

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: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet S Parts I-III Date/Time Prepared: 4/29/2014 11:28 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 4/29/2014 Time: 11:28 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by VISTA MEDICAL CENTER - EAST (140084) for the cost reporting period beginning 12/01/2012 and ending 11/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	220,365	30,380	-34,189	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
200.00 Total	0	220,365	30,380	-34,189	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet S-2 Part I Date/Time Prepared: 4/29/2014 11:26 am					
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1324 NORTH SHERIDAN ROAD			PO Box:				1.00				
2.00	City: WAUKEGAN			State: IL		Zip Code: 60085-		County: LAKE				
		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			VISTA MEDICAL CENTER - EAST	140084	29404	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						12/01/2012	11/30/2013		20.00		
21.00	Type of Control (see instructions)						4		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify 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		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01		
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.			6,526	3,121	32	41	2,153	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	25.00		
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00			
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00			

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	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.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	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
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	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
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	272,528	371,435	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 high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		449008	140.00

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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: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 52280		141.00		
142.00	Street: 4000 MERIDIAN BLVD	PO Box:				142.00		
143.00	City: FRANKLIN	State: TN		Zip Code: 37067		143.00		
1.00								
144.00	Are provider based physicians' costs included in Worksheet A?						Y 144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						Y 145.00	
1.00 2.00								
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N 146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N 147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N 148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N 149.00	
		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								
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N 165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00 166.00	
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y 167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0 168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75 169.00	
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						12/01/2012 11/30/2013 170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet S-2 Part II Date/Time Prepared: 4/29/2014 11:26 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N					4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Description		Part A		Part B	
		Y/N	Date	Y/N			
		1.00	2.00	3.00			
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/02/2014		Y		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			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			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			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			N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet S-2 Part II Date/Time Prepared: 4/29/2014 11:26 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	12/31/2012
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.	BRENT		WILSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH SYSTEMS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-465-7548		BRENT_WILSON@CHS.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet S-2
Part II
Date/Time Prepared:
4/29/2014 11:26 am

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/02/2014	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)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REVENUE MANAGER	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: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
4/29/2014 11:26 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	167	61,031	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		167	61,031	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	23	8,395	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		190	69,426	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		190				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
4/29/2014 11:26 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,854	6,661	35,834			1.00
2.00 HMO and other (see instructions)	664	2,153				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,854	6,661	35,834			7.00
8.00 INTENSIVE CARE UNIT	3,071	256	5,394			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,803	3,231			13.00
14.00 Total (see instructions)	20,925	9,720	44,459	0.00	814.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	814.70	27.00
28.00 Observation Bed Days		0	2,071			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	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
4/29/2014 11:26 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,473	2,777	11,610	1.00
2.00 HMO and other (see instructions)				151			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,473	2,777	11,610	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	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	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet S-3 Part II Date/Time Prepared: 4/29/2014 11:26 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	52,725,594	0	52,725,594	1,694,586.00	31.11	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		397,754	580,632	978,386	26,239.00	37.29	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		10,619	0	10,619	199.00	53.36	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		251,465	0	251,465	2,120.29	118.60	13.00
14.00	Home office salaries & wage-related costs		3,743,480	0	3,743,480	69,902.00	53.55	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		10,946,146	0	10,946,146			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		193,447	0	193,447			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	412,201	0	412,201	9,189.00	44.86	26.00
27.00	Administrative & General	5.00	7,134,927	-580,477	6,554,450	248,814.99	26.34	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	840,174	0	840,174	32,817.00	25.60	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,408,026	0	2,408,026	106,928.34	22.52	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		2,915,451	0	2,915,451	129,460.53	22.52	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,645,553	0	2,645,553	58,675.00	45.09	38.00
39.00	Central Services and Supply	14.00	399,060	0	399,060	26,583.00	15.01	39.00
40.00	Pharmacy	15.00	1,613,968	0	1,613,968	45,174.00	35.73	40.00
41.00	Medical Records & Medical Records Library	16.00	925,590	0	925,590	40,908.00	22.63	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
4/29/2014 11:26 am

