817,135	14,107,628	2.00
4.00	00400	EMPLOYEE BENEFITS	13,738,778	16,729,174	4.00
5.01	00510	NONPATIENT TELEPHONES	-136,692	932,849	5.01
5.02	00511	DATA PROCESSING	9,225,902	9,225,902	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	1,138,103	1,138,103	5.03
5.04	00513	ADMITTING	0	1,818,528	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	7,538,924	7,538,924	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	15,684,246	16,437,629	5.06
7.00	00700	OPERATION OF PLANT	97,702	7,490,792	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,215	21,087	8.00
9.00	00900	HOUSEKEEPING	-208,658	6,407,406	9.00
10.00	01000	DIETARY	-187,112	2,375,423	10.00
11.00	01100	CAFETERIA	-1,171,701	755,685	11.00
13.00	01300	NURSING ADMINISTRATION	1,043,018	1,145,370	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	141,091	3,511,896	16.00
17.00	01700	SOCIAL SERVICE	0	159,051	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,075,791	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,503,627	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	76,730	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,737,988	24,914,002	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,635,674	31.00
35.00	02040	INTENSIVE NURSERY	-260,000	2,062,370	35.00
41.00	04100	SUBPROVIDER - IRF	-10,812	2,475,988	41.00
43.00	04300	NURSERY	0	1,072,713	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,773,106	14,760,298	50.00
50.01	05001	CARDIAC SURGERY	-1,839,999	2,207,436	50.01
50.02	05002	WVSC	104,316	12,157,103	50.02
51.00	05100	RECOVERY ROOM	11,418	2,157,456	51.00
51.02	05101	O/P TREATMENT ROOM	0	3,712,639	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-727,384	2,083,135	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-6,725,632	8,387,458	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-8,401	4,950,249	55.00
56.00	05600	RADIOISOTOPE	-110,749	2,181,818	56.00
57.00	05700	CT SCAN	479,736	2,880,254	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	135,843	2,087,331	58.00
59.00	05900	CARDIAC CATHETERIZATION	309,698	18,009,827	59.00
60.00	06000	LABORATORY	-4,636,461	6,280,942	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,425,105	62.00
65.00	06500	RESPIRATORY THERAPY	-3,008	3,437,509	65.00
66.00	06600	PHYSICAL THERAPY	168,209	1,961,142	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	371,919	66.01
66.02	06602	O/P PHYSICAL THERAPY	99,004	1,747,257	66.02
67.00	06700	OCCUPATIONAL THERAPY	114,082	1,406,427	67.00
68.00	06800	SPEECH PATHOLOGY	46,857	583,358	68.00
69.00	06900	ELECTROCARDIOLOGY	-44,292	1,453,730	69.00
69.01	06901	CARDIAC REHAB	-30,510	366,622	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,805,395	708,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-11,360	1,032,616	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,295,547	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	525,895	43,339,873	73.00
76.00	03020	RENAL ACUTE	0	1,867,277	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.05	09005	PATIENT NUTRITION	-3,791	188,488	90.05
90.07	09007	WOUND CLINIC	7,315	1,344,521	90.07
91.00	09100	EMERGENCY	0	5,931,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,243,749	316,188,068	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	2,628,076	194.00
194.01	07951	RENTAL PROPERTY	0	102,677	194.01
194.02	07954	FAMILY PRACTICE	0	2,539,768	194.02
194.03	07952	WELLNESS	0	368,268	194.03
194.04	07955	PHYSICIAN PRACTICES	-7,300	6,793,638	194.04
194.06	07953	SYCAMORE SPORTS MED	-52,268	343,647	194.06
200.00		TOTAL (SUM OF LINES 118-199)	22,184,181	328,964,142	200.00

	Increases				
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00	
A - WORKERS COMP					
1.00	EMPLOYEE BENEFITS	4.00	0	135,569	1.00
	TOTALS		0	135,569	
B - RENAL DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,019	1.00
	TOTALS		0	3,019	
C - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	468,305	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	19,168	2.00
	TOTALS		0	487,473	
D - PARAMED					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	63,084	13,646	1.00
	TOTALS		63,084	13,646	
E - FITNESS ACTIVITY					
1.00	EMPLOYEE BENEFITS	4.00	210,617	85,859	1.00
2.00	WELLNESS	194.03	261,618	106,650	2.00
	TOTALS		472,235	192,509	
F - CLAY CITY RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	66,178	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	66,178	
G - CORK MEDICAL RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	80,340	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	80,340	
H - HOUSE NURSE ASSISTANT					
1.00	ADULTS & PEDIATRICS	30.00	558,224	51,883	1.00
2.00	INTENSIVE CARE UNIT	31.00	84,747	7,877	2.00
3.00	SUBPROVIDER - IRF	41.00	56,561	5,257	3.00
	TOTALS		699,532	65,017	
I - EMPLOYEE ACCESS					
1.00	EMPLOYEE BENEFITS	4.00	73,816	16,309	1.00
	TOTALS		73,816	16,309	
J - TUBE FEEDING					
1.00	ADULTS & PEDIATRICS	30.00	10,056	65,440	1.00
	TOTALS		10,056	65,440	
K - AUTO INSURANCE					
1.00	EMPLOYEE BENEFITS	4.00	0	70	1.00
	TOTALS		0	70	
L - AUTO DEPRECIATION					
1.00	EMPLOYEE BENEFITS	4.00	0	4,959	1.00
	TOTALS		0	4,959	
M - FAMILY MEDICINE					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	998,551	77,240	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,616,276	887,351	2.00
	TOTALS		2,614,827	964,591	
N - LOBBY PHARMACY					
1.00	EMPLOYEE BENEFITS	4.00	239,138	2,009,597	1.00
	TOTALS		239,138	2,009,597	
O - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,295,547	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	10,295,547	
P - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,059,434	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,379,715	2.00
	TOTALS		0	17,439,149	
Q - PLUM PUMPS AND OTHER					
1.00	ADULTS & PEDIATRICS	30.00	0	436,222	1.00
	TOTALS		0	436,222	
500.00	Grand Total: Increases		4,172,688	32,275,635	500.00

	Cost Center	Decreases			wkst. A-7 Ref.	
		Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
A - WORKERS COMP						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	135,569	0	1.00
	TOTALS		0	135,569		
B - RENAL DRUGS						
1.00	RENAL ACUTE	76.00	0	3,019	0	1.00
	TOTALS		0	3,019		
C - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	487,473	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	487,473		
D - PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	63,084	13,646	0	1.00
	TOTALS		63,084	13,646		
E - FITNESS ACTIVITY						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	472,235	192,509	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		472,235	192,509		
F - CLAY CITY RURAL HEALTH						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,686	9	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	34,881	9	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	14,611	9	3.00
	TOTALS		0	66,178		
G - CORK MEDICAL RURAL HEALTH						
1.00	OPERATION OF PLANT	7.00	0	25,300	0	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	28,402	9	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	26,638	9	3.00
	TOTALS		0	80,340		
H - HOUSE NURSE ASSISTANT						
1.00	ADULTS & PEDIATRICS	30.00	699,532	65,017	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		699,532	65,017		
I - EMPLOYEE ACCESS						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	66.01	73,816	16,309	0	1.00
	TOTALS		73,816	16,309		
J - TUBE FEEDING						
1.00	DIETARY	10.00	10,056	65,440	0	1.00
	TOTALS		10,056	65,440		
K - AUTO INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	70	12	1.00
	TOTALS		0	70		
L - AUTO DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,959	9	1.00
	TOTALS		0	4,959		
M - FAMILY MEDICINE						
1.00	FAMILY PRACTICE	194.02	2,614,827	964,591	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		2,614,827	964,591		
N - LOBBY PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	239,138	2,009,597	0	1.00
	TOTALS		239,138	2,009,597		
O - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	4,618,002	0	1.00
2.00	CARDIAC SURGERY	50.01	0	648,323	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	4,562,456	0	3.00
4.00	WVSC	50.02	0	466,766	0	4.00
	TOTALS		0	10,295,547		
P - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	17,439,149	9	1.00
2.00		0.00	0	0	9	2.00
	TOTALS		0	17,439,149		

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

worksheet A-6

Date/Time Prepared:
1/31/2013 11:01 am

		Decreases					
Cost Center		Line #	Salary	Other	wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
Q - PLUM PUMPS AND OTHER							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	436,222	0		1.00
TOTALS			0	436,222			
500.00	Grand Total: Decreases		4,172,688	32,275,635			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/31/2013 11:01 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,645,906	345,676	0	345,676	1,000	1.00
2.00	Land Improvements	18,366,711	481,498	0	481,498	0	2.00
3.00	Buildings and Fixtures	252,592,758	0	0	0	10,340	3.00
4.00	Building Improvements	42,190,416	9,462,112	0	9,462,112	83,882	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	103,859,053	10,484,298	0	10,484,298	321,678	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	433,654,844	20,773,584	0	20,773,584	416,900	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	433,654,844	20,773,584	0	20,773,584	416,900	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,920,773	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,572,088	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,492,861	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	339,989,854	0	339,989,854	0.748857	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	114,021,672	0	114,021,672	0.251143	0	2.00
3.00	Total (sum of lines 1-2)	454,011,526	0	454,011,526	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/31/2013 11:01 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	16,990,582	0		1.00	
2.00	Land Improvements	18,848,209	0		2.00	
3.00	Buildings and Fixtures	252,582,418	0		3.00	
4.00	Building Improvements	51,568,646	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	114,021,673	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	454,011,528	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	454,011,528	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	12,920,773		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,572,088		2.00	
3.00	Total (sum of lines 1-2)	0	23,492,861		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	23,845,013	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	14,088,460	0
3.00	Total (sum of lines 1-2)	0	0	0	37,933,473	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/31/2013 11:01 am

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	-54,762	468,305	0	0	24,258,556	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	19,168	0	0	14,107,628	2.00
3.00	Total (sum of lines 1-2)	-54,762	487,473	0	0	38,366,184	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-8,784	PURCHASING RECEIVING AND STORES	5.03	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-93,532	PURCHASING RECEIVING AND STORES	5.03	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-22,990	NONPATIENT TELEPHONES	5.01	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-19,457,950			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	48,854,578			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-1,015,842	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients	A	-2,248	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	16.00
17.00 Sale of drugs to other than patients	A	-10,896	DRUGS CHARGED TO PATIENTS	73.00	17.00
18.00 Sale of medical records and abstracts	B	-31,771	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	A	-19,123	OPERATION OF PLANT	7.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00 TELEPHONE DEPRECIATION	A	-344	NEW CAP REL COSTS-MVBLE EQUIP	2.00	33.00
34.00 VENDING HOUSEKEEPING	A	-14,744	HOUSEKEEPING	9.00	34.00
35.00 MEALS SOLD	B	-50,502	DIETARY	10.00	35.00
36.00 VISITORS MEALS	A	-323,118	CAFETERIA	11.00	36.00
38.00 LAB - BLDG	B	-183,941	NEW CAP REL COSTS-BLDG & FIXT	1.00	38.00
39.00 LAB - ADMINISTRATION	B	-616	OTHER ADMINISTRATIVE AND GENERAL	5.06	39.00
40.00 LAB - LAUNDRY	B	-6,215	LAUNDRY & LINEN SERVICE	8.00	40.00
41.00 LAB - HOUSEKEEPING	B	-98,830	HOUSEKEEPING	9.00	41.00
42.00 LAB - OPERATION OF PLANT	B	-270,340	OPERATION OF PLANT	7.00	42.00
43.00 EMPLOYEE X-RAY	B	-61,293	EMPLOYEE BENEFITS	4.00	43.00
44.00 CRNA	A	-186,000	DELIVERY ROOM & LABOR ROOM	52.00	44.00
45.00 HAMILTON CENTER OPERATION OF PLANT	A	-93,063	OPERATION OF PLANT	7.00	45.00
45.01 HAMILTON CENTER SUPPLIES	A	-43	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	45.01
45.02 HAMILTON CENTER NUTRITION	A	-253,789	DIETARY	10.00	45.02
45.03 FITNESS ACTIVITY	B	-242,612	EMPLOYEE BENEFITS	4.00	45.03

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted	
				Cost Center	Line #
		1.00	2.00	3.00	4.00
45.04	EQUIPMENT RENTAL	B	-2,010	NEW CAP REL COSTS-MVBLE EQUIP	2.00 45.04
45.06	OTHER INTEREST	B	-54,762	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.06
45.07	CLINTON INSURANCE	A	-6,019	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.07
45.08	UHF - HOUSEKEEPING	A	-39,984	HOUSEKEEPING	9.00 45.08
45.09	MISCELLANEOUS	B	-168,474	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.09
45.10	MISCELLANEOUS	B	-5,725	MEDICAL RECORDS & LIBRARY	16.00 45.10
45.11	MISCELLANEOUS	B	-498	RADIOLOGY-DIAGNOSTIC	54.00 45.11
45.12	MISCELLANEOUS	B	-1,678	NEW CAP REL COSTS-MVBLE EQUIP	2.00 45.12
45.13	MISCELLANEOUS	B	-9,069	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 45.13
45.14	MISCELLANEOUS	B	-17,051	EMPLOYEE BENEFITS	4.00 45.14
45.15	MISCELLANEOUS	B	-26,325	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.15
45.16	MISCELLANEOUS	B	-44,835	WVSC	50.02 45.16
45.17	MISCELLANEOUS	B	-105,643	OPERATION OF PLANT	7.00 45.17
45.18	MISCELLANEOUS	B	-7,300	PHYSICIAN PRACTICES	194.04 45.18
45.24	CATERING	B	-11,261	CAFETERIA	11.00 45.24
45.25	UHF - NUTRITION	A	-1,994	CAFETERIA	11.00 45.25
45.26	MANAGEMENT SERVICES	B	-24,000	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.26
45.27	PHYSICIAN MEALS	B	-3,857	CAFETERIA	11.00 45.27
45.28	EMPLOYEE BENEFITS	A	-162,853	EMPLOYEE BENEFITS	4.00 45.28
45.29	OTHER RENTAL	B	-36,792	OPERATION OF PLANT	7.00 45.29
45.30	COH INVESTMENT	B	-85,674	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.30
45.32	UHF - ADMINISTRATION	A	-611	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.32
45.33	UHF - OPERATION OF PLANT	A	-8,299	OPERATION OF PLANT	7.00 45.33
45.34	UHF - PHONES	A	-352	NONPATIENT TELEPHONES	5.01 45.34
45.35	UHF - MARTERIALS	A	-424	PURCHASING RECEIVING AND STORES	5.03 45.35
45.36	SYCAMORE SPORTS MEDICINE	B	-52,268	SYCAMORE SPORTS MED	194.06 45.36
45.37	LOBBY PHARMACY	B	-528,265	EMPLOYEE BENEFITS	4.00 45.37
45.38	LOBBYING COSTS	A	-6,776	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.38
45.39	AP&S REVENUE	B	-66,675	NONPATIENT TELEPHONES	5.01 45.39
45.40	AP&S REVENUE	B	-596,981	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.40
45.42	AP&S REVENUE	B	-467,703	DATA PROCESSING	5.02 45.42
45.43	AP&S REVENUE	B	-3,782	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.43
45.44	COH REVENUE	B	-35,812	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.44
45.45	COH REVENUE	B	-4,650	NONPATIENT TELEPHONES	5.01 45.45
45.46	PHYSICIAN RENTAL	A	-38,091	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.46
45.47	PHYSICIAN RENTAL	A	-810,108	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.47
45.48	PHYSICIAN RENTAL	A	-593,191	OPERATION OF PLANT	7.00 45.48
45.49	ACCELERATED DEPRECIATION	B	-193,173	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.49
45.50	ACCELERATED DEPRECIATION	B	1,154	NEW CAP REL COSTS-MVBLE EQUIP	2.00 45.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		22,184,181		50.00