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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
4/29/2014 11:26 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	58,049,071	0	58,049,071	1,930,974.87	30.06	1.00
2.00	Excluded area salaries (see instructions)	397,754	580,632	978,386	26,239.00	37.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,651,317	-580,632	57,070,685	1,904,735.87	29.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,005,564	0	4,005,564	72,221.29	55.46	4.00
5.00	Subtotal wage-related costs (see inst.)	10,946,146	0	10,946,146	0.00	19.18	5.00
6.00	Total (sum of lines 3 thru 5)	72,603,027	-580,632	72,022,395	1,976,957.16	36.43	6.00
7.00	Total overhead cost (see instructions)	19,294,950	-580,477	18,714,473	698,549.86	26.79	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 4/29/2014 11:26 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,254,547 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,951,909 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			75,677 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			36,594 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			-1,981 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			172,174 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			544,795 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			3,030,677 17.00
18.00	Medicare Taxes - Employers Portion Only			708,787 18.00
19.00	Unemployment Insurance			313,546 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			52,867 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			11,139,592 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet S-3 Part V Date/Time Prepared: 4/29/2014 11:26 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
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		0	0 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		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet S-10 Date/Time Prepared: 4/29/2014 11:26 am
				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)		0.123491	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		27,290,284	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		10,925,908	5.00
6.00	Medicaid charges		228,881,375	6.00
7.00	Medicaid cost (line 1 times line 6)		28,264,790	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		165,291	9.00
10.00	Stand-alone SCHIP charges		165,291	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		20,412	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	33,971,646	3,578,913	37,550,559
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,195,193	441,964	4,637,157
22.00	Partial payment by patients approved for charity care	24,960	4,436	29,396
23.00	Cost of charity care (line 21 minus line 22)	4,170,233	437,528	4,607,761
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		23,340,427	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,513,653	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		21,826,774	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,695,410	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,303,171	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,303,171	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet A	
Date/Time Prepared: 4/29/2014 11:26 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		2,836,480	2,836,480	1,755,009	4,591,489	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,646,376	6,646,376	2,761,914	9,408,290	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	412,201	311,819	724,020	7,038,504	7,762,524	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	7,134,927	80,638,796	87,773,723	-10,664,561	77,109,162	5.00
7.00 00700	OPERATION OF PLANT	840,174	3,439,169	4,279,343	-36,752	4,242,591	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,063,235	1,063,235	0	1,063,235	8.00
9.00 00900	HOUSEKEEPING	0	2,410,134	2,410,134	0	2,410,134	9.00
10.00 01000	DIETARY	0	2,787,254	2,787,254	-45,436	2,741,818	10.00
11.00 01100	CAFETERIA	0	0	0	45,436	45,436	11.00
13.00 01300	NURSING ADMINISTRATION	2,645,553	464,283	3,109,836	-760	3,109,076	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	399,060	9,282,469	9,681,529	-8,460,271	1,221,258	14.00
15.00 01500	PHARMACY	1,613,968	5,785,812	7,399,780	-5,487,061	1,912,719	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	925,590	1,550,301	2,475,891	-4,548	2,471,343	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,336	2,336	-2,336	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	10,174,607	2,647,340	12,821,947	375,158	13,197,105	30.00
31.00 03100	INTENSIVE CARE UNIT	3,585,248	652,493	4,237,741	-7,716	4,230,025	31.00
40.00 04000	SUBPROVIDER - I/PF	-137	-10	-147	147	0	40.00
41.00 04100	SUBPROVIDER - I/RF	-18	0	-18	18	0	41.00
43.00 04300	NURSERY	949,141	156,986	1,106,127	224,369	1,330,496	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	2,767,045	4,222,492	6,989,537	-591,229	6,398,308	50.00
51.00 05100	RECOVERY ROOM	1,673,272	156,456	1,829,728	-1,504	1,828,224	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,704,048	519,212	2,223,260	-616,740	1,606,520	52.00
53.00 05300	ANESTHESIOLOGY	37,217	1,290,760	1,327,977	0	1,327,977	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,515,744	3,570,424	7,086,168	1,454,516	8,540,684	54.00
54.01 05401	ULTRASOUND	356,782	113,821	470,603	-470,603	0	54.01
56.00 05600	RADIOISOTOPE	263,171	469,902	733,073	-733,073	0	56.00
57.00 05700	CT SCAN	504,054	445,472	949,526	-949,526	0	57.00
58.00 05800	MRI	187,815	126,389	314,204	-314,204	0	58.00
60.00 06000	LABORATORY	3,014,897	3,882,670	6,897,567	-142,199	6,755,368	60.00
65.00 06500	RESPIRATORY THERAPY	769,641	386,113	1,155,754	-113,620	1,042,134	65.00
66.00 06600	PHYSICAL THERAPY	1,943,648	526,290	2,469,938	157,425	2,627,363	66.00
67.00 06700	OCCUPATIONAL THERAPY	209,913	17,096	227,009	-227,009	0	67.00
68.00 06800	SPEECH PATHOLOGY	148,862	13,251	162,113	-162,113	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,585,415	827,644	2,413,059	-37,224	2,375,835	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,242,845	2,242,845	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,931,443	5,931,443	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,313,939	5,313,939	73.00
74.00 07400	RENAL DIALYSIS	0	559,774	559,774	0	559,774	74.00
76.00 03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02 03021	GUIDANCE	195,880	31,317	227,197	0	227,197	76.02
76.03 03023	WOUND CARE	394,691	522,818	917,509	-917,509	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	20	20	-20	0	88.00
91.00 09100	EMERGENCY	4,375,276	2,447,204	6,822,480	907,136	7,729,616	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	355,147	292,909	648,056	-1,900	646,156	95.00
101.00 10100	HOME HEALTH AGENCY	0	5	5	-5	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00 11600	HOSPICE	-230	-22	-252	252	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	52,682,602	141,097,290	193,779,892	-1,779,811	192,000,081	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	16,609	16,609	45,859	62,468	192.00
192.01 19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00 07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01 07951	SENIOR CIRCLE	42,992	65,333	108,325	0	108,325	194.01
194.02 07952	MARKETING	0	0	0	1,584,767	1,584,767	194.02
194.03 07953	VISTA MEDICAL CENTER WEST	0	0	0	149,185	149,185	194.03
194.04 07954	ABBOTT RESEARCH	0	0	0	0	0	194.04
194.05 07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00 20000	TOTAL (SUM OF LINES 118-199)	52,725,594	141,179,232	193,904,826	0	193,904,826	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,414,391	6,005,880	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,809,121	7,599,169	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-13,938	7,748,586	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-59,084,252	18,024,910	5.00
7.00	00700	OPERATION OF PLANT	-257,228	3,985,363	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-96	1,063,139	8.00
9.00	00900	HOUSEKEEPING	-756,306	1,653,828	9.00
10.00	01000	DIETARY	-4,803	2,737,015	10.00
11.00	01100	CAFETERIA	0	45,436	11.00
13.00	01300	NURSING ADMINISTRATION	-33,800	3,075,276	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,221,255	14.00
15.00	01500	PHARMACY	0	1,912,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,779	2,453,564	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,015,737	12,181,368	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,230,025	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	1,330,496	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-760,683	5,637,625	50.00
51.00	05100	RECOVERY ROOM	-1,121	1,827,103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,606,520	52.00
53.00	05300	ANESTHESIOLOGY	-1,031,342	296,635	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-50	8,540,634	54.00
54.01	05401	ULTRASOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	6,755,368	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,042,134	65.00
66.00	06600	PHYSICAL THERAPY	0	2,627,363	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-190,573	2,185,262	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-8	2,242,837	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,931,443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-6,129	5,307,810	73.00
74.00	07400	RENAL DIALYSIS	0	559,774	74.00
76.00	03020	CARDIAC REHAB	0	0	76.00
76.02	03021	GUI DANCE	0	227,197	76.02
76.03	03023	WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
91.00	09100	EMERGENCY	-1,185,625	6,543,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-422,445	223,711	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-65,176,645	126,823,436	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	62,468	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	108,325	194.01
194.02	07952	MARKETING	0	1,584,767	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	149,185	194.03
194.04	07954	ABBOTT RESEARCH	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-65,176,645	128,728,181	200.00

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-6
Date/Time Prepared:
4/29/2014 11:26 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,042,462	1.00	
	TOTALS		0	7,042,462		
B - RECLASS OXYGEN COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,761	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	599	2.00	
	TOTALS		0	50,360		
C - RECLASS LEASE AND RENTAL EXP						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	193,998	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,744,940	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
	TOTALS		0	2,938,938		
D - RECLASS OTHER CAPITAL COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,403,866	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	157,145	2.00	
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	16,974	3.00	
	TOTALS		0	1,577,985		
E - RECLASS MARKETING DEPT						
1.00	MARKETING	194.02	385,206	1,199,561	1.00	
	TOTALS		385,206	1,199,561		
F - RECLASS COST OF DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,313,939	1.00	
	TOTALS		0	5,313,939		
G - RECLASS LABOR & DELIVERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	319,218	70,309	1.00	
2.00	NURSERY	43.00	107,527	117,320	2.00	
	TOTALS		426,745	187,629		
H - RECLASS PT, OT AND SP COSTS						
1.00	PHYSICAL THERAPY	66.00	358,775	30,347	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		358,775	30,347		
I - RECLASS MISC DEPTS						
1.00	EMERGENCY	91.00	394,691	521,314	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	2,336	2.00	
3.00	SUBPROVIDER - IPF	40.00	137	10	3.00	
4.00	HOSPICE	116.00	230	22	4.00	
5.00	SUBPROVIDER - IRF	41.00	18	0	5.00	
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3	6.00	
	TOTALS		395,076	523,685		
J - RECLASS OTHER RADIOLOGY COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,311,822	1,155,584	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		1,311,822	1,155,584		
K - RECLASS PORTION OF DIETARY COSTS						
1.00	CAFETERIA	11.00	0	45,436	1.00	
	TOTALS		0	45,436		
L - ALLOCATION TO VISTA WEST						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	46,086	0	1.00	
2.00	VISTA MEDICAL CENTER WEST	194.03	149,185	0	2.00	
	TOTALS		195,271	0		

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-6

Date/Time Prepared:
4/29/2014 11:26 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
M - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,193,084	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,931,443	2.00
3.00	OPERATING ROOM	50.00	0	279,622	3.00
	TOTALS		0	8,404,149	
500.00	Grand Total: Increases		3,072,895	28,470,075	500.00

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-6
Date/Time Prepared:
4/29/2014 11:26 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,042,462	0		1.00
	TOTALS		0	7,042,462			
B - RECLASS OXYGEN COSTS							
1.00	OPERATING ROOM	50.00	0	7,118	0		1.00
2.00	RESPIRATORY THERAPY	65.00	0	43,242	0		2.00
	TOTALS		0	50,360			
C - RECLASS LEASE AND RENTAL EXP							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,958	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	264,076	10		2.00
3.00	OPERATION OF PLANT	7.00	0	36,752	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	3,096	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	62,311	0		5.00
6.00	PHARMACY	15.00	0	173,122	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,548	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	14,204	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	7,716	0		9.00
10.00	NURSERY	43.00	0	478	0		10.00
11.00	OPERATING ROOM	50.00	0	863,733	0		11.00
12.00	RECOVERY ROOM	51.00	0	1,504	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,366	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,009,558	0		14.00
15.00	LABORATORY	60.00	0	142,199	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	70,378	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	231,697	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	34,969	0		18.00
19.00	WOUND CARE	76.03	0	1,504	0		19.00
20.00	EMERGENCY	91.00	0	8,869	0		20.00
21.00	AMBULANCE SERVICES	95.00	0	1,900	0		21.00
	TOTALS		0	2,938,938			
D - RECLASS OTHER CAPITAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,577,985	13		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	1,577,985			
E - RECLASS MARKETING DEPT							
1.00	ADMINISTRATIVE & GENERAL	5.00	385,206	1,199,561	0		1.00
	TOTALS		385,206	1,199,561			
F - RECLASS COST OF DRUGS							
1.00	PHARMACY	15.00	0	5,313,939	0		1.00
	TOTALS		0	5,313,939			
G - RECLASS LABOR & DELIVERY COSTS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	426,745	187,629	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		426,745	187,629			
H - RECLASS PT, OT AND SP COSTS							
1.00	OCCUPATIONAL THERAPY	67.00	209,913	17,096	0		1.00
2.00	SPEECH PATHOLOGY	68.00	148,862	13,251	0		2.00
	TOTALS		358,775	30,347			
I - RECLASS MISC DEPTS							
1.00	ADULTS & PEDIATRICS	30.00	155	10	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	230	0	0		2.00
3.00	WOUND CARE	76.03	394,691	521,314	0		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,336	0		4.00
5.00	RURAL HEALTH CLINIC	88.00	0	20	0		5.00
6.00	HOME HEALTH AGENCY	101.00	0	5	0		6.00
	TOTALS		395,076	523,685			
J - RECLASS OTHER RADIOLOGY COSTS							
1.00	ULTRASOUND	54.01	356,782	113,821	0		1.00
2.00	RADIOISOTOPE	56.00	263,171	469,902	0		2.00
3.00	CT SCAN	57.00	504,054	445,472	0		3.00
4.00	MRI	58.00	187,815	126,389	0		4.00
	TOTALS		1,311,822	1,155,584			
K - RECLASS PORTION OF DIETARY COSTS							
1.00	DIETARY	10.00	0	45,436	0		1.00
	TOTALS		0	45,436			
L - ALLOCATION TO VISTA WEST							
1.00	ADMINISTRATIVE & GENERAL	5.00	195,271	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		195,271	0			

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-6

Date/Time Prepared:
4/29/2014 11:26 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
M - RECLASS MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,398,562	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,332	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	2,255	0	3.00
TOTALS			0	8,404,149		
500.00	Grand Total: Decreases		3,072,895	28,470,075		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
4/29/2014 11:26 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	67,659	0	0	0	1.00
2.00	Land Improvements	3,987,817	56,901	0	56,901	2.00
3.00	Buildings and Fixtures	89,552,363	300,591	0	300,591	3.00
4.00	Building Improvements	15,186,592	7,636,291	0	7,636,291	4.00
5.00	Fixed Equipment	6,492,352	681,272	0	681,272	5.00
6.00	Movable Equipment	83,859,248	2,537,505	0	2,537,505	6.00
7.00	HIT designated Assets	3,795,635	637,469	0	637,469	7.00
8.00	Subtotal (sum of lines 1-7)	202,941,666	11,850,029	0	11,850,029	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	202,941,666	11,850,029	0	11,850,029	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	67,659	0			1.00
2.00	Land Improvements	4,044,718	0			2.00
3.00	Buildings and Fixtures	89,852,954	0			3.00
4.00	Building Improvements	22,822,883	0			4.00
5.00	Fixed Equipment	7,173,624	0			5.00
6.00	Movable Equipment	86,269,419	0			6.00
7.00	HIT designated Assets	4,433,104	0			7.00
8.00	Subtotal (sum of lines 1-7)	214,664,361	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	214,664,361	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,836,480	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,646,376	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,482,856	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,836,480				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,646,376				2.00
3.00	Total (sum of lines 1-2)	0	9,482,856				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	116,788,214	0	116,788,214	0.544050	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	97,876,148	0	97,876,148	0.455950	0	2.00
3.00	Total (sum of lines 1-2)	214,664,362	0	214,664,362	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,510,070	193,998	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,941,907	2,640,288	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,451,977	2,834,286	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	740,801	157,145	1,403,866	0	6,005,880	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	16,974	0	0	7,599,169	2.00
3.00	Total (sum of lines 1-2)	740,801	174,119	1,403,866	0	13,605,049	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-8

Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7	Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-146,726		ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,783,202					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-50		RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-15,657,218					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-4,803		DIETARY	10.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-8		MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0	16.00
17.00 Sale of drugs to other than patients	B	-6,129		DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-17,779		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	573,011		CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-2,081,838		CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 INSERVICE EDUCATION REVENUE	B	-12,674		NURSING ADMINISTRATION	13.00		0	33.00
34.00 FITNESS REVENUE	B	-68,105		ADMINISTRATIVE & GENERAL	5.00		0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-8

Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
35.00 CARELINE REVENUE	B	-48,203	ADMINISTRATIVE & GENERAL	5.00	0 35.00
36.00 RENTAL INCOME	B	-40,657	CAP REL COSTS-BLDG & FIXT	1.00	9 36.00
37.00 OTHER MISC REVENUE	B	-48,829	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00 ORG COST AMORTIZATION	A	-14,264	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00 BAD DEBTS	A	-32,632,443	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00 NON-ALLOWABLE PHONE / TV	A	-65,970	ADMINISTRATIVE & GENERAL	5.00	0 40.00
40.01 NON-ALLOWABLE PHONE / TV	A	-120,247	ADMINISTRATIVE & GENERAL	5.00	0 40.01
40.02 NON-ALLOWABLE PHONE / TV	A	-10,431	ADMINISTRATIVE & GENERAL	5.00	0 40.02
40.03 NON-ALLOWABLE PHONE / TV	A	-19,342	CAP REL COSTS-MVBLE EQUIP	2.00	9 40.03
40.04 NON-ALLOWABLE PHONE / TV	A	-13,938	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.04
40.05 NON-ALLOWABLE PHONE / TV	A	-2,077	CAP REL COSTS-MVBLE EQUIP	2.00	9 40.05
DEPREC					
41.00 PHYSICIAN RECRUITING	A	-186,353	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00 STATE OPERATING TAX	A	-8,488,503	ADMINISTRATIVE & GENERAL	5.00	0 42.00
43.00 CLUB DUES AND LOBBYING	A	-63,330	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00 LEGAL FEES	A	-151,498	ADMINISTRATIVE & GENERAL	5.00	0 44.00
44.01 LATE FEES	A	-1,376	ADMINISTRATIVE & GENERAL	5.00	0 44.01
44.02 CONTRIBUTIONS	A	-36,000	ADMINISTRATIVE & GENERAL	5.00	0 44.02
44.03 PENALTIES	A	-23,975	ADMINISTRATIVE & GENERAL	5.00	0 44.03
44.04 AMBULANCE TRAINING	B	-422,445	AMBULANCE SERVICES	95.00	0 44.04
45.01 ALLOCATED SECURITY / PLANT OPS	A	-257,228	OPERATION OF PLANT	7.00	0 45.01
45.02 ALLOCATED HOUSEKEEPING	A	-756,306	HOUSEKEEPING	9.00	0 45.02
45.03 ALLOCATED LAUNDRY & LINEN	A	-96	LAUNDRY & LINEN SERVICE	8.00	0 45.03
45.04 ALLOCATED RECOVERY ROOM	A	-1,121	RECOVERY ROOM	51.00	0 45.04
45.05 ALLOCATED ANESTHESIA	A	-92	ANESTHESIOLOGY	53.00	0 45.05
45.06 ALLOCATED EKG	A	-6,842	ELECTROCARDIOLOGY	69.00	0 45.06
45.07 ALLOCATED BUSINESS OFFICE FROM WEST	A	440,442	ADMINISTRATIVE & GENERAL	5.00	0 45.07
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-65,176,645			50.00