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

Provider CCN: 150023

Period: From 09/01/2011 To 08/31/2012

Worksheet A-8-1

Date/Time Prepared: 1/31/2013 11:01 am

	Line No.		Cost Center		Expense Items	
	1.00	2.00	2.00	3.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		56.00	RADIOISOTOPE	LAB		1.00
2.00		60.00	LABORATORY	LAB		2.00
3.00		1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE		3.00
4.00		2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE		4.00
4.01		5.01	NONPATIENT TELEPHONES	HOME OFFICE		4.01
4.03		7.00	OPERATION OF PLANT	HOME OFFICE		4.03
4.04		9.00	HOUSEKEEPING	HOME OFFICE		4.04
4.07		1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE		4.07
4.08		2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE		4.08
4.09		9.00	HOUSEKEEPING	HOME OFFICE		4.09
4.10		5.01	NONPATIENT TELEPHONES	HOME OFFICE		4.10
4.11		50.00	OPERATING ROOM	HOME OFFICE		4.11
4.12		50.01	CARDIAC SURGERY	HOME OFFICE		4.12
4.13		50.02	WVSC	HOME OFFICE		4.13
4.14		51.00	RECOVERY ROOM	HOME OFFICE		4.14
4.15		90.07	WOUND CLINIC	HOME OFFICE		4.15
4.16		54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE		4.16
4.17		57.00	CT SCAN	HOME OFFICE		4.17
4.18		58.00	MAGNETIC RESONANCE IMAGING (MRI)	HOME OFFICE		4.18
4.19		66.00	PHYSICAL THERAPY	HOME OFFICE		4.19
4.20		66.02	O/P PHYSICAL THERAPY	HOME OFFICE		4.20
4.21		67.00	OCCUPATIONAL THERAPY	HOME OFFICE		4.21
4.22		68.00	SPEECH PATHOLOGY	HOME OFFICE		4.22
4.23		59.00	CARDIAC CATHETERIZATION	HOME OFFICE		4.23
4.24		69.00	ELECTROCARDIOLOGY	HOME OFFICE		4.24
4.25		69.01	CARDIAC REHAB	HOME OFFICE		4.25
4.26		70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE		4.26
4.27		73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE		4.27
4.28		7.00	OPERATION OF PLANT	HOME OFFICE		4.28
4.29		10.00	DIETARY	HOME OFFICE		4.29
4.30		11.00	CAFETERIA	HOME OFFICE		4.30
4.31		5.03	PURCHASING RECEIVING AND STORES	HOME OFFICE		4.31
4.32		5.02	DATA PROCESSING	HOME OFFICE		4.32
4.33		13.00	NURSING ADMINISTRATION	HOME OFFICE		4.33
4.34		4.00	EMPLOYEE BENEFITS	HOME OFFICE		4.34
4.35		16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE		4.35
4.36		5.05	CASHIERING/ACCOUNTS RECEIVABLE	HOME OFFICE		4.36
4.37		5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE		4.37
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.					5.00

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

	Symbol (1)	Name	Percentage of Ownership
	1.00	2.00	3.00

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

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

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

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

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

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-1

Date/Time Prepared:
1/31/2013 11:01 am

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	2,181,818	2,292,567	-110,749	0	1.00
2.00	5,774,404	10,267,403	-4,492,999	0	2.00
3.00	0	2,227,107	-2,227,107	9	3.00
4.00	0	7,185,051	-7,185,051	9	4.00
4.01	0	303,672	-303,672	0	4.01
4.03	0	1,189,386	-1,189,386	0	4.03
4.04	0	718,484	-718,484	0	4.04
4.07	2,056,313	0	2,056,313	9	4.07
4.08	6,370,794	0	6,370,794	9	4.08
4.09	663,384	0	663,384	0	4.09
4.10	261,647	0	261,647	0	4.10
4.11	252,090	0	252,090	0	4.11
4.12	17,762	0	17,762	0	4.12
4.13	149,151	0	149,151	0	4.13
4.14	11,418	0	11,418	0	4.14
4.15	7,315	0	7,315	0	4.15
4.16	189,306	0	189,306	0	4.16
4.17	479,736	0	479,736	0	4.17
4.18	135,843	0	135,843	0	4.18
4.19	168,209	0	168,209	0	4.19
4.20	99,004	0	99,004	0	4.20
4.21	114,082	0	114,082	0	4.21
4.22	46,857	0	46,857	0	4.22
4.23	309,698	0	309,698	0	4.23
4.24	55,308	0	55,308	0	4.24
4.25	5,615	0	5,615	0	4.25
4.26	10,587	0	10,587	0	4.26
4.27	536,791	0	536,791	0	4.27
4.28	2,413,539	0	2,413,539	0	4.28
4.29	117,179	0	117,179	0	4.29
4.30	184,371	0	184,371	0	4.30
4.31	1,240,843	0	1,240,843	0	4.31
4.32	9,693,605	0	9,693,605	0	4.32
4.33	1,043,018	0	1,043,018	0	4.33
4.34	14,750,852	0	14,750,852	0	4.34
4.35	178,587	0	178,587	0	4.35
4.36	7,538,924	0	7,538,924	0	4.36
4.37	15,980,198	0	15,980,198	0	4.37
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	73,038,248	24,183,670	48,854,578	5.00

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

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

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

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

6.00	TH MEDICAL LAB	0.00	LAB	6.00
7.00	UNION HOSPITAL	0.00	HOME OFFICE	7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-1

Date/Time Prepared:
1/31/2013 11:01 am

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

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

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- 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: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
1/31/2013 11:01 am

	1.00	2.00	3.00	4.00	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	75,000	70,833	1.00
2.00	35.00	INTENSIVE NURSERY	260,000	260,000	2.00
3.00	41.00	SUBPROVIDER - IRF	97,500	0	3.00
4.00	50.00	OPERATING ROOM	6,048,746	6,012,746	4.00
5.00	50.01	CARDIAC SURGERY	1,857,761	1,857,761	5.00
6.00	30.00	ADULTS & PEDIATRICS	1,669,596	1,652,930	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	541,384	541,384	7.00
8.00	54.00	RADIOLOGY--DIAGNOSTIC	6,966,326	6,896,326	8.00
9.00	55.00	RADIOLOGY--THERAPEUTIC	32,400	0	9.00
10.00	60.00	LABORATORY	650,000	0	10.00
11.00	65.00	RESPIRATORY THERAPY	6,000	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	111,300	99,600	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	1,815,982	1,815,982	13.00
14.00	69.01	CARDIAC REHAB	36,125	36,125	14.00
15.00	90.05	PATIENT NUTRITION	5,125	0	15.00
200.00			20,173,245	19,243,687	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
1/31/2013 11:01 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	4,167	165,600	16	1,274	64	1.00
2.00	0	0	0	0	0	2.00
3.00	97,500	138,700	1,300	86,688	4,334	3.00
4.00	36,000	204,100	240	23,550	1,178	4.00
5.00	0	204,100	0	0	0	5.00
6.00	16,666	165,600	67	5,334	267	6.00
7.00	0	0	0	0	0	7.00
8.00	70,000	231,100	467	51,886	2,594	8.00
9.00	32,400	231,100	216	23,999	1,200	9.00
10.00	650,000	219,500	4,800	506,538	25,327	10.00
11.00	6,000	155,600	40	2,992	150	11.00
12.00	11,700	208,000	117	11,700	585	12.00
13.00	0	0	0	0	0	13.00
14.00	0	138,700	0	0	0	14.00
15.00	5,125	138,700	20	1,334	67	15.00
200.00	929,558		7,283	715,295	35,766	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
1/31/2013 11:01 am

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	1,274	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	86,688	3.00
4.00	0	0	0	0	23,550	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	5,334	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	51,886	8.00
9.00	0	0	0	0	23,999	9.00
10.00	0	0	0	0	506,538	10.00
11.00	0	0	0	0	2,992	11.00
12.00	0	0	0	0	11,700	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	1,334	15.00
200.00	0	0	0	0	715,295	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
1/31/2013 11:01 am

	RCE	Adjustment	
	Disallowance	18.00	
1.00	2,893	73,726	1.00
2.00	0	260,000	2.00
3.00	10,812	10,812	3.00
4.00	12,450	6,025,196	4.00
5.00	0	1,857,761	5.00
6.00	11,332	1,664,262	6.00
7.00	0	541,384	7.00
8.00	18,114	6,914,440	8.00
9.00	8,401	8,401	9.00
10.00	143,462	143,462	10.00
11.00	3,008	3,008	11.00
12.00	0	99,600	12.00
13.00	0	1,815,982	13.00
14.00	0	36,125	14.00
15.00	3,791	3,791	15.00
200.00	214,263	19,457,950	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,258,556	24,258,556			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	14,107,628		14,107,628		2.00
4.00 00400	EMPLOYEE BENEFITS	16,729,174	0	0	16,729,174	4.00
5.01 00510	NONPATIENT TELEPHONES	932,849	16,995	257,763	109,502	1,317,109 5.01
5.02 00511	DATA PROCESSING	9,225,902	0	0	0	5.02
5.03 00512	PURCHASING RECEIVING AND STORES	1,138,103	0	0	0	5.03
5.04 00513	ADMITTING	1,818,528	79,208	13,049	228,381	23,596 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	7,538,924	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	16,437,629	772,734	137,809	406,885	80,442 5.06
7.00 00700	OPERATION OF PLANT	7,490,792	9,173,191	244,272	10,578	56,846 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	21,087	154,899	26,110	133,606	7,508 8.00
9.00 00900	HOUSEKEEPING	6,407,406	137,438	416,570	555,301	10,726 9.00
10.00 01000	DIETARY	2,375,423	283,929	442,172	287,568	35,395 10.00
11.00 01100	CAFETERIA	755,685	202,600	24,585	109,197	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,145,370	0	0	15,248	4,290 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,511,896	136,662	104,170	402,754	43,975 16.00
17.00 01700	SOCIAL SERVICE	159,051	5,070	0	24,033	3,218 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,075,791	0	0	167,231	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,503,627	0	0	270,684	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	76,730	0	0	10,565	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,914,002	4,522,482	1,438,532	3,548,945	217,731 30.00
31.00 03100	INTENSIVE CARE UNIT	7,635,674	594,709	479,090	1,019,927	43,975 31.00
35.00 02040	INTENSIVE NURSERY	2,062,370	33,241	277,889	285,218	22,524 35.00
41.00 04100	SUBPROVIDER - IRF	2,475,988	510,146	95,473	332,995	39,685 41.00
43.00 04300	NURSERY	1,072,713	81,976	13,302	138,771	9,653 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,760,298	1,053,740	2,198,757	641,714	93,313 50.00
50.01 05001	CARDIAC SURGERY	2,207,436	46,563	232,929	375,292	7,508 50.01
50.02 05002	WVSC	12,157,103	776,770	2,426,478	4,655	0 50.02
51.00 05100	RECOVERY ROOM	2,157,456	37,043	101,350	290,420	20,379 51.00
51.02 05101	O/P TREATMENT ROOM	3,712,639	700,252	110,897	519,131	26,814 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,083,135	274,953	357,377	324,399	28,959 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,387,458	896,591	813,867	1,663,502	79,370 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,950,249	682,661	931,472	32,854	54,701 55.00
56.00 05600	RADIOISOTOPE	2,181,818	0	0	0	0 56.00
57.00 05700	CT SCAN	2,880,254	56,186	33,560	165,031	7,508 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,087,331	67,076	78,808	76,278	6,435 58.00
59.00 05900	CARDIAC CATHETERIZATION	18,009,827	284,705	74,845	95,300	38,612 59.00
60.00 06000	LABORATORY	6,280,942	0	0	0	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,425,105	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	3,437,509	55,203	121,599	399,672	16,088 65.00
66.00 06600	PHYSICAL THERAPY	1,961,142	244,351	104,034	246,118	25,742 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	371,919	74,138	19,889	49,469	12,871 66.01
66.02 06602	O/P PHYSICAL THERAPY	1,747,257	0	167,763	187,181	5,363 66.02
67.00 06700	OCCUPATIONAL THERAPY	1,406,427	79,312	18,035	157,756	8,581 67.00
68.00 06800	SPEECH PATHOLOGY	583,358	66,843	7,267	67,596	2,145 68.00
69.00 06900	ELECTROCARDIOLOGY	1,453,730	33,758	72,533	158,608	9,653 69.00
69.01 06901	CARDIAC REHAB	366,622	186,251	73,159	51,418	7,508 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	708,729	38,932	75,205	323,767	21,451 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,032,616	147,759	610,567	0	16,088 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,295,547	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	43,339,873	243,989	237,003	516,626	53,628 73.00
76.00 03020	RENAL ACUTE	1,867,277	51,400	177	0	6,435 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.05 09005	PATIENT NUTRITION	188,488	32,490	3,025	26,774	0 90.05
90.07 09007	WOUND CLINIC	1,344,521	100,860	40,533	61,859	12,871 90.07
91.00 09100	EMERGENCY	5,931,104	622,673	446,347	708,293	70,789 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	316,188,068	23,559,779	13,328,262	15,201,102	1,232,376 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,929	0	0	0 190.00
194.00 07950	RURAL HEALTH	2,628,076	0	30,285	295,117	1,073 194.00
194.01 07951	RENTAL PROPERTY	102,677	0	8,192	0	0 194.01
194.02 07954	FAMILY PRACTICE	2,539,768	668,848	510,322	314,194	50,411 194.02
194.03 07952	WELLNESS	368,268	0	0	43,814	0 194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
0				4.00	5.01	
194.04 07955 PHYSICIAN PRACTICES	6,793,638	0	229,834	821,861	33,249	194.04
194.06 07953 SYCAMORE SPORTS MED	343,647	0	733	53,086	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	328,964,142	24,258,556	14,107,628	16,729,174	1,317,109	202.00

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING	9,225,902				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	1,138,103			5.03
5.04	00513	ADMITTING	154,171	657	2,317,590		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	7,538,924	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	292,113	83	0	0	18,127,695
7.00	00700	OPERATION OF PLANT	0	12	0	0	16,975,691
8.00	00800	LAUNDRY & LINEN SERVICE	32,457	1,594	0	0	377,261
9.00	00900	HOUSEKEEPING	97,371	23,295	0	0	7,648,107
10.00	01000	DIETARY	113,599	282	0	0	3,538,368
11.00	01100	CAFETERIA	40,571	1	0	0	1,132,639
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,164,908
16.00	01600	MEDICAL RECORDS & LIBRARY	908,796	144	0	0	5,108,397
17.00	01700	SOCIAL SERVICE	24,343	32	0	0	215,747
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,243,022
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,774,311
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	87,295
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	925,024	272,708	174,832	568,582	36,582,838
31.00	03100	INTENSIVE CARE UNIT	227,199	148,090	52,918	172,096	10,373,678
35.00	02040	INTENSIVE NURSERY	40,571	16,745	22,315	72,571	2,833,444
41.00	04100	SUBPROVIDER - IRF	357,027	17,489	12,246	39,825	3,880,874
43.00	04300	NURSERY	32,457	9,506	9,605	31,237	1,399,220
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	340,798	27,056	308,047	1,001,816	20,425,539
50.01	05001	CARDIAC SURGERY	64,914	248,636	21,392	69,569	3,274,239
50.02	05002	WVSC	0	7,686	184,104	598,734	16,155,530
51.00	05100	RECOVERY ROOM	105,485	35,477	14,321	46,573	2,808,504
51.02	05101	O/P TREATMENT ROOM	405,712	36,748	35,993	117,055	5,665,241
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,142	59,562	30,923	100,565	3,341,015
54.00	05400	RADIOLOGY-DIAGNOSTIC	616,683	14,268	92,339	300,301	12,864,379
55.00	05500	RADIOLOGY-THERAPEUTIC	121,714	437	64,453	209,610	7,048,151
56.00	05600	RADIOISOTOPE	0	0	22,701	73,827	2,278,346
57.00	05700	CT SCAN	0	38,780	153,288	498,515	3,833,122
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,457	537	43,411	141,178	2,533,511
59.00	05900	CARDIAC CATHETERIZATION	40,571	7,861	152,220	495,042	19,198,983
60.00	06000	LABORATORY	0	0	146,817	477,472	6,905,231
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	10,202	33,178	2,468,485
65.00	06500	RESPIRATORY THERAPY	64,914	27,546	28,812	93,701	4,245,044
66.00	06600	PHYSICAL THERAPY	219,085	757	18,847	61,293	2,881,369
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	64,914	41	0	0	593,241
66.02	06602	O/P PHYSICAL THERAPY	178,513	1,030	11,093	36,075	2,334,275
67.00	06700	OCCUPATIONAL THERAPY	0	51	12,782	41,569	1,724,513
68.00	06800	SPEECH PATHOLOGY	8,114	18	5,250	17,074	757,665
69.00	06900	ELECTROCARDIOLOGY	105,485	4,068	31,512	102,483	1,971,830
69.01	06901	CARDIAC REHAB	16,228	772	3,199	10,405	715,562
70.00	07000	ELECTROENCEPHALOGRAPHY	32,457	464	6,032	19,617	1,226,654
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	689	5,628	18,303	1,831,650
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	36,519	118,765	10,450,831
73.00	07300	DRUGS CHARGED TO PATIENTS	129,828	9,856	413,727	1,347,281	46,291,811
76.00	03020	RENAL ACUTE	0	4,907	8,361	27,191	1,965,748
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	16,228	22	373	1,212	268,682
90.07	09007	WOUND CLINIC	32,457	6,962	9,176	29,841	1,639,080
91.00	09100	EMERGENCY	1,501,142	104,729	174,152	566,368	10,125,597
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)		7,424,540	1,129,598	2,317,590	7,538,924	311,287,253
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	29,929
194.00	07950	RURAL HEALTH	503,083	2,020	0	0	3,459,654
194.01	07951	RENTAL PROPERTY	0	0	0	0	110,869
194.02	07954	FAMILY PRACTICE	1,054,852	2,040	0	0	5,140,435
194.03	07952	WELLNESS	0	0	0	0	412,082
194.04	07955	PHYSICIAN PRACTICES	243,427	4,445	0	0	8,126,454
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	397,466
200.00	Cross Foot Adjustments		0	0	0	0	0
201.00	Negative Cost Centers		0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
202.00 TOTAL (sum lines 118-201)	9,225,902	1,138,103	2,317,590	7,538,924	328,964,142	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:150023

Period:
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To 08/31/2012

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	18,127,695				5.06
7.00	00700	OPERATION OF PLANT	990,005	17,965,696			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,001	207,063	606,325		8.00
9.00	00900	HOUSEKEEPING	446,030	183,722	1,626	8,279,485	9.00
10.00	01000	DIETARY	206,354	379,547	0	178,803	4,303,072
11.00	01100	CAFETERIA	66,054	270,829	0	127,586	0
13.00	01300	NURSING ADMINISTRATION	67,936	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	297,917	182,685	0	86,062	0
17.00	01700	SOCIAL SERVICE	12,582	6,778	0	3,193	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	72,492	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	161,795	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	5,091	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,133,475	6,045,506	192,715	2,848,022	3,179,892
31.00	03100	INTENSIVE CARE UNIT	604,983	794,988	34,317	374,516	475,379
35.00	02040	INTENSIVE NURSERY	165,244	44,435	6,386	20,933	0
41.00	04100	SUBPROVIDER - IRF	226,329	681,947	15,257	321,263	317,278
43.00	04300	NURSERY	81,601	109,583	8,860	51,624	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,191,197	1,408,606	65,958	663,590	0
50.01	05001	CARDIAC SURGERY	190,950	62,244	34	29,323	0
50.02	05002	WVSC	942,174	0	11,804	0	0
51.00	05100	RECOVERY ROOM	163,789	49,518	38,206	23,328	0
51.02	05101	O/P TREATMENT ROOM	330,391	936,074	33,766	440,981	309,392
52.00	05200	DELIVERY ROOM & LABOR ROOM	194,845	367,548	31,346	173,151	4,434
54.00	05400	RADIOLOGY-DIAGNOSTIC	750,238	1,198,534	23,234	564,625	0
55.00	05500	RADIOLOGY-THERAPEUTIC	411,041	912,559	12,572	429,904	0
56.00	05600	RADIOISOTOPE	132,871	0	0	0	0
57.00	05700	CT SCAN	223,544	75,107	47	35,383	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	147,752	89,665	18,012	42,241	0
59.00	05900	CARDIAC CATHETERIZATION	1,119,665	380,585	5,183	179,292	16,678
60.00	06000	LABORATORY	402,706	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	143,960	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	247,567	73,793	0	34,764	0
66.00	06600	PHYSICAL THERAPY	168,039	326,640	3,824	153,879	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,597	99,106	0	46,688	0
66.02	06602	O/P PHYSICAL THERAPY	136,133	0	9,700	0	0
67.00	06700	OCCUPATIONAL THERAPY	100,572	106,021	0	49,946	0
68.00	06800	SPEECH PATHOLOGY	44,186	89,354	0	42,094	0
69.00	06900	ELECTROCARDIOLOGY	114,995	45,127	3,195	21,259	0
69.01	06901	CARDIAC REHAB	41,731	248,974	326	117,291	0
70.00	07000	ELECTROENCEPHALOGRAPHY	71,537	52,043	1,695	24,517	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	106,820	197,519	1	93,051	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	609,482	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,699,715	326,156	0	153,651	0
76.00	03020	RENAL ACUTE	114,640	68,710	1,812	32,369	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	15,665	43,432	0	20,461	0
90.07	09007	WOUND CLINIC	95,590	134,826	4,374	63,516	0
91.00	09100	EMERGENCY	590,515	832,369	78,828	392,126	19
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,096,796	17,031,593	603,078	7,839,432	4,303,072
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,745	40,009	0	18,848	0
194.00	07950	RURAL HEALTH	201,764	0	854	0	0
194.01	07951	RENTAL PROPERTY	6,466	0	0	0	0
194.02	07954	FAMILY PRACTICE	299,785	894,094	1,353	421,205	0
194.03	07952	WELLNESS	24,032	0	0	0	0
194.04	07955	PHYSICIAN PRACTICES	473,927	0	1,040	0	0
194.06	07953	SYCAMORE SPORTS MED	23,180	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	OTHER	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	
	ADMINISTRATIVE AND GENERAL	PLANT	LINEN SERVICE			
	5.06	7.00	8.00	9.00	10.00	
202.00 TOTAL (sum lines 118-201)	18,127,695	17,965,696	606,325	8,279,485	4,303,072	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		11.00	13.00	16.00	17.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS				4.00	
5.01	00510	NONPATIENT TELEPHONES				5.01	
5.02	00511	DATA PROCESSING				5.02	
5.03	00512	PURCHASING RECEIVING AND STORES				5.03	
5.04	00513	ADMITTING				5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA	1,597,108			11.00	
13.00	01300	NURSING ADMINISTRATION	1,141	1,233,985		13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	73,927	0	5,748,988	16.00	
17.00	01700	SOCIAL SERVICE	2,790	0	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	472,225	465,731	531,871	129,234	30.00
31.00	03100	INTENSIVE CARE UNIT	125,410	123,686	160,985	9,301	31.00
35.00	02040	INTENSIVE NURSERY	30,306	29,890	67,885	23,252	35.00
41.00	04100	SUBPROVIDER - IRF	45,523	44,897	37,254	979	41.00
43.00	04300	NURSERY	17,626	17,384	29,220	29,371	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	96,752	95,422	962,255	0	50.00
50.01	05001	CARDIAC SURGERY	18,006	17,759	67,775	245	50.01
50.02	05002	WVSC	888	875	569,116	245	50.02
51.00	05100	RECOVERY ROOM	35,632	35,142	43,566	1,958	51.00
51.02	05101	O/P TREATMENT ROOM	78,746	70,410	94,998	18,357	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,056	38,519	94,072	3,671	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,596	0	277,778	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,058	0	196,900	979	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	16,865	0	466,328	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,974	0	132,063	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,706	5,628	536,710	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	48,059	47,398	87,651	0	65.00
66.00	06600	PHYSICAL THERAPY	19,908	19,635	57,335	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,721	6,628	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	22,064	21,761	33,746	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	17,245	18,759	38,885	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,847	6,753	15,971	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,162	0	95,866	0	69.00
69.01	06901	CARDIAC REHAB	6,340	6,253	9,733	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	11,159	0	18,351	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,160	49,274	538,328	0	73.00
76.00	03020	RENAL ACUTE	0	0	25,435	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	3,677	0	1,134	0	90.05
90.07	09007	WOUND CLINIC	7,862	7,754	27,914	0	90.07
91.00	09100	EMERGENCY	98,147	96,798	529,863	22,763	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,489,578	1,226,356	5,748,988	240,355	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	RURAL HEALTH	0	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	74,054	0	0	490	194.02
194.03	07952	WELLNESS	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	25,741	0	0	245	194.04
194.06	07953	SYCAMORE SPORTS MED	7,735	7,629	0	0	194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	11.00	13.00	16.00	17.00		
202.00 TOTAL (sum lines 118-201)	1,597,108	1,233,985	5,748,988	241,090		202.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS						4.00
5.01 00510	NONPATIENT TELEPHONES						5.01
5.02 00511	DATA PROCESSING						5.02
5.03 00512	PURCHASING RECEIVING AND STORES						5.03
5.04 00513	ADMITTING						5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,315,514					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,936,106				22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	92,386			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	641,970	1,432,821	0	54,656,300	-2,074,791	30.00
31.00 03100	INTENSIVE CARE UNIT	28,941	64,594	0	13,170,778	-93,535	31.00
35.00 02040	INTENSIVE NURSERY	28,941	64,594	0	3,315,310	-93,535	35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	5,571,601	0	41.00
43.00 04300	NURSERY	0	0	0	1,744,489	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	46,043	102,764	0	25,058,126	-148,807	50.00
50.01 05001	CARDIAC SURGERY	0	0	0	3,660,575	0	50.01
50.02 05002	WVSC	0	0	0	17,680,632	0	50.02
51.00 05100	RECOVERY ROOM	0	0	0	3,199,643	0	51.00
51.02 05101	O/P TREATMENT ROOM	0	0	0	7,978,356	0	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	117,081	261,313	0	4,666,051	-378,394	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	22,364	49,914	92,386	15,938,048	-72,278	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,016,164	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	2,411,217	0	56.00
57.00 05700	CT SCAN	0	0	0	4,650,396	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,970,218	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	21,448,430	0	59.00
60.00 06000	LABORATORY	0	0	0	7,307,937	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,612,445	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,784,276	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	3,630,629	0	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	786,981	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	3,947	8,808	0	2,570,434	-12,755	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	2,055,941	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	962,870	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	2,272,434	0	69.00
69.01 06901	CARDIAC REHAB	0	0	0	1,146,210	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,405,956	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,229,041	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,060,313	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	50,114,095	0	73.00
76.00 03020	RENAL ACUTE	0	0	0	2,208,714	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.05 09005	PATIENT NUTRITION	0	0	0	352,981	0	90.05
90.07 09007	WOUND CLINIC	0	0	0	1,980,916	0	90.07
91.00 09100	EMERGENCY	0	0	0	12,767,025	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	889,287	1,984,808	92,386	307,385,532	-2,874,095	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	90,531	0	190.00
194.00 07950	RURAL HEALTH	1,316	2,936	0	3,666,524	-4,252	194.00
194.01 07951	RENTAL PROPERTY	0	0	0	117,335	0	194.01
194.02 07954	FAMILY PRACTICE	422,280	942,490	0	8,196,186	-1,364,770	194.02
194.03 07952	WELLNESS	0	0	0	436,114	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet 8
Part I
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
194.04 07955 PHYSICIAN PRACTICES	2,631	5,872	0	8,635,910	-8,503	194.04	
194.06 07953 SYCAMORE SPORTS MED	0	0	0	436,010	0	194.06	
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	1,315,514	2,936,106	92,386	328,964,142	-4,251,620	202.00	

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 NONPATIENT TELEPHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	52,581,509	30.00
31.00	03100 INTENSIVE CARE UNIT	13,077,243	31.00
35.00	02040 INTENSIVE NURSERY	3,221,775	35.00
41.00	04100 SUBPROVIDER - IRF	5,571,601	41.00
43.00	04300 NURSERY	1,744,489	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	24,909,319	50.00
50.01	05001 CARDIAC SURGERY	3,660,575	50.01
50.02	05002 WVSC	17,680,632	50.02
51.00	05100 RECOVERY ROOM	3,199,643	51.00
51.02	05101 O/P TREATMENT ROOM	7,978,356	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,287,657	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,865,770	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	9,016,164	55.00
56.00	05600 RADIOISOTOPE	2,411,217	56.00
57.00	05700 CT SCAN	4,650,396	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,970,218	58.00
59.00	05900 CARDIAC CATHETERIZATION	21,448,430	59.00
60.00	06000 LABORATORY	7,307,937	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,612,445	62.00
65.00	06500 RESPIRATORY THERAPY	4,784,276	65.00
66.00	06600 PHYSICAL THERAPY	3,630,629	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	786,981	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,557,679	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,055,941	67.00
68.00	06800 SPEECH PATHOLOGY	962,870	68.00
69.00	06900 ELECTROCARDIOLOGY	2,272,434	69.00
69.01	06901 CARDIAC REHAB	1,146,210	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,405,956	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,229,041	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,060,313	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,114,095	73.00
76.00	03020 RENAL ACUTE	2,208,714	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.05	09005 PATIENT NUTRITION	352,981	90.05
90.07	09007 WOUND CLINIC	1,980,916	90.07
91.00	09100 EMERGENCY	12,767,025	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	304,511,437	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	90,531	190.00
194.00	07950 RURAL HEALTH	3,662,272	194.00
194.01	07951 RENTAL PROPERTY	117,335	194.01
194.02	07954 FAMILY PRACTICE	6,831,416	194.02
194.03	07952 WELLNESS	436,114	194.03
194.04	07955 PHYSICIAN PRACTICES	8,627,407	194.04
194.06	07953 SYCAMORE SPORTS MED	436,010	194.06
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	324,712,522	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/31/2013 11:01 am

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	0	0	0 4.00
5.01 00510	NONPATIENT TELEPHONES	0	16,995	257,763	274,758 0 5.01
5.02 00511	DATA PROCESSING	0	0	0	0 5.02
5.03 00512	PURCHASING RECEIVING AND STORES	0	0	0	0 5.03
5.04 00513	ADMITTING	0	79,208	13,049	92,257 0 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	5,030	0	0	5,030 0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	51,119	772,734	137,809	961,662 0 5.06
7.00 00700	OPERATION OF PLANT	24,945	9,173,191	244,272	9,442,408 0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	154,899	26,110	181,009 0 8.00
9.00 00900	HOUSEKEEPING	3,010	137,438	416,570	557,018 0 9.00
10.00 01000	DIETARY	26,789	283,929	442,172	752,890 0 10.00
11.00 01100	CAFETERIA	0	202,600	24,585	227,185 0 11.00
13.00 01300	NURSING ADMINISTRATION	245	0	0	245 0 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	18,394	136,662	104,170	259,226 0 16.00
17.00 01700	SOCIAL SERVICE	0	5,070	0	5,070 0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	459,975	4,522,482	1,438,532	6,420,989 0 30.00
31.00 03100	INTENSIVE CARE UNIT	9,603	594,709	479,090	1,083,402 0 31.00
35.00 02040	INTENSIVE NURSERY	3,503	33,241	277,889	314,633 0 35.00
41.00 04100	SUBPROVIDER - IRF	3,179	510,146	95,473	608,798 0 41.00
43.00 04300	NURSERY	3,686	81,976	13,302	98,964 0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	798,551	1,053,740	2,198,757	4,051,048 0 50.00
50.01 05001	CARDIAC SURGERY	51,952	46,563	232,929	331,444 0 50.01
50.02 05002	WVSC	330,148	776,770	2,426,478	3,533,396 0 50.02
51.00 05100	RECOVERY ROOM	2,052	37,043	101,350	140,445 0 51.00
51.02 05101	O/P TREATMENT ROOM	6,002	700,252	110,897	817,151 0 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	68,282	274,953	357,377	700,612 0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,181,707	896,591	813,867	2,892,165 0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,033,769	682,661	931,472	2,647,902 0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0 56.00
57.00 05700	CT SCAN	529,130	56,186	33,560	618,876 0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	978,332	67,076	78,808	1,124,216 0 58.00
59.00 05900	CARDIAC CATHETERIZATION	2,828,920	284,705	74,845	3,188,470 0 59.00
60.00 06000	LABORATORY	511,671	0	0	511,671 0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	258,416	0	0	258,416 0 62.00
65.00 06500	RESPIRATORY THERAPY	346,435	55,203	121,599	523,237 0 65.00
66.00 06600	PHYSICAL THERAPY	97,300	244,351	104,034	445,685 0 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,568	74,138	19,889	100,595 0 66.01
66.02 06602	O/P PHYSICAL THERAPY	240,242	0	167,763	408,005 0 66.02
67.00 06700	OCCUPATIONAL THERAPY	122,320	79,312	18,035	219,667 0 67.00
68.00 06800	SPEECH PATHOLOGY	59,651	66,843	7,267	133,761 0 68.00
69.00 06900	ELECTROCARDIOLOGY	147,123	33,758	72,533	253,414 0 69.00
69.01 06901	CARDIAC REHAB	2,103	186,251	73,159	261,513 0 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	11,149	38,932	75,205	125,286 0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,614	147,759	610,567	777,940 0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	749,497	243,989	237,003	1,230,489 0 73.00
76.00 03020	RENAL ACUTE	434	51,400	177	52,011 0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	0 90.00
90.05 09005	PATIENT NUTRITION	2,076	32,490	3,025	37,591 0 90.05
90.07 09007	WOUND CLINIC	1,952	100,860	40,533	143,345 0 90.07
91.00 09100	EMERGENCY	27,777	622,673	446,347	1,096,797 0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,022,651	23,559,779	13,328,262	47,910,692 0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,929	0	29,929 0 190.00
194.00 07950	RURAL HEALTH	71,363	0	30,285	101,648 0 194.00
194.01 07951	RENTAL PROPERTY	0	0	8,192	8,192 0 194.01
194.02 07954	FAMILY PRACTICE	20,219	668,848	510,322	1,199,389 0 194.02
194.03 07952	WELLNESS	0	0	0	0 194.03
194.04 07955	PHYSICIAN PRACTICES	253,875	0	229,834	483,709 0 194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
194.06 07953 SYCAMORE SPORTS MED	0	0	733	733	0	194.06
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)	11,368,108	24,258,556	14,107,628	49,734,292		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES	274,758				5.01
5.02	00511	DATA PROCESSING	0	0			5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	0	0		5.03
5.04	00513	ADMITTING	4,922	0	0	97,179	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5,030
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	16,781	0	0	0	0
7.00	00700	OPERATION OF PLANT	11,858	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,566	0	0	0	0
9.00	00900	HOUSEKEEPING	2,237	0	0	0	0
10.00	01000	DIETARY	7,384	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	895	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	9,174	0	0	0	0
17.00	01700	SOCIAL SERVICE	671	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,420	0	0	7,295	396
31.00	03100	INTENSIVE CARE UNIT	9,174	0	0	2,208	120
35.00	02040	INTENSIVE NURSERY	4,699	0	0	931	51
41.00	04100	SUBPROVIDER - IRF	8,279	0	0	511	28
43.00	04300	NURSERY	2,014	0	0	401	22
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,466	0	0	12,853	699
50.01	05001	CARDIAC SURGERY	1,566	0	0	893	49
50.02	05002	WVSC	0	0	0	7,681	417
51.00	05100	RECOVERY ROOM	4,251	0	0	598	32
51.02	05101	O/P TREATMENT ROOM	5,594	0	0	1,502	82
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,041	0	0	1,290	70
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,557	0	0	3,853	209
55.00	05500	RADIOLOGY-THERAPEUTIC	11,411	0	0	2,689	146
56.00	05600	RADIOISOTOPE	0	0	0	947	51
57.00	05700	CT SCAN	1,566	0	0	6,396	348
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,342	0	0	1,811	98
59.00	05900	CARDIAC CATHETERIZATION	8,055	0	0	6,351	345
60.00	06000	LABORATORY	0	0	0	6,126	333
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	426	23
65.00	06500	RESPIRATORY THERAPY	3,356	0	0	1,202	65
66.00	06600	PHYSICAL THERAPY	5,370	0	0	786	43
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,685	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	1,119	0	0	463	25
67.00	06700	OCCUPATIONAL THERAPY	1,790	0	0	533	29
68.00	06800	SPEECH PATHOLOGY	447	0	0	219	12
69.00	06900	ELECTROCARDIOLOGY	2,014	0	0	1,315	71
69.01	06901	CARDIAC REHAB	1,566	0	0	133	7
70.00	07000	ELECTROENCEPHALOGRAPHY	4,475	0	0	252	14
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,356	0	0	235	13
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,524	83
73.00	07300	DRUGS CHARGED TO PATIENTS	11,187	0	0	17,741	713
76.00	03020	RENAL ACUTE	1,342	0	0	349	19
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	0	0	0	16	1
90.07	09007	WOUND CLINIC	2,685	0	0	383	21
91.00	09100	EMERGENCY	14,767	0	0	7,266	395
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	257,082	0	0	97,179	5,030
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	224	0	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	10,516	0	0	0	0
194.03	07952	WELLNESS	0	0	0	0	0
194.04	07955	PHYSICIAN PRACTICES	6,936	0	0	0	0
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
202.00 TOTAL (sum lines 118-201)	274,758	0	0	97,179	5,030	202.00