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

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-8-1

Date/Time Prepared:
4/29/2014 11:26 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL RELATED INTER	740,801	0
2.00	5.00	ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	865,011	0
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS	72,346	0
4.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL BUILDING & FIXTU	68,890	0
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL MOVABLE EQUIPMEN	398,788	0
4.02	5.00	ADMINISTRATIVE & GENERAL	NON-CAPITAL HOME OFFICE COST	3,279,695	15,962,743
4.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	643,963	5,659,317
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	CIG LEASED EQUIPMENT	567,439	672,091
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,636,933	22,294,151

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

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

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

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

6.00	B	0.00	COMMUNITY HEALTH SYSTEMS	100.00	6.00
7.00	B	0.00	PASI	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-8-1

Date/Time Prepared:
4/29/2014 11:26 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	740,801	11		1.00
2.00	865,011	0		2.00
3.00	72,346	9		3.00
4.00	68,890	9		4.00
4.01	398,788	9		4.01
4.02	-12,683,048	0		4.02
4.03	-5,015,354	0		4.03
4.04	-104,652	10		4.04
5.00	-15,657,218			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	COLLECTION AGENCY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet A-8-2

Date/Time Prepared:
4/29/2014 11:26 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	585,050	585,050	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	66,363	0	66,363	177,200	531	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,015,737	1,015,737	0	0	0	3.00
4.00	50.00	OPERATING ROOM	760,683	760,683	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,031,250	1,031,250	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	183,731	183,731	0	0	0	6.00
7.00	91.00	EMERGENCY	1,185,625	1,185,625	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,828,439	4,762,076	66,363		531	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	45,237	2,262	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			45,237	2,262	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	585,050	1.00
2.00	13.00	NURSING ADMINISTRATION	0	45,237	21,126	21,126	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,015,737	3.00
4.00	50.00	OPERATING ROOM	0	0	0	760,683	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,031,250	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	183,731	6.00
7.00	91.00	EMERGENCY	0	0	0	1,185,625	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	45,237	21,126	4,783,202	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet B
Part I
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,005,880	6,005,880			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,599,169		7,599,169		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,748,586	93,638	124,476	7,966,700	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,024,910	707,520	940,535	998,164	5.00
7.00 00700	OPERATION OF PLANT	3,985,363	1,701,790	2,262,263	127,948	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,063,139	104,952	139,516	0	8.00
9.00 00900	HOUSEKEEPING	1,653,828	57,395	76,298	0	9.00
10.00 01000	DIETARY	2,737,015	185,787	246,975	0	10.00
11.00 01100	CAFETERIA	45,436	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	3,075,276	31,504	41,880	402,886	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,221,255	142,869	189,922	60,772	14.00
15.00 01500	PHARMACY	1,912,719	42,018	55,856	245,788	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,453,564	66,746	88,729	140,956	16.00
17.00 01700	SOCIAL SERVICE	0	5,476	7,279	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,181,368	962,016	1,278,848	1,598,059	30.00
31.00 03100	INTENSIVE CARE UNIT	4,230,025	172,061	228,727	545,990	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	1,330,496	31,442	41,797	160,918	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,637,625	337,145	448,181	421,388	50.00
51.00 05100	RECOVERY ROOM	1,827,103	41,281	54,876	254,819	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,606,520	106,814	141,993	194,518	52.00
53.00 05300	ANESTHESIOLOGY	296,635	11,264	14,974	5,668	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,540,634	326,406	433,905	735,180	54.00
54.01 05401	ULTRASOUND	0	0	0	0	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
60.00 06000	LABORATORY	6,755,368	134,843	179,252	459,133	60.00
65.00 06500	RESPIRATORY THERAPY	1,042,134	45,219	60,111	117,207	65.00
66.00 06600	PHYSICAL THERAPY	2,627,363	92,425	122,864	350,631	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	2,185,262	69,197	91,986	241,440	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,242,837	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,931,443	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,307,810	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	559,774	0	0	0	74.00
76.00 03020	CARDIAC REHAB	0	0	0	0	76.00
76.02 03021	GUI DANCE	227,197	0	0	29,830	76.02
76.03 03023	WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00 09100	EMERGENCY	6,543,991	244,145	324,552	726,409	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	223,711	0	0	54,085	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	126,823,436	5,713,953	7,595,795	7,871,789	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	62,468	0	0	6,983	192.00
192.01 19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	192.01
194.00 07950	CLINIC CORPORATION	0	0	0	0	194.00
194.01 07951	SENIOR CIRCLE	108,325	2,538	3,374	6,547	194.01
194.02 07952	MARKETING	1,584,767	0	0	58,662	194.02
194.03 07953	VISTA MEDICAL CENTER WEST	149,185	0	0	22,719	194.03
194.04 07954	ABBOTT RESEARCH	0	289,389	0	0	194.04
194.05 07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.06
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	128,728,181	6,005,880	7,599,169	7,966,700	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet B Part I Date/Time Prepared: 4/29/2014 11:26 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,671,129					5.00
7.00	00700	OPERATION OF PLANT	1,545,184	9,622,548				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	250,143	288,302	1,846,052			8.00
9.00	00900	HOUSEKEEPING	341,949	157,664	0	2,287,134		9.00
10.00	01000	DIETARY	606,372	510,358	0	139,264	4,425,771	10.00
11.00	01100	CAFETERIA	8,692	0	0	0	72,065	11.00
13.00	01300	NURSING ADMINISTRATION	679,404	86,542	0	23,615	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	308,911	392,461	50,814	107,093	0	14.00
15.00	01500	PHARMACY	431,641	115,424	0	31,496	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	526,069	183,352	0	50,032	0	16.00
17.00	01700	SOCIAL SERVICE	2,440	15,042	0	4,105	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,064,679	2,642,660	752,161	721,115	3,570,307	30.00
31.00	03100	INTENSIVE CARE UNIT	990,312	472,650	156,003	128,974	395,155	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	299,315	86,370	19,354	23,568	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,309,308	926,137	168,558	252,719	0	50.00
51.00	05100	RECOVERY ROOM	416,662	113,398	73,670	30,943	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	392,131	293,419	165,246	80,067	0	52.00
53.00	05300	ANESTHESIOLOGY	62,849	30,942	0	8,443	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,919,891	896,637	137,878	244,670	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	1,440,205	370,414	0	101,076	0	60.00
65.00	06500	RESPIRATORY THERAPY	241,929	124,215	4,792	33,895	0	65.00
66.00	06600	PHYSICAL THERAPY	610,869	253,891	413	69,280	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	495,057	190,083	33,853	51,869	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	429,050	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,134,673	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,015,373	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	107,084	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03021	GUI DANCE	49,169	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	1,499,604	670,666	283,310	183,008	158,537	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	53,142	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,232,107	8,820,627	1,846,052	2,285,232	4,196,064	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,286	0	0	0	229,707	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	23,106	6,971	0	1,902	0	194.01
194.02	07952	MARKETING	314,385	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	32,885	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	55,360	794,950	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,671,129	9,622,548	1,846,052	2,287,134	4,425,771	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet B Part I Date/Time Prepared: 4/29/2014 11:26 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	126,193					11.00
13.00	01300	NURSING ADMINISTRATION	5,275	4,346,382				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,390	0	2,476,487			14.00
15.00	01500	PHARMACY	4,061	0	13,542	2,852,545		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,678	0	6,147	0	3,519,273	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,318	1,777,428	119,944	0	299,669	30.00
31.00	03100	INTENSIVE CARE UNIT	8,923	607,273	54,069	0	71,781	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,672	178,979	12,901	0	16,553	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,576	468,685	310,213	0	663,490	50.00
51.00	05100	RECOVERY ROOM	4,114	283,420	4,560	0	74,590	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,229	216,351	37,550	0	20,009	52.00
53.00	05300	ANESTHESIOLOGY	170	6,304	41,590	0	18,844	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,836	0	86,538	0	638,781	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIO SOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	10,714	0	251,659	0	392,536	60.00
65.00	06500	RESPIRATORY THERAPY	2,309	0	34,116	0	49,999	65.00
66.00	06600	PHYSICAL THERAPY	6,021	0	5,389	0	58,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,940	0	45,293	0	186,585	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	359,368	0	76,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	971,946	0	153,469	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,852,545	414,478	73.00
74.00	07400	RENAL DIALYSIS	0	0	1	0	13,864	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03021	GUI DANCE	686	0	275	0	881	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	12,920	807,942	107,623	0	368,641	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,079	0	10,964	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	124,911	4,346,382	2,473,688	2,852,545	3,519,273	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	64	0	106	0	0	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	193	0	327	0	0	194.01
194.02	07952	MARKETING	817	0	2,366	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	208	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	126,193	4,346,382	2,476,487	2,852,545	3,519,273	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet B Part I Date/Time Prepared: 4/29/2014 11:26 am
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	17.00	21.00			
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE	34,342			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	27,679	0	29,028,251	30.00
31.00 03100	INTENSIVE CARE UNIT	4,167	0	8,066,110	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	41.00