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	978,443				5.06
7.00	00700	OPERATION OF PLANT	53,439	9,507,705			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,188	109,581	293,344		8.00
9.00	00900	HOUSEKEEPING	24,076	97,228	787	681,346	9.00
10.00	01000	DIETARY	11,139	200,862	0	14,714	986,989
11.00	01100	CAFETERIA	3,566	143,326	0	10,500	0
13.00	01300	NURSING ADMINISTRATION	3,667	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	16,081	96,679	0	7,082	0
17.00	01700	SOCIAL SERVICE	679	3,587	0	263	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,913	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	8,734	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	275	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,163	3,199,369	93,236	234,374	729,367
31.00	03100	INTENSIVE CARE UNIT	32,656	420,719	16,603	30,820	109,037
35.00	02040	INTENSIVE NURSERY	8,920	23,516	3,090	1,723	0
41.00	04100	SUBPROVIDER - IRF	12,217	360,896	7,381	26,438	72,774
43.00	04300	NURSERY	4,405	57,993	4,287	4,248	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	64,300	745,454	31,911	54,609	0
50.01	05001	CARDIAC SURGERY	10,307	32,940	16	2,413	0
50.02	05002	WVSC	50,858	0	5,711	0	0
51.00	05100	RECOVERY ROOM	8,841	26,206	18,484	1,920	0
51.02	05101	O/P TREATMENT ROOM	17,834	495,384	16,336	36,290	70,965
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,518	194,512	15,165	14,249	1,017
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,497	634,281	11,241	46,465	0
55.00	05500	RADIOLOGY-THERAPEUTIC	22,188	482,940	6,083	35,378	0
56.00	05600	RADIOISOTOPE	7,172	0	0	0	0
57.00	05700	CT SCAN	12,067	39,748	23	2,912	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,975	47,452	8,714	3,476	0
59.00	05900	CARDIAC CATHETERIZATION	60,438	201,411	2,508	14,755	3,825
60.00	06000	LABORATORY	21,738	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,771	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	13,363	39,052	0	2,861	0
66.00	06600	PHYSICAL THERAPY	9,071	172,863	1,850	12,663	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,868	52,448	0	3,842	0
66.02	06602	O/P PHYSICAL THERAPY	7,348	0	4,693	0	0
67.00	06700	OCCUPATIONAL THERAPY	5,429	56,108	0	4,110	0
68.00	06800	SPEECH PATHOLOGY	2,385	47,287	0	3,464	0
69.00	06900	ELECTROCARDIOLOGY	6,207	23,882	1,546	1,749	0
69.01	06901	CARDIAC REHAB	2,253	131,761	158	9,652	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,862	27,542	820	2,018	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,766	104,530	0	7,657	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,899	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	145,655	172,607	0	12,644	0
76.00	03020	RENAL ACUTE	6,188	36,362	877	2,664	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	846	22,985	0	1,684	0
90.07	09007	WOUND CLINIC	5,160	71,352	2,116	5,227	0
91.00	09100	EMERGENCY	31,875	440,502	38,138	32,269	4
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	922,797	9,013,365	291,774	645,133	986,989
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	94	21,173	0	1,551	0
194.00	07950	RURAL HEALTH	10,891	0	413	0	0
194.01	07951	RENTAL PROPERTY	349	0	0	0	0
194.02	07954	FAMILY PRACTICE	16,182	473,167	654	34,662	0
194.03	07952	WELLNESS	1,297	0	0	0	0
194.04	07955	PHYSICIAN PRACTICES	25,582	0	503	0	0
194.06	07953	SYCAMORE SPORTS MED	1,251	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
202.00	TOTAL (sum lines 118-201)	978,443	9,507,705	293,344	681,346	986,989	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00510					5.01
5.02	00511					5.02
5.03	00512					5.03
5.04	00513					5.04
5.05	00514					5.05
5.06	00560					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100	384,577				11.00
13.00	01300	275	5,082			13.00
16.00	01600	17,801	0	406,043		16.00
17.00	01700	672	0	0	10,942	17.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	113,709	1,917	37,583	5,867	30.00
31.00	03100	30,198	509	11,375	422	31.00
35.00	02040	7,298	123	4,797	1,055	35.00
41.00	04100	10,962	185	2,632	44	41.00
43.00	04300	4,244	72	2,065	1,333	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	23,298	393	67,804	0	50.00
50.01	05001	4,336	73	4,789	11	50.01
50.02	05002	214	4	40,215	11	50.02
51.00	05100	8,580	145	3,078	89	51.00
51.02	05101	18,962	290	6,713	833	51.02
52.00	05200	9,405	159	6,647	167	52.00
54.00	05400	22,778	0	19,628	0	54.00
55.00	05500	977	0	13,913	44	55.00
56.00	05600	0	0	0	0	56.00
57.00	05700	4,061	0	32,952	0	57.00
58.00	05800	1,679	0	9,332	0	58.00
59.00	05900	1,374	23	37,925	0	59.00
60.00	06000	0	0	0	0	60.00
62.00	06200	0	0	0	0	62.00
65.00	06500	11,572	195	6,194	0	65.00
66.00	06600	4,794	81	4,051	0	66.00
66.01	06601	1,618	27	0	0	66.01
66.02	06602	5,313	90	2,385	0	66.02
67.00	06700	4,153	77	2,748	0	67.00
68.00	06800	1,649	28	1,129	0	68.00
69.00	06900	4,855	0	6,774	0	69.00
69.01	06901	1,527	26	688	0	69.01
70.00	07000	2,687	0	1,297	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	13,282	203	38,039	0	73.00
76.00	03020	0	0	1,797	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
90.05	09005	885	0	80	0	90.05
90.07	09007	1,893	32	1,972	0	90.07
91.00	09100	23,633	399	37,441	1,033	91.00
92.00	09200					92.00
SPECIAL PURPOSE COST CENTERS						
118.00		358,684	5,051	406,043	10,909	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07954	17,832	0	0	22	194.02
194.03	07952	0	0	0	0	194.03
194.04	07955	6,198	0	0	11	194.04
194.06	07953	1,863	31	0	0	194.06
200.00						200.00
201.00		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

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Part II
Date/Time Prepared:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	11.00	13.00	16.00	17.00		
202.00 TOTAL (sum lines 118-201)	384,577	5,082	406,043	10,942		202.00

Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM		
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.01 00510	NONPATIENT TELEPHONES				5.01
5.02 00511	DATA PROCESSING				5.02
5.03 00512	PURCHASING RECEIVING AND STORES				5.03
5.04 00513	ADMITTING				5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,913			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		8,734		22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			275	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			11,004,685	0 30.00
31.00 03100	INTENSIVE CARE UNIT			1,747,243	0 31.00
35.00 02040	INTENSIVE NURSERY			370,836	0 35.00
41.00 04100	SUBPROVIDER - IRF			1,111,145	0 41.00
43.00 04300	NURSERY			180,048	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			5,071,835	0 50.00
50.01 05001	CARDIAC SURGERY			388,837	0 50.01
50.02 05002	WVSC			3,638,507	0 50.02
51.00 05100	RECOVERY ROOM			212,669	0 51.00
51.02 05101	O/P TREATMENT ROOM			1,487,936	0 51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM			959,852	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			3,687,674	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			3,223,671	0 55.00
56.00 05600	RADIOISOTOPE			8,170	0 56.00
57.00 05700	CT SCAN			718,949	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			1,206,095	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			3,525,480	0 59.00
60.00 06000	LABORATORY			539,868	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			266,636	0 62.00
65.00 06500	RESPIRATORY THERAPY			601,097	0 65.00
66.00 06600	PHYSICAL THERAPY			657,257	0 66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			163,083	0 66.01
66.02 06602	O/P PHYSICAL THERAPY			429,441	0 66.02
67.00 06700	OCCUPATIONAL THERAPY			294,644	0 67.00
68.00 06800	SPEECH PATHOLOGY			190,381	0 68.00
69.00 06900	ELECTROCARDIOLOGY			301,827	0 69.00
69.01 06901	CARDIAC REHAB			409,284	0 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY			168,253	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			899,497	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			34,506	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			1,642,560	0 73.00
76.00 03020	RENAL ACUTE			101,609	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC			0	0 90.00
90.05 09005	PATIENT NUTRITION			64,088	0 90.05
90.07 09007	WOUND CLINIC			234,186	0 90.07
91.00 09100	EMERGENCY			1,724,519	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	47,266,368 0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			52,747	0 190.00
194.00 07950	RURAL HEALTH			113,176	0 194.00
194.01 07951	RENTAL PROPERTY			8,541	0 194.01
194.02 07954	FAMILY PRACTICE			1,752,424	0 194.02
194.03 07952	WELLNESS			1,297	0 194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
From 09/01/2011
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Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM		
			21.00	22.00	23.00		
194.04	07955	PHYSICIAN PRACTICES				522,939	0 194.04
194.06	07953	SYCAMORE SPORTS MED				3,878	0 194.06
200.00		Cross Foot Adjustments	3,913	8,734	275	12,922	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	3,913	8,734	275	49,734,292	0 202.00

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.01	00510	NONPATIENT TELEPHONES	5.01
5.02	00511	DATA PROCESSING	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	5.03
5.04	00513	ADMITTING	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02040	INTENSIVE NURSERY	35.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	CARDIAC SURGERY	50.01
50.02	05002	WVSC	50.02
51.00	05100	RECOVERY ROOM	51.00
51.02	05101	O/P TREATMENT ROOM	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	66.01
66.02	06602	O/P PHYSICAL THERAPY	66.02
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIAC REHAB	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	RENAL ACUTE	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.05	09005	PATIENT NUTRITION	90.05
90.07	09007	WOUND CLINIC	90.07
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)		118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
194.00	07950	RURAL HEALTH	194.00
194.01	07951	RENTAL PROPERTY	194.01
194.02	07954	FAMILY PRACTICE	194.02
194.03	07952	WELLNESS	194.03
194.04	07955	PHYSICIAN PRACTICES	194.04
194.06	07953	SYCAMORE SPORTS MED	194.06
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	937,776					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		4,467,248				2.00
4.00 00400 EMPLOYEE BENEFITS	0	0	99,891,215			4.00
5.01 00510 NONPATIENT TELEPHONES	657	81,622	653,847	1,228		5.01
5.02 00511 DATA PROCESSING	0	0	0	0	1,137	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04 00513 ADMITTING	3,062	4,132	1,363,682	22	19	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	29,872	43,638	2,429,540	75	36	5.06
7.00 00700 OPERATION OF PLANT	354,613	77,350	63,163	53	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	5,988	8,268	797,773	7	4	8.00
9.00 00900 HOUSEKEEPING	5,313	131,909	3,315,743	10	12	9.00
10.00 01000 DIETARY	10,976	140,016	1,717,093	33	14	10.00
11.00 01100 CAFETERIA	7,832	7,785	652,023	0	5	11.00
13.00 01300 NURSING ADMINISTRATION	0	0	91,048	4	0	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,283	32,986	2,404,875	41	112	16.00
17.00 01700 SOCIAL SERVICE	196	0	143,504	3	3	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	998,551	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,616,276	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	63,084	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	174,828	455,518	21,191,068	203	114	30.00
31.00 03100 INTENSIVE CARE UNIT	22,990	151,706	6,090,064	41	28	31.00
35.00 02040 INTENSIVE NURSERY	1,285	87,995	1,703,058	21	5	35.00
41.00 04100 SUBPROVIDER - IRF	19,721	30,232	1,988,337	37	44	41.00
43.00 04300 NURSERY	3,169	4,212	828,610	9	4	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	40,735	696,247	3,831,723	87	42	50.00
50.01 05001 CARDIAC SURGERY	1,800	73,758	2,240,900	7	8	50.01
50.02 05002 WVSC	30,028	768,355	27,795	0	0	50.02
51.00 05100 RECOVERY ROOM	1,432	32,093	1,734,122	19	13	51.00
51.02 05101 O/P TREATMENT ROOM	27,070	35,116	3,099,770	25	50	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,629	113,165	1,937,013	27	10	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	34,660	257,715	9,932,899	74	76	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	26,390	294,955	196,173	51	15	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	2,172	10,627	985,413	7	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,593	24,955	455,460	6	4	58.00
59.00 05900 CARDIAC CATHETERIZATION	11,006	23,700	569,044	36	5	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	2,134	38,505	2,386,469	15	8	65.00
66.00 06600 PHYSICAL THERAPY	9,446	32,943	1,469,587	24	27	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	6,298	295,381	12	8	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	53,123	1,117,671	5	22	66.02
67.00 06700 OCCUPATIONAL THERAPY	3,066	5,711	941,971	8	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,584	2,301	403,623	2	1	68.00
69.00 06900 ELECTROCARDIOLOGY	1,305	22,968	947,062	9	13	69.00
69.01 06901 CARDIAC REHAB	7,200	23,166	307,018	7	2	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	1,505	23,814	1,933,235	20	4	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	193,339	0	15	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,432	75,048	3,084,814	50	16	73.00
76.00 03020 RENAL ACUTE	1,987	56	0	6	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.05 09005 PATIENT NUTRITION	1,256	958	159,870	0	2	90.05
90.07 09007 WOUND CLINIC	3,899	12,835	369,362	12	4	90.07
91.00 09100 EMERGENCY	24,071	141,338	4,229,270	66	185	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	910,763	4,220,458	90,766,984	1,149	915	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,157	0	0	0	0	190.00
194.00 07950 RURAL HEALTH	0	9,590	1,762,165	1	62	194.00
194.01 07951 RENTAL PROPERTY	0	2,594	0	0	0	194.01
194.02 07954 FAMILY PRACTICE	25,856	161,596	1,876,075	47	130	194.02
194.03 07952 WELLNESS	0	0	261,618	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	72,778	4,907,393	31	30	194.04

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	1.00	2.00	4.00	5.01	5.02	
194.06 07953 SYCAMORE SPORTS MED	0	232	316,980	0	0	194.06
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)	24,258,556	14,107,628	16,729,174	1,317,109	9,225,902	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	25.868177	3.158013	0.167474	1,072.564332	8,114.249780	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			0	274,758	0	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.000000	223.744300	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		PURCHASING RECEIVING AND STORES (REQUISITIO)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES	5,564,684				5.03
5.04	00513	ADMITTING	3,213	1,051,235,209			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,051,235,209		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	405	0	0	-18,127,695	310,836,447
7.00	00700	OPERATION OF PLANT	57	0	0	0	16,975,691
8.00	00800	LAUNDRY & LINEN SERVICE	7,794	0	0	0	377,261
9.00	00900	HOUSEKEEPING	113,898	0	0	0	7,648,107
10.00	01000	DIETARY	1,379	0	0	0	3,538,368
11.00	01100	CAFETERIA	3	0	0	0	1,132,639
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,164,908
16.00	01600	MEDICAL RECORDS & LIBRARY	706	0	0	0	5,108,397
17.00	01700	SOCIAL SERVICE	158	0	0	0	215,747
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,243,022
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,774,311
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	87,295
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,333,400	79,289,060	79,289,060	0	36,582,838
31.00	03100	INTENSIVE CARE UNIT	724,077	23,998,888	23,998,888	0	10,373,678
35.00	02040	INTENSIVE NURSERY	81,873	10,120,043	10,120,043	0	2,833,444
41.00	04100	SUBPROVIDER - IRF	85,513	5,553,673	5,553,673	0	3,880,874
43.00	04300	NURSERY	46,480	4,356,004	4,356,004	0	1,399,220
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	132,287	139,703,848	139,703,848	0	20,425,539
50.01	05001	CARDIAC SURGERY	1,215,692	9,701,474	9,701,474	0	3,274,239
50.02	05002	WVSC	37,579	83,493,812	83,493,812	0	16,155,530
51.00	05100	RECOVERY ROOM	173,465	6,494,585	6,494,585	0	2,808,504
51.02	05101	O/P TREATMENT ROOM	179,678	16,323,403	16,323,403	0	5,665,241
52.00	05200	DELIVERY ROOM & LABOR ROOM	291,224	14,023,861	14,023,861	0	3,341,015
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,762	41,877,130	41,877,130	0	12,864,379
55.00	05500	RADIOLOGY-THERAPEUTIC	2,135	29,230,193	29,230,193	0	7,048,151
56.00	05600	RADIOISOTOPE	0	10,295,149	10,295,149	0	2,278,346
57.00	05700	CT SCAN	189,612	69,518,190	69,518,190	0	3,833,122
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,626	19,687,406	19,687,406	0	2,533,511
59.00	05900	CARDIAC CATHETERIZATION	38,438	69,033,929	69,033,929	0	19,198,983
60.00	06000	LABORATORY	0	66,583,762	66,583,762	0	6,905,231
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,626,702	4,626,702	0	2,468,485
65.00	06500	RESPIRATORY THERAPY	134,684	13,066,659	13,066,659	0	4,245,044
66.00	06600	PHYSICAL THERAPY	3,700	8,547,299	8,547,299	0	2,881,369
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	199	0	0	0	593,241
66.02	06602	O/P PHYSICAL THERAPY	5,034	5,030,677	5,030,677	0	2,334,275
67.00	06700	OCCUPATIONAL THERAPY	247	5,796,841	5,796,841	0	1,724,513
68.00	06800	SPEECH PATHOLOGY	88	2,380,919	2,380,919	0	757,665
69.00	06900	ELECTROCARDIOLOGY	19,888	14,291,294	14,291,294	0	1,971,830
69.01	06901	CARDIAC REHAB	3,773	1,450,988	1,450,988	0	715,562
70.00	07000	ELECTROENCEPHALOGRAPHY	2,271	2,735,637	2,735,637	0	1,226,654
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,368	2,552,348	2,552,348	0	1,831,650
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,561,872	16,561,872	0	10,450,831
73.00	07300	DRUGS CHARGED TO PATIENTS	48,192	187,807,066	187,807,066	0	46,291,811
76.00	03020	RENAL ACUTE	23,991	3,791,799	3,791,799	0	1,965,748
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	108	169,009	169,009	0	268,612
90.07	09007	WOUND CLINIC	34,042	4,161,339	4,161,339	0	1,639,080
91.00	09100	EMERGENCY	512,065	78,980,350	78,980,350	0	10,125,597
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,523,104	1,051,235,209	1,051,235,209	-18,127,695	293,159,558
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	29,929
194.00	07950	RURAL HEALTH	9,875	0	0	0	3,459,654
194.01	07951	RENTAL PROPERTY	0	0	0	0	110,869
194.02	07954	FAMILY PRACTICE	9,973	0	0	0	5,140,435
194.03	07952	WELLNESS	0	0	0	0	412,082
194.04	07955	PHYSICIAN PRACTICES	21,732	0	0	0	8,126,454
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	397,466

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		PURCHASING RECEIVING AND STORES (REQUISITIO)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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)	1,138,103	2,317,590	7,538,924		18,127,695	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.204522	0.002205	0.007171		0.058319	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0	97,179	5,030		978,443	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	0.000092	0.000005		0.003148	205.00

Cost Center Description		OPERATION OF PLANT (GRAND TOT SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (GRAND TOT SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)		
		7.00	8.00	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	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING RECEIVING AND STORES					5.03	
5.04	00513	ADMITTING					5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	519,544				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	626,175			8.00	
9.00	00900	HOUSEKEEPING	5,313	1,679	508,243		9.00	
10.00	01000	DIETARY	10,976	0	10,976	228,080	10.00	
11.00	01100	CAFETERIA	7,832	0	7,832	12,595	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	9	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	583	16.00	
17.00	01700	SOCIAL SERVICE	196	0	196	22	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	174,828	199,024	174,828	168,547	3,724	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	35,440	22,990	25,197	989	31.00
35.00	02040	INTENSIVE NURSERY	1,285	6,595	1,285	0	239	35.00
41.00	04100	SUBPROVIDER - IRF	19,721	15,756	19,721	16,817	359	41.00
43.00	04300	NURSERY	3,169	9,150	3,169	0	139	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,735	68,117	40,735	0	763	50.00
50.01	05001	CARDIAC SURGERY	1,800	35	1,800	0	142	50.01
50.02	05002	WVSC	0	12,190	0	0	7	50.02
51.00	05100	RECOVERY ROOM	1,432	39,457	1,432	0	281	51.00
51.02	05101	O/P TREATMENT ROOM	27,070	34,871	27,070	16,399	621	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,629	32,372	10,629	235	308	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,660	23,995	34,660	0	746	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,390	12,984	26,390	0	32	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,172	49	2,172	0	133	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	18,602	2,593	0	55	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,006	5,353	11,006	884	45	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,134	0	2,134	0	379	65.00
66.00	06600	PHYSICAL THERAPY	9,446	3,949	9,446	0	157	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	0	2,866	0	53	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	10,018	0	0	174	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,066	0	3,066	0	136	67.00
68.00	06800	SPEECH PATHOLOGY	2,584	0	2,584	0	54	68.00
69.00	06900	ELECTROCARDIOLOGY	1,305	3,300	1,305	0	159	69.00
69.01	06901	CARDIAC REHAB	7,200	337	7,200	0	50	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	1,751	1,505	0	88	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	1	5,712	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,432	0	9,432	0	435	73.00
76.00	03020	RENAL ACUTE	1,987	1,871	1,987	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	1,256	0	1,256	0	29	90.05
90.07	09007	WOUND CLINIC	3,899	4,517	3,899	0	62	90.07
91.00	09100	EMERGENCY	24,071	81,409	24,071	1	774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	492,531	622,822	481,230	228,080	11,747	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,157	0	1,157	0	0	190.00
194.00	07950	RURAL HEALTH	0	882	0	0	0	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	0	194.01
194.02	07954	FAMILY PRACTICE	25,856	1,397	25,856	0	584	194.02
194.03	07952	WELLNESS	0	0	0	0	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	1,074	0	0	203	194.04
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	61	194.06
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		OPERATION OF PLANT (GRAND TOT SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (GRAND TOT SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	17,965,696	606,325	8,279,485	4,303,072	1,597,108	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	34.579739	0.968300	16.290406	18.866503	126.804923	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	9,507,705	293,344	681,346	986,989	384,577	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	18.300096	0.468470	1.340591	4.327381	30.534101	205.00

Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (USER REVENUE)	SOCIAL SERVICE (# REFERRALS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)	
				13.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00510	NONPATIENT TELEPHONES					5.01
5.02 00511	DATA PROCESSING					5.02
5.03 00512	PURCHASING RECEIVING AND STORES					5.03
5.04 00513	ADMITTING					5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION	9,867				13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	856,993,014			16.00
17.00 01700	SOCIAL SERVICE	0	0	985		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,000	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,724	79,289,060	528	488	30.00
31.00 03100	INTENSIVE CARE UNIT	989	23,998,888	38	22	31.00
35.00 02040	INTENSIVE NURSERY	239	10,120,043	95	22	35.00
41.00 04100	SUBPROVIDER - IRF	359	5,553,673	4	0	41.00
43.00 04300	NURSERY	139	4,356,004	120	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	763	143,407,202	0	35	50.00
50.01 05001	CARDIAC SURGERY	142	10,103,671	1	0	50.01
50.02 05002	WVSC	7	84,841,452	1	0	50.02
51.00 05100	RECOVERY ROOM	281	6,494,585	8	0	51.00
51.02 05101	O/P TREATMENT ROOM	563	14,161,843	75	0	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	308	14,023,861	15	89	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	41,409,886	0	17	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	29,352,983	4	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	69,518,190	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,687,405	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	45	80,010,488	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	379	13,066,659	0	0	65.00
66.00 06600	PHYSICAL THERAPY	157	8,547,299	0	0	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	53	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	174	5,030,677	0	3	66.02
67.00 06700	OCCUPATIONAL THERAPY	150	5,796,841	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	54	2,380,919	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	14,291,294	0	0	69.00
69.01 06901	CARDIAC REHAB	50	1,450,988	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,735,637	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 PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	394	80,251,638	0	0	73.00
76.00 03020	RENAL ACUTE	0	3,791,799	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.05 09005	PATIENT NUTRITION	0	169,009	0	0	90.05
90.07 09007	WOUND CLINIC	62	4,161,339	0	0	90.07
91.00 09100	EMERGENCY	774	78,989,681	93	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,806	856,993,014	982	676	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	0	0	0	1	194.00
194.01 07951	RENTAL PROPERTY	0	0	0	0	194.01
194.02 07954	FAMILY PRACTICE	0	0	2	321	194.02
194.03 07952	WELLNESS	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (USER REVENUE)	SOCIAL SERVICE (# REFERRALS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)	
				13.00	16.00	
194.04 07955 PHYSICIAN PRACTICES	0	0	1	2	2	194.04
194.06 07953 SYCAMORE SPORTS MED	61	0	0	0	0	194.06
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)	1,233,985	5,748,988	241,090	1,315,514	2,936,106	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	125.061822	0.006708	244.761421	1,315.514000	2,936.106000	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	5,082	406,043	10,942	3,913	8,734	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.515050	0.000474	11.108629	3.913000	8.734000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 NONPATIENT TELEPHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	31.00
35.00	02040 INTENSIVE NURSERY	0	35.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
50.01	05001 CARDIAC SURGERY	0	50.01
50.02	05002 WVSC	0	50.02
51.00	05100 RECOVERY ROOM	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	100	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	06901 CARDIAC REHAB	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020 RENAL ACUTE	0	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.05	09005 PATIENT NUTRITION	0	90.05
90.07	09007 WOUND CLINIC	0	90.07
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 RURAL HEALTH	0	194.00
194.01	07951 RENTAL PROPERTY	0	194.01
194.02	07954 FAMILY PRACTICE	0	194.02
194.03	07952 WELLNESS	0	194.03
194.04	07955 PHYSICIAN PRACTICES	0	194.04
194.06	07953 SYCAMORE SPORTS MED	0	194.06
200.00	Cross Foot Adjustments		200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.00	
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per wkst. B, Part I)	92,386	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	923.860000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	275	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	2.750000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS
				Total Costs	RCE Disallowance	Total Costs		
								3.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,581,509		52,581,509	14,225	52,595,734	30.00
31.00	03100	INTENSIVE CARE UNIT	13,077,243		13,077,243	0	13,077,243	31.00
35.00	02040	INTENSIVE NURSERY	3,221,775		3,221,775	0	3,221,775	35.00
41.00	04100	SUBPROVIDER - IRF	5,571,601		5,571,601	10,812	5,582,413	41.00
43.00	04300	NURSERY	1,744,489		1,744,489	0	1,744,489	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,909,319		24,909,319	12,450	24,921,769	50.00
50.01	05001	CARDIAC SURGERY	3,660,575		3,660,575	0	3,660,575	50.01
50.02	05002	WVSC	17,680,632		17,680,632	0	17,680,632	50.02
51.00	05100	RECOVERY ROOM	3,199,643		3,199,643	0	3,199,643	51.00
51.02	05101	O/P TREATMENT ROOM	7,978,356		7,978,356	0	7,978,356	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,287,657		4,287,657	0	4,287,657	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,865,770		15,865,770	18,114	15,883,884	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,016,164		9,016,164	8,401	9,024,565	55.00
56.00	05600	RADIOISOTOPE	2,411,217		2,411,217	0	2,411,217	56.00
57.00	05700	CT SCAN	4,650,396		4,650,396	0	4,650,396	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,970,218		2,970,218	0	2,970,218	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,448,430		21,448,430	0	21,448,430	59.00
60.00	06000	LABORATORY	7,307,937		7,307,937	143,462	7,451,399	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,612,445		2,612,445	0	2,612,445	62.00
65.00	06500	RESPIRATORY THERAPY	4,784,276	0	4,784,276	3,008	4,787,284	65.00
66.00	06600	PHYSICAL THERAPY	3,630,629	0	3,630,629	0	3,630,629	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	786,981	0	786,981	0	786,981	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,557,679	0	2,557,679	0	2,557,679	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,055,941	0	2,055,941	0	2,055,941	67.00
68.00	06800	SPEECH PATHOLOGY	962,870	0	962,870	0	962,870	68.00
69.00	06900	ELECTROCARDIOLOGY	2,272,434		2,272,434	0	2,272,434	69.00
69.01	06901	CARDIAC REHAB	1,146,210		1,146,210	0	1,146,210	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,405,956		1,405,956	0	1,405,956	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,229,041		2,229,041	0	2,229,041	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,060,313		11,060,313	0	11,060,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,114,095		50,114,095	0	50,114,095	73.00
76.00	03020	RENAL ACUTE	2,208,714		2,208,714	0	2,208,714	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.05	09005	PATIENT NUTRITION	352,981		352,981	3,791	356,772	90.05
90.07	09007	WOUND CLINIC	1,980,916		1,980,916	0	1,980,916	90.07
91.00	09100	EMERGENCY	12,767,025		12,767,025	0	12,767,025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,759,153		6,759,153		6,759,153	92.00
200.00		Subtotal (see instructions)	311,270,590	0	311,270,590	214,263	311,484,853	200.00
201.00		Less Observation Beds	6,759,153		6,759,153		6,759,153	201.00
202.00		Total (see instructions)	304,511,437	0	304,511,437	214,263	304,725,700	202.00

		Title XVIII			Hospital	PPS	
Cost Center Description		Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	79,289,060		79,289,060			30.00
31.00	03100 INTENSIVE CARE UNIT	23,998,888		23,998,888			31.00
35.00	02040 INTENSIVE NURSERY	10,120,043		10,120,043			35.00
41.00	04100 SUBPROVIDER - IRF	5,553,673		5,553,673			41.00
43.00	04300 NURSERY	4,356,004		4,356,004			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	86,408,261	53,295,587	139,703,848	0.178301	0.000000	50.00
50.01	05001 CARDIAC SURGERY	9,683,058	18,416	9,701,474	0.377322	0.000000	50.01
50.02	05002 WVSC	0	83,493,812	83,493,812	0.211760	0.000000	50.02
51.00	05100 RECOVERY ROOM	3,732,858	2,761,727	6,494,585	0.492663	0.000000	51.00
51.02	05101 O/P TREATMENT ROOM	2,104,860	6,297,021	8,401,881	0.949592	0.000000	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,794,166	3,229,695	14,023,861	0.305740	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,056,574	31,820,556	41,877,130	0.378865	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,750,834	27,479,359	29,230,193	0.308454	0.000000	55.00
56.00	05600 RADIOISOTOPE	1,325,231	8,969,918	10,295,149	0.234209	0.000000	56.00
57.00	05700 CT SCAN	23,311,464	46,206,726	69,518,190	0.066895	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,134,623	15,552,783	19,687,406	0.150869	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	26,738,374	42,295,555	69,033,929	0.310694	0.000000	59.00
60.00	06000 LABORATORY	39,487,810	27,095,952	66,583,762	0.109756	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,754,927	871,776	4,626,703	0.564645	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	12,382,136	684,523	13,066,659	0.366144	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	5,131,390	3,415,909	8,547,299	0.424769	0.000000	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	307,520	307,300	614,820	1.280019	0.000000	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	5,030,677	5,030,677	0.508416	0.000000	66.02
67.00	06700 OCCUPATIONAL THERAPY	4,100,171	1,696,670	5,796,841	0.354666	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	1,263,157	1,117,762	2,380,919	0.404411	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	8,817,120	5,474,174	14,291,294	0.159008	0.000000	69.00
69.01	06901 CARDIAC REHAB	97,806	1,353,182	1,450,988	0.789951	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	344,301	2,391,336	2,735,637	0.513941	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,451,291	101,056	2,552,347	0.873330	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,263,133	9,298,739	16,561,872	0.667818	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	87,087,769	100,719,297	187,807,066	0.266838	0.000000	73.00
76.00	03020 RENAL ACUTE	3,724,758	67,041	3,791,799	0.582498	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0.000000	0.000000	90.00
90.05	09005 PATIENT NUTRITION	0	169,009	169,009	2.088534	0.000000	90.05
90.07	09007 WOUND CLINIC	0	4,161,339	4,161,339	0.476029	0.000000	90.07
91.00	09100 EMERGENCY	21,929,982	57,050,368	78,980,350	0.161648	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,921,522	7,921,522	0.853264	0.000000	92.00
200.00	Subtotal (see instructions)	501,501,242	550,348,787	1,051,850,029			200.00
201.00	Less observation Beds						201.00
202.00	Total (see instructions)	501,501,242	550,348,787	1,051,850,029			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Cost	
				Total Costs	RCE Disallowance	Total Costs			
								3.00	4.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	52,581,509		52,581,509	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,077,243		13,077,243	0		0	31.00
35.00	02040	INTENSIVE NURSERY	3,221,775		3,221,775	0		0	35.00
41.00	04100	SUBPROVIDER - IRF	5,571,601		5,571,601	0		0	41.00
43.00	04300	NURSERY	1,744,489		1,744,489	0		0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,909,319		24,909,319	0		0	50.00
50.01	05001	CARDIAC SURGERY	3,660,575		3,660,575	0		0	50.01
50.02	05002	WVSC	17,680,632		17,680,632	0		0	50.02
51.00	05100	RECOVERY ROOM	3,199,643		3,199,643	0		0	51.00
51.02	05101	O/P TREATMENT ROOM	7,978,356		7,978,356	0		0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,287,657		4,287,657	0		0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,865,770		15,865,770	0		0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,016,164		9,016,164	0		0	55.00
56.00	05600	RADIOISOTOPE	2,411,217		2,411,217	0		0	56.00
57.00	05700	CT SCAN	4,650,396		4,650,396	0		0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,970,218		2,970,218	0		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,448,430		21,448,430	0		0	59.00
60.00	06000	LABORATORY	7,307,937		7,307,937	0		0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,612,445		2,612,445	0		0	62.00
65.00	06500	RESPIRATORY THERAPY	4,784,276	0	4,784,276	0		0	65.00
66.00	06600	PHYSICAL THERAPY	3,630,629	0	3,630,629	0		0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	786,981	0	786,981	0		0	66.01
66.02	06602	O/P PHYSICAL THERAPY	2,557,679	0	2,557,679	0		0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,055,941	0	2,055,941	0		0	67.00
68.00	06800	SPEECH PATHOLOGY	962,870	0	962,870	0		0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,272,434		2,272,434	0		0	69.00
69.01	06901	CARDIAC REHAB	1,146,210		1,146,210	0		0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,405,956		1,405,956	0		0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,229,041		2,229,041	0		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,060,313		11,060,313	0		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,114,095		50,114,095	0		0	73.00
76.00	03020	RENAL ACUTE	2,208,714		2,208,714	0		0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0		0	90.00
90.05	09005	PATIENT NUTRITION	352,981		352,981	0		0	90.05
90.07	09007	WOUND CLINIC	1,980,916		1,980,916	0		0	90.07
91.00	09100	EMERGENCY	12,767,025		12,767,025	0		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,759,153		6,759,153	0		0	92.00
200.00		Subtotal (see instructions)	311,270,590	0	311,270,590	0		0	200.00
201.00		Less Observation Beds	6,759,153		6,759,153	0		0	201.00
202.00		Total (see instructions)	304,511,437	0	304,511,437	0		0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Title XIX			Hospital	Cost		
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,289,060		79,289,060		30.00
31.00	03100	INTENSIVE CARE UNIT	23,998,888		23,998,888		31.00
35.00	02040	INTENSIVE NURSERY	10,120,043		10,120,043		35.00
41.00	04100	SUBPROVIDER - IRF	5,553,673		5,553,673		41.00
43.00	04300	NURSERY	4,356,004		4,356,004		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,408,261	53,295,587	139,703,848	0.178301	50.00
50.01	05001	CARDIAC SURGERY	9,683,058	18,416	9,701,474	0.377322	50.01
50.02	05002	WVSC	0	83,493,812	83,493,812	0.211760	50.02
51.00	05100	RECOVERY ROOM	3,732,858	2,761,727	6,494,585	0.492663	51.00
51.02	05101	O/P TREATMENT ROOM	2,104,860	6,297,021	8,401,881	0.949592	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,794,166	3,229,695	14,023,861	0.305740	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,056,574	31,820,556	41,877,130	0.378865	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,750,834	27,479,359	29,230,193	0.308454	55.00
56.00	05600	RADIOISOTOPE	1,325,231	8,969,918	10,295,149	0.234209	56.00
57.00	05700	CT SCAN	23,311,464	46,206,726	69,518,190	0.066895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,134,623	15,552,783	19,687,406	0.150869	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,738,374	42,295,555	69,033,929	0.310694	59.00
60.00	06000	LABORATORY	39,487,810	27,095,952	66,583,762	0.109756	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,754,927	871,776	4,626,703	0.564645	62.00
65.00	06500	RESPIRATORY THERAPY	12,382,136	684,523	13,066,659	0.366144	65.00
66.00	06600	PHYSICAL THERAPY	5,131,390	3,415,909	8,547,299	0.424769	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	307,520	307,300	614,820	1.280019	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	5,030,677	5,030,677	0.508416	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,100,171	1,696,670	5,796,841	0.354666	67.00
68.00	06800	SPEECH PATHOLOGY	1,263,157	1,117,762	2,380,919	0.404411	68.00
69.00	06900	ELECTROCARDIOLOGY	8,817,120	5,474,174	14,291,294	0.159008	69.00
69.01	06901	CARDIAC REHAB	97,806	1,353,182	1,450,988	0.789951	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	344,301	2,391,336	2,735,637	0.513941	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,451,291	101,056	2,552,347	0.873330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,263,133	9,298,739	16,561,872	0.667818	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,087,769	100,719,297	187,807,066	0.266838	73.00
76.00	03020	RENAL ACUTE	3,724,758	67,041	3,791,799	0.582498	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.05	09005	PATIENT NUTRITION	0	169,009	169,009	2.088534	90.05
90.07	09007	WOUND CLINIC	0	4,161,339	4,161,339	0.476029	90.07
91.00	09100	EMERGENCY	21,929,982	57,050,368	78,980,350	0.161648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,921,522	7,921,522	0.853264	92.00
200.00		Subtotal (see instructions)	501,501,242	550,348,787	1,051,850,029		200.00
201.00		Less observation Beds					201.00
202.00		Total (see instructions)	501,501,242	550,348,787	1,051,850,029		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part I
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Title XVIII			Hospital	PPS			
	Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,004,685	0	11,004,685	68,017	161.79	30.00
31.00	03100	INTENSIVE CARE UNIT	1,747,243		1,747,243	8,999	194.16	31.00
35.00	02040	INTENSIVE NURSERY	370,836		370,836	3,188	116.32	35.00
41.00	04100	SUBPROVIDER - IRF	1,111,145	0	1,111,145	6,006	185.01	41.00
43.00	04300	NURSERY	180,048		180,048	3,223	55.86	43.00
200.00		Total (lines 30-199)	14,413,957		14,413,957	89,433		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part I
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	32,336	5,231,641	30.00
31.00	03100	INTENSIVE CARE UNIT	5,583	1,083,995	31.00
35.00	02040	INTENSIVE NURSERY	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	4,337	802,388	41.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30-199)	42,256	7,118,024	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part II
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,071,835	139,703,848	0.036304	44,123,333	1,601,853	50.00
50.01 05001 CARDIAC SURGERY	388,837	9,701,474	0.040080	5,645,498	226,272	50.01
50.02 05002 WVSC	3,638,507	83,493,812	0.043578	0	0	50.02
51.00 05100 RECOVERY ROOM	212,669	6,494,585	0.032746	1,956,986	64,083	51.00
51.02 05101 O/P TREATMENT ROOM	1,487,936	8,401,881	0.177096	1,053,924	186,646	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	959,852	14,023,861	0.068444	55,433	3,794	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,687,674	41,877,130	0.088059	5,728,366	504,434	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3,223,671	29,230,193	0.110286	796,139	87,803	55.00
56.00 05600 RADIOISOTOPE	8,170	10,295,149	0.000794	705,342	560	56.00
57.00 05700 CT SCAN	718,949	69,518,190	0.010342	11,660,430	120,592	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,206,095	19,687,406	0.061262	1,916,886	117,432	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,525,480	69,033,929	0.051069	17,681,387	902,971	59.00
60.00 06000 LABORATORY	539,868	66,583,762	0.008108	22,469,466	182,182	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	266,636	4,626,703	0.057630	2,113,887	121,823	62.00
65.00 06500 RESPIRATORY THERAPY	601,097	13,066,659	0.046002	6,165,313	283,617	65.00
66.00 06600 PHYSICAL THERAPY	657,257	8,547,299	0.076896	1,818,582	139,842	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	163,083	614,820	0.265253	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	429,441	5,030,677	0.085364	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	294,644	5,796,841	0.050828	1,131,440	57,509	67.00
68.00 06800 SPEECH PATHOLOGY	190,381	2,380,919	0.079961	518,553	41,464	68.00
69.00 06900 ELECTROCARDIOLOGY	301,827	14,291,294	0.021120	5,490,165	115,952	69.00
69.01 06901 CARDIAC REHAB	409,284	1,450,988	0.282073	69,086	19,487	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	168,253	2,735,637	0.061504	179,773	11,057	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	899,497	2,552,347	0.352420	1,251,379	441,011	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	34,506	16,561,872	0.002083	2,314,068	4,820	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,642,560	187,807,066	0.008746	46,889,638	410,097	73.00
76.00 03020 RENAL ACUTE	101,609	3,791,799	0.026797	2,589,523	69,391	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.05 09005 PATIENT NUTRITION	64,088	169,009	0.379199	0	0	90.05
90.07 09007 WOUND CLINIC	234,186	4,161,339	0.056277	0	0	90.07
91.00 09100 EMERGENCY	1,724,519	78,980,350	0.021835	12,387,075	270,472	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,414,231	7,921,522	0.178530	0	0	92.00
200.00 Total (lines 50-199)	34,266,642	928,532,361		196,711,672	5,985,164	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part III
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part III
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Total Patient Days	Title XVIII		Hospital		PPS
		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	68,017	0.00	32,336	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT	8,999	0.00	5,583	0	0 31.00
35.00 02040	INTENSIVE NURSERY	3,188	0.00	0	0	0 35.00
41.00 04100	SUBPROVIDER - IRF	6,006	0.00	4,337	0	0 41.00
43.00 04300	NURSERY	3,223	0.00	0	0	0 43.00
200.00	Total (lines 30-199)	89,433		42,256	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Title XVIII			Hospital	PPS			
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
50.01	05001	CARDIAC SURGERY	0	0	0	0	50.01	
50.02	05002	WVSC	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	51.02	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	92,386	0	92,386	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
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	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01	
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	66.02	
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	
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01	
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 PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03020	RENAL ACUTE	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.05	09005	PATIENT NUTRITION	0	0	0	0	90.05	
90.07	09007	WOUND CLINIC	0	0	0	0	90.07	
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	92,386	0	92,386	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Title XVIII				Hospital		PPS	
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges			
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	139,703,848	0.000000	0.000000	44,123,333	50.00
50.01	05001	CARDIAC SURGERY	0	9,701,474	0.000000	0.000000	5,645,498	50.01
50.02	05002	WVSC	0	83,493,812	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0	6,494,585	0.000000	0.000000	1,956,986	51.00
51.02	05101	O/P TREATMENT ROOM	0	8,401,881	0.000000	0.000000	1,053,924	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,023,861	0.000000	0.000000	55,433	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,386	41,877,130	0.002206	0.002206	5,728,366	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,230,193	0.000000	0.000000	796,139	55.00
56.00	05600	RADIOISOTOPE	0	10,295,149	0.000000	0.000000	705,342	56.00
57.00	05700	CT SCAN	0	69,518,190	0.000000	0.000000	11,660,430	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,687,406	0.000000	0.000000	1,916,886	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	69,033,929	0.000000	0.000000	17,681,387	59.00
60.00	06000	LABORATORY	0	66,583,762	0.000000	0.000000	22,469,466	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,626,703	0.000000	0.000000	2,113,887	62.00
65.00	06500	RESPIRATORY THERAPY	0	13,066,659	0.000000	0.000000	6,165,313	65.00
66.00	06600	PHYSICAL THERAPY	0	8,547,299	0.000000	0.000000	1,818,582	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	614,820	0.000000	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	5,030,677	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	5,796,841	0.000000	0.000000	1,131,440	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,380,919	0.000000	0.000000	518,553	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,291,294	0.000000	0.000000	5,490,165	69.00
69.01	06901	CARDIAC REHAB	0	1,450,988	0.000000	0.000000	69,086	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,735,637	0.000000	0.000000	179,773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,552,347	0.000000	0.000000	1,251,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,561,872	0.000000	0.000000	2,314,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	187,807,066	0.000000	0.000000	46,889,638	73.00
76.00	03020	RENAL ACUTE	0	3,791,799	0.000000	0.000000	2,589,523	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	0	169,009	0.000000	0.000000	0	90.05
90.07	09007	WOUND CLINIC	0	4,161,339	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	0	78,980,350	0.000000	0.000000	12,387,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,921,522	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	92,386	928,532,361			196,711,672	200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	19,328,701	0	0	0	50.00
50.01 05001 CARDIAC SURGERY	0	1,227	0	0	0	50.01
50.02 05002 WVSC	0	16,533,146	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	836,361	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	0	4,838,653	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	42,551	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,637	6,847,193	15,105	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	13,417,205	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	3,282,053	0	0	0	56.00
57.00 05700 CT SCAN	0	15,179,081	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,055,022	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	20,871,622	0	0	0	59.00
60.00 06000 LABORATORY	0	2,057,970	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	551,343	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	182,501	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	23,617	0	0	0	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	9,357	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	5,292	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,818,272	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	787,385	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	525,697	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,857	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,649,889	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	54,209,089	0	0	0	73.00
76.00 03020 RENAL ACUTE	0	48,953	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.05 09005 PATIENT NUTRITION	0	796	0	0	0	90.05
90.07 09007 WOUND CLINIC	0	1,413,850	0	0	0	90.07
91.00 09100 EMERGENCY	0	11,590,672	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	12,637	183,144,355	15,105	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part V
Date/Time Prepared:
1/31/2013 11:01 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges				
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.178301	19,328,701	1,822	0	50.00
50.01	05001	CARDIAC SURGERY	0.377322	1,227	2	0	50.01
50.02	05002	WVSC	0.211760	16,533,146	2,231	0	50.02
51.00	05100	RECOVERY ROOM	0.492663	836,361	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0.949592	4,838,653	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.305740	42,551	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378865	6,847,193	288	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.308454	13,417,205	115	0	55.00
56.00	05600	RADIOISOTOPE	0.234209	3,282,053	0	0	56.00
57.00	05700	CT SCAN	0.066895	15,179,081	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.150869	4,055,022	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.310694	20,871,622	12,772	0	59.00
60.00	06000	LABORATORY	0.109756	2,057,970	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.564645	551,343	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.366144	182,501	79	0	65.00
66.00	06600	PHYSICAL THERAPY	0.424769	23,617	10	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.280019	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.508416	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.354666	9,357	17	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.404411	5,292	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.159008	2,818,272	0	0	69.00
69.01	06901	CARDIAC REHAB	0.789951	787,385	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.513941	525,697	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.873330	36,857	68	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.667818	3,649,889	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266838	54,209,089	0	1,797	73.00
76.00	03020	RENAL ACUTE	0.582498	48,953	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	2.088534	796	0	0	90.05
90.07	09007	WOUND CLINIC	0.476029	1,413,850	67	0	90.07
91.00	09100	EMERGENCY	0.161648	11,590,672	172	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.853264	0	0	0	92.00
200.00		Subtotal (see instructions)		183,144,355	17,643	1,797	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		183,144,355	17,643	1,797	202.00

APPORIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part V
Date/Time Prepared:
1/31/2013 11:01 am

		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		PPS Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	3,446,327	325	0	50.00
50.01	05001 CARDIAC SURGERY	463	1	0	50.01
50.02	05002 WVSC	3,501,059	472	0	50.02
51.00	05100 RECOVERY ROOM	412,044	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	4,594,746	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,010	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,594,162	109	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,138,591	35	0	55.00
56.00	05600 RADIOISOTOPE	768,686	0	0	56.00
57.00	05700 CT SCAN	1,015,405	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	611,777	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,484,688	3,968	0	59.00
60.00	06000 LABORATORY	225,875	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	311,313	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	66,822	29	0	65.00
66.00	06600 PHYSICAL THERAPY	10,032	4	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	3,319	6	0	67.00
68.00	06800 SPEECH PATHOLOGY	2,140	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	448,128	0	0	69.00
69.01	06901 CARDIAC REHAB	621,996	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	270,177	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	32,188	59	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,437,462	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,465,045	0	480	73.00
76.00	03020 RENAL ACUTE	28,515	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	1,662	0	0	90.05
90.07	09007 WOUND CLINIC	673,034	32	0	90.07
91.00	09100 EMERGENCY	1,873,609	28	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Subtotal (see instructions)	49,052,275	5,068	480	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	49,052,275	5,068	480	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part II
Date/Time Prepared:
1/31/2013 11:01 am

Component CCN: 15T023

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,071,835	139,703,848	0.036304	171,141	6,213	50.00
50.01	05001	CARDIAC SURGERY	388,837	9,701,474	0.040080	20,762	832	50.01
50.02	05002	WVSC	3,638,507	83,493,812	0.043578	0	0	50.02
51.00	05100	RECOVERY ROOM	212,669	6,494,585	0.032746	8,224	269	51.00
51.02	05101	O/P TREATMENT ROOM	1,487,936	8,401,881	0.177096	15,012	2,659	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	959,852	14,023,861	0.068444	106	7	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,687,674	41,877,130	0.088059	93,489	8,233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,223,671	29,230,193	0.110286	31,156	3,436	55.00
56.00	05600	RADIOISOTOPE	8,170	10,295,149	0.000794	9,630	8	56.00
57.00	05700	CT SCAN	718,949	69,518,190	0.010342	161,775	1,673	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,206,095	19,687,406	0.061262	30,743	1,883	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,525,480	69,033,929	0.051069	56,549	2,888	59.00
60.00	06000	LABORATORY	539,868	66,583,762	0.008108	465,357	3,773	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	266,636	4,626,703	0.057630	20,676	1,192	62.00
65.00	06500	RESPIRATORY THERAPY	601,097	13,066,659	0.046002	151,227	6,957	65.00
66.00	06600	PHYSICAL THERAPY	657,257	8,547,299	0.076896	1,804,674	138,772	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	163,083	614,820	0.265253	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	429,441	5,030,677	0.085364	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	294,644	5,796,841	0.050828	1,728,961	87,880	67.00
68.00	06800	SPEECH PATHOLOGY	190,381	2,380,919	0.079961	387,669	30,998	68.00
69.00	06900	ELECTROCARDIOLOGY	301,827	14,291,294	0.021120	41,946	886	69.00
69.01	06901	CARDIAC REHAB	409,284	1,450,988	0.282073	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	168,253	2,735,637	0.061504	6,802	418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	899,497	2,552,347	0.352420	7,291	2,569	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,506	16,561,872	0.002083	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,642,560	187,807,066	0.008746	1,698,255	14,853	73.00
76.00	03020	RENAL ACUTE	101,609	3,791,799	0.026797	162,441	4,353	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.05	09005	PATIENT NUTRITION	64,088	169,009	0.379199	0	0	90.05
90.07	09007	WOUND CLINIC	234,186	4,161,339	0.056277	0	0	90.07
91.00	09100	EMERGENCY	1,724,519	78,980,350	0.021835	16,504	360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,921,522	0.000000	0	0	92.00
200.00		Total (lines 50-199)	32,852,411	928,532,361		7,090,390	321,112	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023
Component CCN: 15T023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/31/2013 11:01 am

		Title XVIII			Subprovider - IRF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	92,386	92,386	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	66.02
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
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
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 PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	90.07
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	92,386	92,386	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023
Component CCN: 15T023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/31/2013 11:01 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	139,703,848	0.000000	0.000000	171,141	50.00
50.01	05001	CARDIAC SURGERY	0	9,701,474	0.000000	0.000000	20,762	50.01
50.02	05002	WVSC	0	83,493,812	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0	6,494,585	0.000000	0.000000	8,224	51.00
51.02	05101	O/P TREATMENT ROOM	0	8,401,881	0.000000	0.000000	15,012	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,023,861	0.000000	0.000000	106	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,386	41,877,130	0.002206	0.002206	93,489	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,230,193	0.000000	0.000000	31,156	55.00
56.00	05600	RADIOISOTOPE	0	10,295,149	0.000000	0.000000	9,630	56.00
57.00	05700	CT SCAN	0	69,518,190	0.000000	0.000000	161,775	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,687,406	0.000000	0.000000	30,743	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	69,033,929	0.000000	0.000000	56,549	59.00
60.00	06000	LABORATORY	0	66,583,762	0.000000	0.000000	465,357	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,626,703	0.000000	0.000000	20,676	62.00
65.00	06500	RESPIRATORY THERAPY	0	13,066,659	0.000000	0.000000	151,227	65.00
66.00	06600	PHYSICAL THERAPY	0	8,547,299	0.000000	0.000000	1,804,674	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	614,820	0.000000	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	5,030,677	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	5,796,841	0.000000	0.000000	1,728,961	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,380,919	0.000000	0.000000	387,669	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,291,294	0.000000	0.000000	41,946	69.00
69.01	06901	CARDIAC REHAB	0	1,450,988	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,735,637	0.000000	0.000000	6,802	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,552,347	0.000000	0.000000	7,291	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,561,872	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	187,807,066	0.000000	0.000000	1,698,255	73.00
76.00	03020	RENAL ACUTE	0	3,791,799	0.000000	0.000000	162,441	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	0	169,009	0.000000	0.000000	0	90.05
90.07	09007	WOUND CLINIC	0	4,161,339	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	0	78,980,350	0.000000	0.000000	16,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,921,522	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	92,386	928,532,361			7,090,390	200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023
Component CCN: 15T023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	206	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	66.02
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
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
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 PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	90.07
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)	206	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			68,017 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			68,017 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)			59,276 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)			32,336 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)			52,595,734 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)			52,595,734 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			52,595,734 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)			773.27 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			25,004,459 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)			25,004,459 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/31/2013 11:01 am

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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	13,077,243	8,999	1,453.19	5,583	8,113,160		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 INTENSIVE NURSERY	3,221,775	3,188	1,010.59	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					48,160,986		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					81,278,605		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)					6,315,636		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,997,801		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					12,313,437		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,965,168		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)					8,741		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.27		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,759,153		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	11,004,685	52,595,734	0.209232	6,759,153	1,414,231	90.00
91.00 Nursing School cost	0	52,595,734	0.000000	6,759,153	0	91.00
92.00 Allied health cost	0	52,595,734	0.000000	6,759,153	0	92.00
93.00 All other Medical Education	0	52,595,734	0.000000	6,759,153	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period:

Worksheet D-1

Component CCN: 15T023

From 09/01/2011

Date/Time Prepared:

To 08/31/2012

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Title XVIII

Subprovider -

PPS

IRF

Cost Center Description

1.00

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,006	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,006	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,006	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,337	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00

SWING BED ADJUSTMENT

17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,582,413	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,582,413	27.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,582,413	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)	929.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,031,111	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,031,111	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period: From 09/01/2011

Worksheet D-1

Component CCN: 15T023

To 08/31/2012

Date/Time Prepared: 1/31/2013 11:01 am

Title XVIII

Subprovider - IRF

PPS

Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 INTENSIVE NURSERY	0	0	0.00	0	0	47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,359,759	48.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					802,388	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					321,318	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,123,706	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,267,164	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023
 Component CCN: 15T023

Period:
 From 09/01/2011
 To 08/31/2012

Worksheet D-1
 Date/Time Prepared:
 1/31/2013 11:01 am

Title XVIII

Subprovider -
 IRF

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,111,145	5,582,413	0.199044	0	0	90.00
91.00 Nursing School cost	0	5,582,413	0.000000	0	0	91.00
92.00 Allied health cost	0	5,582,413	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,582,413	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			68,017 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			68,017 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)			59,276 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)			6,383 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			3,223 15.00
16.00	Nursery days (title V or XIX only)			195 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)			52,581,509 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)			52,581,509 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			102,977,079 28.00
29.00	Private room charges (excluding swing-bed charges)			94,413,070 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			8,564,009 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.510614 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)			144.48 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)			52,581,509 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)			773.06 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,934,442 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			4,934,442 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/31/2013 11:01 am

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)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	1,744,489	3,223	541.26	195	105,546	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	13,077,243	8,999	1,453.19	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 INTENSIVE NURSERY	3,221,775	3,188	1,010.59	326	329,452	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,082,789	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,452,229	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)					8,741	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.06	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,757,317	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Cost	Title XIX		Hospital	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:150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-3

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Title XVIII		Hospital		PPS
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
	1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		43,616,145	31.00
35.00	02040	INTENSIVE NURSERY		14,744,625	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178390	44,123,333	50.00
50.01	05001	CARDIAC SURGERY	0.377322	5,645,498	50.01
50.02	05002	WVSC	0.211760	0	50.02
51.00	05100	RECOVERY ROOM	0.492663	1,956,986	51.00
51.02	05101	O/P TREATMENT ROOM	0.949592	1,053,924	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.305740	55,433	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.379297	5,728,366	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.308741	796,139	55.00
56.00	05600	RADIOISOTOPE	0.234209	705,342	56.00
57.00	05700	CT SCAN	0.066895	11,660,430	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.150869	1,916,886	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.310694	17,681,387	59.00
60.00	06000	LABORATORY	0.111910	22,469,466	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.564645	2,113,887	62.00
65.00	06500	RESPIRATORY THERAPY	0.366374	6,165,313	65.00
66.00	06600	PHYSICAL THERAPY	0.424769	1,818,582	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.280019	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.508416	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.354666	1,131,440	67.00
68.00	06800	SPEECH PATHOLOGY	0.404411	518,553	68.00
69.00	06900	ELECTROCARDIOLOGY	0.159008	5,490,165	69.00
69.01	06901	CARDIAC REHAB	0.789951	69,086	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.513941	179,773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.873330	1,251,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.667818	2,314,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266838	46,889,638	73.00
76.00	03020	RENAL ACUTE	0.582498	2,589,523	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	2.110965	0	90.05
90.07	09007	WOUND CLINIC	0.476029	0	90.07
91.00	09100	EMERGENCY	0.161648	12,387,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.853264	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		196,711,672	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		196,711,672	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150023

Period: From 09/01/2011

Worksheet D-3

Component CCN: 15T023

To 08/31/2012

Date/Time Prepared: 1/31/2013 11:01 am

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	PPS
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02040 INTENSIVE NURSERY		0		35.00
41.00	04100 SUBPROVIDER - IRF		3,989,395		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.178390	171,141	30,530	50.00
50.01	05001 CARDIAC SURGERY	0.377322	20,762	7,834	50.01
50.02	05002 WVSC	0.211760	0	0	50.02
51.00	05100 RECOVERY ROOM	0.492663	8,224	4,052	51.00
51.02	05101 O/P TREATMENT ROOM	0.949592	15,012	14,255	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.305740	106	32	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.379297	93,489	35,460	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.308741	31,156	9,619	55.00
56.00	05600 RADIOISOTOPE	0.234209	9,630	2,255	56.00
57.00	05700 CT SCAN	0.066895	161,775	10,822	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.150869	30,743	4,638	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.310694	56,549	17,569	59.00
60.00	06000 LABORATORY	0.111910	465,357	52,078	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.564645	20,676	11,675	62.00
65.00	06500 RESPIRATORY THERAPY	0.366374	151,227	55,406	65.00
66.00	06600 PHYSICAL THERAPY	0.424769	1,804,674	766,570	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.280019	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.508416	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.354666	1,728,961	613,204	67.00
68.00	06800 SPEECH PATHOLOGY	0.404411	387,669	156,778	68.00
69.00	06900 ELECTROCARDIOLOGY	0.159008	41,946	6,670	69.00
69.01	06901 CARDIAC REHAB	0.789951	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.513941	6,802	3,496	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.873330	7,291	6,367	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.667818	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266838	1,698,255	453,159	73.00
76.00	03020 RENAL ACUTE	0.582498	162,441	94,622	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.05	09005 PATIENT NUTRITION	2.110965	0	0	90.05
90.07	09007 WOUND CLINIC	0.476029	0	0	90.07
91.00	09100 EMERGENCY	0.161648	16,504	2,668	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.853264	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		7,090,390	2,359,759	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)		7,090,390		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-3

Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Title XIX		Hospital		Cost
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
	1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		6,207,333	31.00
35.00	02040	INTENSIVE NURSERY		2,082,710	35.00
41.00	04100	SUBPROVIDER - IRF		974,900	41.00
43.00	04300	NURSERY		393,780	43.00
				218,170	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178301	6,446,715	1,149,456
50.01	05001	CARDIAC SURGERY	0.377322	735,222	277,415
50.02	05002	WVSC	0.211760	0	0
51.00	05100	RECOVERY ROOM	0.492663	285,636	140,722
51.02	05101	O/P TREATMENT ROOM	0.949592	152,051	144,386
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.305740	232,517	71,090
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378865	1,269,709	481,048
55.00	05500	RADIOLOGY-THERAPEUTIC	0.308454	215,538	66,484
56.00	05600	RADIOISOTOPE	0.234209	129,424	30,312
57.00	05700	CT SCAN	0.066895	1,816,130	121,490
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.150869	388,151	58,560
59.00	05900	CARDIAC CATHETERIZATION	0.310694	1,054,780	327,714
60.00	06000	LABORATORY	0.109756	3,621,932	397,529
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.564645	337,557	190,600
65.00	06500	RESPIRATORY THERAPY	0.366144	703,293	257,507
66.00	06600	PHYSICAL THERAPY	0.424769	324,201	137,711
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.280019	0	0
66.02	06602	O/P PHYSICAL THERAPY	0.508416	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.354666	283,045	100,386
68.00	06800	SPEECH PATHOLOGY	0.404411	115,875	46,861
69.00	06900	ELECTROCARDIOLOGY	0.159008	729,050	115,925
69.01	06901	CARDIAC REHAB	0.789951	8,094	6,394
70.00	07000	ELECTROENCEPHALOGRAPHY	0.513941	44,774	23,011
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.873330	480,850	419,941
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.667818	8,518	5,688
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266838	7,935,004	2,117,361
76.00	03020	RENAL ACUTE	0.582498	174,252	101,501
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0
90.05	09005	PATIENT NUTRITION	2.088534	0	0
90.07	09007	WOUND CLINIC	0.476029	0	0
91.00	09100	EMERGENCY	0.161648	1,816,890	293,697
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.853264	0	0
200.00		Total (sum of lines 50-94 and 96-98)		29,309,208	7,082,789
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		29,309,208	7,082,789

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet E
Part A
Date/Time Prepared:
1/31/2013 11:01 am

		Title XVIII		Hospital		PPS	
		before 1/1		on/after 1/1			
		1.00		1.01			
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS							
1.00	DRG Amounts Other than Outlier Payments	58,991,684				1.00	
2.00	Outlier payments for discharges. (see instructions)	1,616,022				2.00	
2.01	Outlier reconciliation amount	0				2.01	
3.00	Managed Care Simulated Payments	4,954,653				3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	273.67				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)	12.22				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)	12.22				9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	18.34				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)	12.22				12.00	
13.00	Total allowable FTE count for the prior year.	12.22				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.	12.22				14.00	
15.00	Sum of lines 12 through 14 divided by 3.	12.22				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	12.22				18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.044652				19.00	
20.00	Prior year resident to bed ratio (see instructions)	0.043000				20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.043000				21.00	
22.00	IME payment adjustment (see instructions)	1,484,578				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) .	8.45				23.00	
24.00	IME FTE Resident Count Over Cap (see instructions)	6.12				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)	6.12				25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)	0.022363				26.00	
27.00	IME payments adjustment. (see instructions)	0.005938				27.00	
28.00	IME Adjustment (see instructions)	379,713				28.00	
29.00	Total IME payment (sum of lines 22 and 28)	1,864,291				29.00	
Disproportionate Share Adjustment							
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.97				30.00	
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	19.73				31.00	
32.00	Sum of lines 30 and 31	24.70				32.00	
33.00	Allowable disproportionate share percentage (see instructions)	9.59				33.00	
34.00	Disproportionate share adjustment (see instructions)	5,657,302				34.00	
Additional payment for high percentage of ESRD beneficiary discharges							
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0				40.00	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0			0	41.00	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00				42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0				43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000				44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00			0.00	45.00	
46.00	Total additional payment (line 45 times line 44 times line 41)	0				46.00	
47.00	Subtotal (see instructions)	68,129,299				47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0				48.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet E
Part A
Date/Time Prepared:
1/31/2013 11:01 am

	Title XVIII	Hospital		
		PPS		
		before 1/1 1.00	on/after 1/1 1.01	
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	68,129,299		49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	5,450,721		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).	757,196		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs (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)	12,637		58.00
59.00	Total (sum of amounts on lines 49 through 58)	74,349,853		59.00
60.00	Primary payer payments	28,904		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	74,320,949		61.00
62.00	Deductibles billed to program beneficiaries	5,951,988		62.00
63.00	Coinsurance billed to program beneficiaries	216,111		63.00
64.00	Allowable bad debts (see instructions)	616,590		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	431,613		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	66,964		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	68,584,463		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	4,982		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
70.95	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)	68,579,481		71.00
72.00	Interim payments	69,111,258		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)	-531,777		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	649		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

		Title XVIII			Hospital		PPS
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement (prior 10/1/10 or after 09/30/12)	10/01/2010 through 09/30/2011	10/01/2011 through 09/30/2012	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00	58,991,684	0	0	58,991,684	1.00
2.00	Outlier payments for discharges (see instructions)	2.00	1,616,022	0	0	1,616,022	2.00
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,954,653	0	0	4,954,653	4.00
Indirect Medical Education Adjustment							
5.00	Amount from worksheet E, Part A, line 21 (see instructions)	21.00	0.043000	0.043000	0.043000	0.043000	5.00
6.00	IME payment adjustment (see instructions)	22.00	1,484,578	0	0	1,484,578	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	Amount from worksheet E Part A, line 27 (see instructions)	27.00	0.005938	0.005938	0.005938	0.005938	7.00
8.00	IME adjustment (see instructions)	28.00	379,713	0	0	379,713	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,864,291	0	0	1,864,291	9.00
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0959	0.0959	0.0959	0.0959	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,657,302	0	0	5,657,302	11.00
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	68,129,299	0	0	68,129,299	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (See instructions))	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	68,129,299	0	0	68,129,299	15.00
16.00	Payment for inpatient program capital (from worksheet L, Parts I, as applicable)	50.00	5,450,721	0	0	5,450,721	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	73,580,020	19.00
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,754,504	0	0	4,754,504	20.00
21.00	Capital DRG outlier payments	2.00	324,415	0	0	324,415	21.00
22.00	Indirect medical education percentage (see instructions)	5.00	0.0269	0.0269	0.0269	0.0269	22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	127,896	0	0	127,896	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0513	0.0513	0.0513	0.0513	24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	243,906	0	0	243,906	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	5,450,721	0	0	5,450,721	26.00
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	
27.00	Low volume adjustment factor				0.000000	0.000000	27.00
28.00	Low volume adjustment (transfer amount to worksheet E part A) (FY 2011)	70.96			0	0	28.00
29.00	Low volume adjustment (transfer amount to worksheet E part A) (FY 2012)	70.97				0	29.00

		Total (Col 2 through 4)	Title XVIII	Hospital	PPS
		5.00			
1.00	DRG amounts other than outlier payments	58,991,684			1.00
2.00	Outlier payments for discharges (see instructions)	1,616,022			2.00
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	4,954,653			4.00
Indirect Medical Education Adjustment					
5.00	Amount from worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	1,484,578			6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
7.00	Amount from worksheet E Part A, line 27 (see instructions)				7.00
8.00	IME adjustment (see instructions)	379,713			8.00
9.00	Total IME payment (sum of lines 6 and 8)	1,864,291			9.00
Disproportionate Share Adjustment					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	5,657,302			11.00
Additional payment for high percentage of ESRD beneficiary discharges					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	68,129,299			13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0			14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	68,129,299			15.00
16.00	Payment for inpatient program capital (from worksheet L, Parts I, as applicable)	5,450,721			16.00
17.00	Special add-on payments for new technologies	0			17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	73,580,020			19.00
		5.00			
20.00	Capital DRG other than outlier	4,754,504			20.00
21.00	Capital DRG outlier payments	324,415			21.00
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	127,896			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	243,906			25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	5,450,721			26.00
		5.00			
27.00	Low volume adjustment factor				27.00
28.00	Low volume adjustment (transfer amount to worksheet E part A) (FY 2011)	0			28.00
29.00	Low volume adjustment (transfer amount to worksheet E part A) (FY 2012)	0			29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2011 To 08/31/2012	Worksheet E Part B Date/Time Prepared: 1/31/2013 11:01 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			5,548 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			49,037,170 2.00
3.00	PPS payments			46,192,081 3.00
4.00	Outlier payment (see instructions)			311,753 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			15,105 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			5,548 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			19,440 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)			19,440 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 chargebasis 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)			19,440 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			13,892 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)			5,548 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)			46,518,939 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			3,529 25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)			9,646,829 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)			36,874,129 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)			423,758 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)			37,297,887 30.00
31.00	Primary payer payments			16,101 31.00
32.00	Subtotal (line 30 minus line 31)			37,281,786 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)			733,372 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			513,360 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			374,474 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			37,795,146 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-69 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			37,795,215 40.00
41.00	Interim payments			38,026,482 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)			-231,267 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			1,087 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
1/31/2013 11:01 am

		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		66,553,428		36,842,669		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	08/31/2012	1,853,784	08/31/2012	1,244,736		3.01
3.02		05/04/2012	572,663	07/03/2012	6,279		3.02
3.03		07/03/2012	131,383		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	05/04/2012	67,202		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)		2,557,830		1,183,813		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)		69,111,258		38,026,482		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0		6.01
6.02	SETTLEMENT TO PROGRAM		531,777		231,267		6.02
7.00	Total Medicare program liability (see instructions)		68,579,481		37,795,215		7.00
				Contractor Number	Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:150023

Period:

Worksheet E-1

Component CCN:15T023

From 09/01/2011

Part I

To 08/31/2012

Date/Time Prepared: 1/31/2013 11:01 am

Title XVIII

Subprovider - IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,032,845		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		6,032,845		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		69,745		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,102,590		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet E-1
Part II
Date/Time Prepared:
1/31/2013 11:01 am

		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			16,022 1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12			37,919 2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2			3,196 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			71,463 4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200			1,051,850,029 5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20			33,786,766 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)			2,957,012 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			2,957,012 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

UNION HOSPITAL, INC.

Health Financial Systems
CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150023	Period: From 09/01/2011 To 08/31/2012	Worksheet E-3 Part III Date/Time Prepared: 1/31/2013 11:01 am
Component CCN: 15T023	Title XVIII	Subprovider - IRF
		PPS

		1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS			
		5,509,017	1.00
1.00	Net Federal PPS Payment (see instructions)	0.0239	2.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	290,815	3.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	379,536	4.00
4.00	Outlier Payments	16.41	5.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.01
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	6.00
6.00	New Teaching program adjustment. (see instructions)	0.00	7.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	9.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	16.409836	10.00
10.00	Average Daily Census (see instructions)	0.000000	11.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$.	0	12.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	6,179,368	13.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	0	14.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	15.00
15.00	Organ acquisition	0	16.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	6,179,368	17.00
17.00	Subtotal (see instructions)	10,000	18.00
18.00	Primary payer payments	6,169,368	19.00
19.00	Subtotal (line 17 less line 18).	30,948	20.00
20.00	Deductibles	6,138,420	21.00
21.00	Subtotal (line 19 minus line 20)	36,036	22.00
22.00	Coinsurance	6,102,384	23.00
23.00	Subtotal (line 21 minus line 22)	0	24.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	25.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	26.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	6,102,384	27.00
27.00	Subtotal (sum of lines 23 and 25)	0	28.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)	206	29.00
29.00	Other pass through costs (see instructions)	0	30.00
30.00	Outlier payments reconciliation	0	31.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.99
31.99	Recovery of Accelerated Depreciation	6,102,590	32.00
32.00	Total amount payable to the provider (see instructions)	6,032,845	33.00
33.00	Interim payments	0	34.00
34.00	Tentative settlement (for contractor use only)	69,745	35.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	11	36.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	379,536	50.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part III, line 4	0.00	51.00
51.00	Outlier reconciliation adjustment amount (see instructions)		52.00
52.00	The rate used to calculate the Time Value of Money		53.00
53.00	Time Value of Money (see instructions)		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2011 To 08/31/2012	Worksheet E-3 Part III Date/Time Prepared: 1/31/2013 11:01 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,509,017 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0239 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			290,815 3.00
4.00	Outlier Payments			379,536 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			16.41 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			16.409836 10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			6,179,368 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,179,368 17.00
18.00	Primary payer payments			10,000 18.00
19.00	Subtotal (line 17 less line 18).			6,169,368 19.00
20.00	Deductibles			30,948 20.00
21.00	Subtotal (line 19 minus line 20)			6,138,420 21.00
22.00	Coinsurance			36,036 22.00
23.00	Subtotal (line 21 minus line 22)			6,102,384 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,102,384 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			206 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,102,590 32.00
33.00	Interim payments			6,032,845 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			69,745 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			11 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part III, line 4			379,536 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2011 To 08/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 1/31/2013 11:01 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		12,452,229		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		12,452,229	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		12,452,229	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		29,309,208	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		29,309,208	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		29,309,208	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		16,856,979	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		12,452,229	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		12,452,229	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		12,452,229	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		12,452,229	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		12,452,229	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		12,452,229	0	40.00
41.00	Interim payments		16,686,768	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-4,234,539	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150023	Period: From 09/01/2011 To 08/31/2012	Worksheet E-4 Date/Time Prepared: 1/31/2013 11:01 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			14.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			18.34	6.00
7.00	Enter the lesser of line 5 or line 6			14.92	7.00
		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	18.34	0.00	18.34	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.92	0.00	14.92	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	14.92	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.92	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	14.92	0.00		17.00
18.00	Per resident amount	115,263.83	0.00		18.00
19.00	Approved amount for resident costs	1,719,736	0	1,719,736	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.42	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.42	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			91,606.94	23.00
24.00	Multiply line 22 time line 23			313,296	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,033,032	25.00
		Inpatient Part A 1.00	Managed care 2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	42,256	3,196		26.00
27.00	Total Inpatient Days (see instructions)	77,469	77,469		27.00
28.00	Ratio of inpatient days to total inpatient days	0.545457	0.041255		28.00
29.00	Program direct GME amount	1,108,932	83,873		29.00
30.00	Reduction for direct GME payments for Medicare managed care		11,851		30.00
31.00	Net Program direct GME amount			1,180,954	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150023	Period: From 09/01/2011 To 08/31/2012	Worksheet E-4 Date/Time Prepared: 1/31/2013 11:01 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		87,669,475	37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		38,904	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		87,630,571	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		49,057,823	42.00
43.00	Primary payer payments (see instructions)		16,101	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		49,041,722	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		136,672,293	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.641173	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.358827	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,180,954	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)		757,196	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		423,758	50.00

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

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet G

Date/Time Prepared:
1/31/2013 11:01 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	33,232,355	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	51,218,192	0	0	0	4.00
5.00 Other receivable	26,765	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	4,361,427	0	0	0	7.00
8.00 Prepaid expenses	4,249,478	0	0	0	8.00
9.00 Other current assets	21,289,241	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)	114,377,458	0	0	0	11.00
FIXED ASSETS					
12.00 Land	37,291,582	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	314,488,563	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	119,468,982	0	0	0	23.00
24.00 Accumulated depreciation	-191,837,773	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	16,123,962	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	295,535,316	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	56,696,014	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	4,495,347	0	0	0	33.00
34.00 Other assets	10,950,320	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	72,141,681	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	482,054,455	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	22,725,206	0	0	0	37.00
38.00 Salaries, wages, and fees payable	19,782,599	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	11,319,122	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	3,073,530	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	56,900,457	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	280,532,771	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	280,532,771	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	337,433,228	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	144,621,227	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	144,621,227	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	482,054,455	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-1

Date/Time Prepared:
1/31/2013 11:01 am

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
	1.00					
2.00					2.00	
3.00					3.00	
4.00					4.00	
5.00					5.00	
6.00					6.00	
7.00					7.00	
8.00					8.00	
9.00					9.00	
10.00					10.00	
11.00					11.00	
12.00					12.00	
13.00					13.00	
14.00					14.00	
15.00					15.00	
16.00					16.00	
17.00					17.00	
18.00					18.00	
19.00					19.00	

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/31/2013 11:01 am

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
PART I - PATIENT REVENUES				
General Inpatient Routine Services				
1.00 Hospital	83,645,063		83,645,063	1.00
2.00 SUBPROVIDER - IPF				2.00
3.00 SUBPROVIDER - IRF	5,553,673		5,553,673	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)	89,198,736		89,198,736	10.00
Intensive Care Type Inpatient Hospital Services				
11.00 INTENSIVE CARE UNIT	23,998,888		23,998,888	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 INTENSIVE NURSERY	10,120,043		10,120,043	15.00
16.00 Total intensive care type inpatient hospital services (sum of lines 11-15)	34,118,931		34,118,931	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	123,317,667		123,317,667	17.00
18.00 Ancillary services	396,031,413	585,300,221	981,331,634	18.00
19.00 Outpatient services	0	0	0	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC				24.00
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE				26.00
27.00 OTHER (SPECIFY)	0	0	0	27.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	519,349,080	585,300,221	1,104,649,301	28.00
PART II - OPERATING EXPENSES				
29.00 Operating expenses (per Wkst. A, column 3, line 200)		306,779,961		29.00
30.00 HOME OFFICE EXPENSE	60,573,754			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)		60,573,754		36.00
37.00 UHC BENEFITS	1,210,273			37.00
38.00 UHC PHOENIX ALLOCATION	176,871			38.00
39.00 UHC IS ALLOCATION	319,200			39.00
40.00 UHC PERSONNEL COST ALLOCATION	277,326			40.00
41.00	0			41.00
42.00 Total deductions (sum of lines 37-41)		1,983,670		42.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		365,370,045		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-3

Date/Time Prepared:
1/31/2013 11:01 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	1,104,649,301	1.00
2.00	Less contractual allowances and discounts on patients' accounts	709,860,676	2.00
3.00	Net patient revenues (line 1 minus line 2)	394,788,625	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	365,370,045	4.00
5.00	Net income from service to patients (line 3 minus line 4)	29,418,580	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 (SPECIFY)	11,361,843	24.00
25.00	Total other income (sum of lines 6-24)	11,361,843	25.00
26.00	Total (line 5 plus line 25)	40,780,423	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)	40,780,423	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 150023

Period:
From 09/01/2011
To 08/31/2012

Worksheet I
Parts I-III
Date/Time Prepared:
1/31/2013 11:01 am

Title XVIII

Hospital

PPS

1.00

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	4,754,504	1.00
2.00	Capital DRG outlier payments	324,415	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	195.25	3.00
4.00	Number of interns & residents (see instructions)	18.34	4.00
5.00	Indirect medical education percentage (see instructions)	2.69	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	127,896	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)	4.97	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	19.73	8.00
9.00	Sum of lines 7 and 8	24.70	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.13	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	243,906	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	5,450,721	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