43.00 04300	NURSERY	2,496	0	2,206,861	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	10,951,025	50.00
51.00 05100	RECOVERY ROOM	0	0	3,179,436	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	3,257,847	52.00
53.00 05300	ANESTHESIOLOGY	0	0	497,683	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	13,973,356	54.00
54.01 05401	ULTRASOUND	0	0	0	54.01
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
60.00 06000	LABORATORY	0	0	10,095,200	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	1,755,926	65.00
66.00 06600	PHYSICAL THERAPY	0	0	4,197,486	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	3,594,565	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,108,018	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,191,531	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	9,590,206	73.00
74.00 07400	RENAL DIALYSIS	0	0	680,723	74.00
76.00 03020	CARDIAC REHAB	0	0	0	76.00
76.02 03021	GUI DANCE	0	0	308,038	76.02
76.03 03023	WOUND CARE	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
91.00 09100	EMERGENCY	0	0	11,931,348	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	0	342,981	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00 11600	HOSPICE	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	34,342	0	124,956,591	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	312,614	192.00
192.01 19201	CHIROPRACTIC WORKS LESSEE	0	0	0	192.01
194.00 07950	CLINIC CORPORATION	0	0	0	194.00
194.01 07951	SENIOR CIRCLE	0	0	153,283	194.01
194.02 07952	MARKETING	0	0	1,960,997	194.02
194.03 07953	VISTA MEDICAL CENTER WEST	0	0	204,997	194.03
194.04 07954	ABBOTT RESEARCH	0	0	1,139,699	194.04
194.05 07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.05
194.06 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	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)	34,342	0	128,728,181	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet B Part II Date/Time Prepared: 4/29/2014 11:26 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	93,638	124,476	218,114	218,114 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	707,520	940,535	1,648,055	27,326 5.00
7.00 00700	OPERATION OF PLANT	0	1,701,790	2,262,263	3,964,053	3,503 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	104,952	139,516	244,468	0 8.00
9.00 00900	HOUSEKEEPING	0	57,395	76,298	133,693	0 9.00
10.00 01000	DIETARY	0	185,787	246,975	432,762	0 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	31,504	41,880	73,384	11,029 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	142,869	189,922	332,791	1,664 14.00
15.00 01500	PHARMACY	0	42,018	55,856	97,874	6,729 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	66,746	88,729	155,475	3,859 16.00
17.00 01700	SOCIAL SERVICE	0	5,476	7,279	12,755	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	962,016	1,278,848	2,240,864	43,765 30.00
31.00 03100	INTENSIVE CARE UNIT	0	172,061	228,727	400,788	14,947 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	31,442	41,797	73,239	4,405 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	337,145	448,181	785,326	11,536 50.00
51.00 05100	RECOVERY ROOM	0	41,281	54,876	96,157	6,976 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	106,814	141,993	248,807	5,325 52.00
53.00 05300	ANESTHESIOLOGY	0	11,264	14,974	26,238	155 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	326,406	433,905	760,311	20,126 54.00
54.01 05401	ULTRASOUND	0	0	0	0	0 54.01
56.00 05600	RADIO SOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	134,843	179,252	314,095	12,569 60.00
65.00 06500	RESPIRATORY THERAPY	0	45,219	60,111	105,330	3,209 65.00
66.00 06600	PHYSICAL THERAPY	0	92,425	122,864	215,289	9,599 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	69,197	91,986	161,183	6,610 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	CARDIAC REHAB	0	0	0	0	0 76.00
76.02 03021	GUIDANCE	0	0	0	0	817 76.02
76.03 03023	WOUND CARE	0	0	0	0	0 76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
91.00 09100	EMERGENCY	0	244,145	324,552	568,697	19,886 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	1,481 95.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,713,953	7,595,795	13,309,748	215,516 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	191 192.00
192.01 19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0 192.01
194.00 07950	CLINIC CORPORATION	0	0	0	0	0 194.00
194.01 07951	SENIOR CIRCLE	0	2,538	3,374	5,912	179 194.01
194.02 07952	MARKETING	0	0	0	0	1,606 194.02
194.03 07953	VISTA MEDICAL CENTER WEST	0	0	0	0	622 194.03
194.04 07954	ABBOTT RESEARCH	0	289,389	0	289,389	0 194.04
194.05 07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.05
194.06 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	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)	0	6,005,880	7,599,169	13,605,049	218,114 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet B Part II Date/Time Prepared: 4/29/2014 11:26 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	1,675,381				5.00	
7.00	00700	OPERATION OF PLANT	125,240	4,092,796			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	20,274	122,625	387,367		8.00	
9.00	00900	HOUSEKEEPING	27,716	67,060	0	228,469	9.00	
10.00	01000	DIETARY	49,147	217,072	0	13,911	712,892	10.00
11.00	01100	CAFETERIA	704	0	0	0	11,608	11.00
13.00	01300	NURSING ADMINISTRATION	55,067	36,809	0	2,359	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,038	166,927	10,663	10,698	0	14.00
15.00	01500	PHARMACY	34,985	49,094	0	3,146	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,639	77,986	0	4,998	0	16.00
17.00	01700	SOCIAL SERVICE	198	6,398	0	410	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	248,352	1,124,012	157,827	72,035	575,095	30.00
31.00	03100	INTENSIVE CARE UNIT	80,266	201,034	32,735	12,884	63,651	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	24,260	36,736	4,061	2,354	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	106,121	393,918	35,369	25,245	0	50.00
51.00	05100	RECOVERY ROOM	33,771	48,232	15,459	3,091	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,783	124,801	34,675	7,998	0	52.00
53.00	05300	ANESTHESIOLOGY	5,094	13,161	0	843	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	155,610	381,370	28,932	24,441	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	116,731	157,550	0	10,097	0	60.00
65.00	06500	RESPIRATORY THERAPY	19,609	52,833	1,006	3,386	0	65.00
66.00	06600	PHYSICAL THERAPY	49,512	107,988	87	6,921	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	40,125	80,849	7,104	5,181	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,775	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,967	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,298	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,679	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03021	GUI DANCE	3,985	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	121,545	285,257	59,449	18,281	25,537	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,307	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,639,798	3,751,712	387,367	228,279	675,891	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,077	0	0	0	37,001	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	1,873	2,965	0	190	0	194.01
194.02	07952	MARKETING	25,481	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	2,665	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	4,487	338,119	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,675,381	4,092,796	387,367	228,469	712,892	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet B Part II Date/Time Prepared: 4/29/2014 11:26 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	12,312					11.00
13.00	01300		179,163				13.00
14.00	01400	233	0	548,014			14.00
15.00	01500	396	0	2,997	195,221		15.00
16.00	01600	359	0	1,360	0	286,676	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,154	73,268	26,542	0	24,384	30.00
31.00	03100	871	25,032	11,965	0	5,841	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	261	7,378	2,855	0	1,347	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	739	19,320	68,646	0	54,305	50.00
51.00	05100	401	11,683	1,009	0	6,069	51.00
52.00	05200	315	8,918	8,309	0	1,628	52.00
53.00	05300	17	260	9,203	0	1,533	53.00
54.00	05400	1,252	0	19,150	0	51,977	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	1,045	0	55,689	0	31,940	60.00
65.00	06500	225	0	7,549	0	4,068	65.00
66.00	06600	587	0	1,192	0	4,747	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	384	0	10,023	0	15,182	69.00
71.00	07100	0	0	79,523	0	6,246	71.00
72.00	07200	0	0	215,080	0	12,488	72.00
73.00	07300	0	0	0	195,221	33,725	73.00
74.00	07400	0	0	0	0	1,128	74.00
76.00	03020	0	0	0	0	0	76.00
76.02	03021	67	0	61	0	72	76.02
76.03	03023	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
91.00	09100	1,261	33,304	23,816	0	29,996	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	105	0	2,426	0	0	95.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00		12,187	179,163	547,395	195,221	286,676	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	6	0	23	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	19	0	72	0	0	194.01
194.02	07952	80	0	524	0	0	194.02
194.03	07953	20	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		12,312	179,163	548,014	195,221	286,676	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet B
Part II
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES APPRV				
	17.00	21.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	19,761				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,927	4,605,225	0	4,605,225	30.00
31.00 03100	INTENSIVE CARE UNIT	2,398	852,412	0	852,412	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	1,436	158,332	0	158,332	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,500,525	0	1,500,525	50.00
51.00 05100	RECOVERY ROOM	0	222,848	0	222,848	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	472,559	0	472,559	52.00
53.00 05300	ANESTHESIOLOGY	0	56,504	0	56,504	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,443,169	0	1,443,169	54.00
54.01 05401	ULTRASOUND	0	0	0	0	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
60.00 06000	LABORATORY	0	699,716	0	699,716	60.00
65.00 06500	RESPIRATORY THERAPY	0	197,215	0	197,215	65.00
66.00 06600	PHYSICAL THERAPY	0	395,922	0	395,922	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	326,641	0	326,641	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	120,544	0	120,544	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	319,535	0	319,535	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	311,244	0	311,244	73.00
74.00 07400	RENAL DIALYSIS	0	9,807	0	9,807	74.00
76.00 03020	CARDIAC REHAB	0	0	0	0	76.00
76.02 03021	GUI DANCE	0	5,002	0	5,002	76.02
76.03 03023	WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00 09100	EMERGENCY	0	1,187,029	0	1,187,029	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	8,319	0	8,319	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	19,761	12,892,548	0	12,892,548	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	38,298	0	38,298	192.00
192.01 19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	192.01
194.00 07950	CLINIC CORPORATION	0	0	0	0	194.00
194.01 07951	SENIOR CIRCLE	0	11,210	0	11,210	194.01
194.02 07952	MARKETING	0	27,691	0	27,691	194.02
194.03 07953	VISTA MEDICAL CENTER WEST	0	3,307	0	3,307	194.03
194.04 07954	ABBOTT RESEARCH	0	631,995	0	631,995	194.04
194.05 07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.06
200.00	Cross Foot Adjustments		0	0	0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	19,761	13,605,049	0	13,605,049	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet B-1

Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	480,406				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		457,258			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,490	7,490	52,313,393		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	56,594	56,594	6,554,450	-20,671,129	108,057,052
7.00 00700	OPERATION OF PLANT	136,125	136,125	840,174	0	8,077,364
8.00 00800	LAUNDRY & LINEN SERVICE	8,395	8,395	0	0	1,307,607
9.00 00900	HOUSEKEEPING	4,591	4,591	0	0	1,787,521
10.00 01000	DIETARY	14,861	14,861	0	0	3,169,777
11.00 01100	CAFETERIA	0	0	0	0	45,436
13.00 01300	NURSING ADMINISTRATION	2,520	2,520	2,645,553	0	3,551,546
14.00 01400	CENTRAL SERVICES & SUPPLY	11,428	11,428	399,060	0	1,614,818
15.00 01500	PHARMACY	3,361	3,361	1,613,968	0	2,256,381
16.00 01600	MEDICAL RECORDS & LIBRARY	5,339	5,339	925,590	0	2,749,995
17.00 01700	SOCIAL SERVICE	438	438	0	0	12,755
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,951	76,951	10,493,670	0	16,020,291
31.00 03100	INTENSIVE CARE UNIT	13,763	13,763	3,585,248	0	5,176,803
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
43.00 04300	NURSERY	2,515	2,515	1,056,668	0	1,564,653
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	26,968	26,968	2,767,045	0	6,844,339
51.00 05100	RECOVERY ROOM	3,302	3,302	1,673,272	0	2,178,079
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,544	8,544	1,277,303	0	2,049,845
53.00 05300	ANESTHESIOLOGY	901	901	37,217	0	328,541
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,109	26,109	4,827,566	0	10,036,125
54.01 05401	ULTRASOUND	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	10,786	10,786	3,014,897	0	7,528,596
65.00 06500	RESPIRATORY THERAPY	3,617	3,617	769,641	0	1,264,671
66.00 06600	PHYSICAL THERAPY	7,393	7,393	2,302,423	0	3,193,283
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	5,535	5,535	1,585,415	0	2,587,885
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,242,837
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,931,443
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,307,810
74.00 07400	RENAL DIALYSIS	0	0	0	0	559,774
76.00 03020	CARDIAC REHAB	0	0	0	0	0
76.02 03021	GUI DANCE	0	0	195,880	0	257,027
76.03 03023	WOUND CARE	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	19,529	19,529	4,769,967	0	7,839,097
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	355,147	0	277,796
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	457,055	457,055	51,690,154	-20,671,129	105,762,095
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	45,856	0	69,451
192.01 19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0
194.00 07950	CLINIC CORPORATION	0	0	0	0	0
194.01 07951	SENIOR CIRCLE	203	203	42,992	0	120,784
194.02 07952	MARKETING	0	0	385,206	0	1,643,429
194.03 07953	VISTA MEDICAL CENTER WEST	0	0	149,185	0	171,904
194.04 07954	ABBOTT RESEARCH	23,148	0	0	0	289,389
194.05 07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.06 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet B-1

Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	6,005,880	7,599,169	7,966,700	5A	20,671,129	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.501676	16.618996	0.152288		0.191298	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			218,114		1,675,381	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.004169		0.015505	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet B-1

Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	280,197				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,395	1,054,681			8.00
9.00	00900	HOUSEKEEPING	4,591	0	244,063		9.00
10.00	01000	DIETARY	14,861	0	14,861	143,462	10.00
11.00	01100	CAFETERIA	0	0	0	2,336	67,491
13.00	01300	NURSING ADMINISTRATION	2,520	0	2,520	0	2,821
14.00	01400	CENTRAL SERVICES & SUPPLY	11,428	29,031	11,428	0	1,278
15.00	01500	PHARMACY	3,361	0	3,361	0	2,172
16.00	01600	MEDICAL RECORDS & LIBRARY	5,339	0	5,339	0	1,967
17.00	01700	SOCIAL SERVICE	438	0	438	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,951	429,722	76,951	115,732	17,286
31.00	03100	INTENSIVE CARE UNIT	13,763	89,127	13,763	12,809	4,772
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
43.00	04300	NURSERY	2,515	11,057	2,515	0	1,429
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,968	96,300	26,968	0	4,052
51.00	05100	RECOVERY ROOM	3,302	42,089	3,302	0	2,200
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,544	94,408	8,544	0	1,727
53.00	05300	ANESTHESIOLOGY	901	0	901	0	91
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,109	78,772	26,109	0	6,865
54.01	05401	ULTRASOUND	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	10,786	0	10,786	0	5,730
65.00	06500	RESPIRATORY THERAPY	3,617	2,738	3,617	0	1,235
66.00	06600	PHYSICAL THERAPY	7,393	236	7,393	0	3,220
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5,535	19,341	5,535	0	2,107
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	CARDIAC REHAB	0	0	0	0	0
76.02	03021	GUIDANCE	0	0	0	0	367
76.03	03023	WOUND CARE	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	19,529	161,860	19,529	5,139	6,910
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	577
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	256,846	1,054,681	243,860	136,016	66,806
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	7,446	34
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0
194.00	07950	CLINIC CORPORATION	0	0	0	0	0
194.01	07951	SENIOR CIRCLE	203	0	203	0	103
194.02	07952	MARKETING	0	0	0	0	437
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	111
194.04	07954	ABBOTT RESEARCH	23,148	0	0	0	0
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	9,622,548	1,846,052	2,287,134	4,425,771	126,193
203.00		Unit cost multiplier (Wkst. B, Part I)	34.342081	1.750342	9.371080	30.849779	1.869775

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet B-1

Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	4,092,796	387,367	228,469	712,892	12,312	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	14.606852	0.367284	0.936107	4.969204	0.182424	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet B-1 Date/Time Prepared: 4/29/2014 11:26 am
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS G HR)	CENTRAL SERVICES & SUPPLY (TOTAL SUPP LIE)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PT. DAYS & OP OB)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	25,660,390					13.00
14.00	01400		15,113,070				14.00
15.00	01500		82,639	5,313,939			15.00
16.00	01600		37,513		1,011,866,101		16.00
17.00	01700					44,459	17.00
21.00	02100						21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,493,670	731,972		86,161,177	35,834	30.00
31.00	03100	3,585,248	329,965		20,638,445	5,394	31.00
40.00	04000						40.00
41.00	04100						41.00
43.00	04300	1,056,668	78,729		4,759,259	3,231	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,767,045	1,893,110		190,767,144		50.00
51.00	05100		27,829		21,446,357		51.00
52.00	05200	1,277,303	229,154		5,753,007		52.00
53.00	05300	37,217	253,805		5,418,080		53.00
54.00	05400		528,108		183,663,247		54.00
54.01	05401						54.01
56.00	05600						56.00
57.00	05700						57.00
58.00	05800						58.00
60.00	06000		1,535,777		112,862,692		60.00
65.00	06500		208,197		14,375,768		65.00
66.00	06600		32,885		16,773,981		66.00
67.00	06700						67.00
68.00	06800						68.00
69.00	06900		276,409		53,647,310		69.00
71.00	07100		2,193,084		22,070,993		71.00
72.00	07200		5,931,443		44,125,552		72.00
73.00	07300			5,313,939	119,171,313		73.00
74.00	07400		5		3,986,194		74.00
76.00	03020						76.00
76.02	03021		1,676		253,356		76.02
76.03	03023						76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800						88.00
91.00	09100	4,769,967	656,782		105,992,226		91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		66,911				95.00
101.00	10100						101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600						116.00
118.00		25,660,390	15,095,993	5,313,939	1,011,866,101	44,459	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
192.00	19200		645				192.00
192.01	19201						192.01
194.00	07950						194.00
194.01	07951		1,993				194.01
194.02	07952		14,439				194.02
194.03	07953						194.03
194.04	07954						194.04
194.05	07955						194.05
194.06	07956						194.06
200.00							200.00
201.00							201.00
202.00		4,346,382	2,476,487	2,852,545	3,519,273	34,342	202.00
203.00		0.169381	0.163864	0.536804	0.003478	0.772442	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet B-1

Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		(DIRECT NRS G HR)	(TOTAL SUPP LIE)		(GROSS CHAR GES)	(PT. DAYS & OP OB)	
		13.00	14.00	15.00	16.00	17.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	179,163	548,014	195,221	286,676	19,761	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.006982	0.036261	0.036738	0.000283	0.444477	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet B-1
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		INTERNS & RESIDENTS	
		SERVICES-SALARY & FRINGES	
		APPRV (ASSIGNED TIME)	
		21.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	CARDIAC REHAB	76.00
76.02	03021	GUIDANCE	76.02
76.03	03023	WOUND CARE	76.03
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	192.01
194.00	07950	CLINIC CORPORATION	194.00
194.01	07951	SENIOR CIRCLE	194.01
194.02	07952	MARKETING	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	194.03
194.04	07954	ABBOTT RESEARCH	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	194.06
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet B-1

Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME) 21.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet C Part I Date/Time Prepared: 4/29/2014 11:26 am		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		29,028,251	0	29,028,251	30.00
31.00	03100 INTENSIVE CARE UNIT		8,066,110	0	8,066,110	31.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
43.00	04300 NURSERY		2,206,861	0	2,206,861	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		10,951,025	0	10,951,025	50.00
51.00	05100 RECOVERY ROOM		3,179,436	0	3,179,436	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,257,847	0	3,257,847	52.00
53.00	05300 ANESTHESIOLOGY		497,683	0	497,683	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,973,356	0	13,973,356	54.00
54.01	05401 ULTRASOUND		0	0	0	54.01
56.00	05600 RADIO SOFT		0	0	0	56.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
60.00	06000 LABORATORY		10,095,200	0	10,095,200	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,755,926	0	1,755,926	65.00
66.00	06600 PHYSICAL THERAPY	0	4,197,486	0	4,197,486	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		3,594,565	0	3,594,565	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,108,018	0	3,108,018	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,191,531	0	8,191,531	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		9,590,206	0	9,590,206	73.00
74.00	07400 RENAL DIALYSIS		680,723	0	680,723	74.00
76.00	03020 CARDIAC REHAB		0	0	0	76.00
76.02	03021 GUIDANCE		308,038	0	308,038	76.02
76.03	03023 WOUND CARE		0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
91.00	09100 EMERGENCY		11,931,348	0	11,931,348	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,586,013	0	1,586,013	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		342,981	0	342,981	95.00
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE		0	0	0	116.00
200.00	Subtotal (see instructions)		126,542,604	0	126,542,604	200.00
201.00	Less Observation Beds		1,586,013	0	1,586,013	201.00
202.00	Total (see instructions)		124,956,591	0	124,956,591	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet C
Part I
Date/Time Prepared:
4/29/2014 11:26 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	81,153,106		81,153,106		30.00
31.00	03100	INTENSIVE CARE UNIT	20,638,445		20,638,445		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,759,259		4,759,259		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	108,812,763	81,954,381	190,767,144	0.057405	50.00
51.00	05100	RECOVERY ROOM	9,527,518	11,918,839	21,446,357	0.148251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,219,361	533,646	5,753,007	0.566286	52.00
53.00	05300	ANESTHESIOLOGY	3,733,818	1,684,262	5,418,080	0.091856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,303,365	134,359,882	183,663,247	0.076081	54.00
54.01	05401	ULTRASOUND	0	0	0	0.000000	54.01
56.00	05600	RADIO SOTOP	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	63,338,418	49,524,274	112,862,692	0.089447	60.00
65.00	06500	RESPIRATORY THERAPY	11,598,000	2,777,768	14,375,768	0.122145	65.00
66.00	06600	PHYSICAL THERAPY	6,267,890	10,506,091	16,773,981	0.250238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	36,282,327	17,364,983	53,647,310	0.067004	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,589,674	6,481,319	22,070,993	0.140819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,495,450	10,630,102	44,125,552	0.185641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,960,837	36,210,476	119,171,313	0.080474	73.00
74.00	07400	RENAL DIALYSIS	3,931,492	54,702	3,986,194	0.170770	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	76.00
76.02	03021	GUI DANCE	21,521	231,835	253,356	1.215831	76.02
76.03	03023	WOUND CARE	0	0	0	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100	EMERGENCY	27,649,090	78,343,136	105,992,226	0.112568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,145,121	3,862,950	5,008,071	0.316691	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	565,427,455	446,438,646	1,011,866,101		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	565,427,455	446,438,646	1,011,866,101		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet C Part I Date/Time Prepared: 4/29/2014 11:26 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.057405		50.00
51.00	05100 RECOVERY ROOM	0.148251		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.566286		52.00
53.00	05300 ANESTHESIOLOGY	0.091856		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.076081		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.089447		60.00
65.00	06500 RESPIRATORY THERAPY	0.122145		65.00
66.00	06600 PHYSICAL THERAPY	0.250238		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.067004		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.140819		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.185641		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.080474		73.00
74.00	07400 RENAL DIALYSIS	0.170770		74.00
76.00	03020 CARDIAC REHAB	0.000000		76.00
76.02	03021 GUIDANCE	1.215831		76.02
76.03	03023 WOUND CARE	0.000000		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
91.00	09100 EMERGENCY	0.112568		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.316691		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet C Part I Date/Time Prepared: 4/29/2014 11:26 am		
		Title XIX	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		29,028,251	0	29,028,251	30.00
31.00	03100 INTENSIVE CARE UNIT		8,066,110	0	8,066,110	31.00
40.00	04000 SUBPROVIDER - I/PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF		0	0	0	41.00
43.00	04300 NURSERY		2,206,861	0	2,206,861	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		10,951,025	0	10,951,025	50.00
51.00	05100 RECOVERY ROOM		3,179,436	0	3,179,436	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,257,847	0	3,257,847	52.00
53.00	05300 ANESTHESIOLOGY		497,683	0	497,683	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,973,356	0	13,973,356	54.00
54.01	05401 ULTRASOUND		0	0	0	54.01
56.00	05600 RADIOLOGY		0	0	0	56.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
60.00	06000 LABORATORY		10,095,200	0	10,095,200	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,755,926	0	1,755,926	65.00
66.00	06600 PHYSICAL THERAPY	0	4,197,486	0	4,197,486	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		3,594,565	0	3,594,565	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,108,018	0	3,108,018	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,191,531	0	8,191,531	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		9,590,206	0	9,590,206	73.00
74.00	07400 RENAL DIALYSIS		680,723	0	680,723	74.00
76.00	03020 CARDIAC REHAB		0	0	0	76.00
76.02	03021 GUIDANCE		308,038	0	308,038	76.02
76.03	03023 WOUND CARE		0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
91.00	09100 EMERGENCY		11,931,348	0	11,931,348	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,586,013	0	1,586,013	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		342,981	0	342,981	95.00
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE		0	0	0	116.00
200.00	Subtotal (see instructions)		126,542,604	0	126,542,604	200.00
201.00	Less Observation Beds		1,586,013	0	1,586,013	201.00
202.00	Total (see instructions)		124,956,591	0	124,956,591	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet C Part I Date/Time Prepared: 4/29/2014 11:26 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,153,106		81,153,106			30.00
31.00	03100	INTENSIVE CARE UNIT	20,638,445		20,638,445			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	4,759,259		4,759,259			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108,812,763	81,954,381	190,767,144	0.057405	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,527,518	11,918,839	21,446,357	0.148251	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,219,361	533,646	5,753,007	0.566286	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,733,818	1,684,262	5,418,080	0.091856	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,303,365	134,359,882	183,663,247	0.076081	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOLOGY	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	63,338,418	49,524,274	112,862,692	0.089447	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	11,598,000	2,777,768	14,375,768	0.122145	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,267,890	10,506,091	16,773,981	0.250238	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	36,282,327	17,364,983	53,647,310	0.067004	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,589,674	6,481,319	22,070,993	0.140819	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,495,450	10,630,102	44,125,552	0.185641	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,960,837	36,210,476	119,171,313	0.080474	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,931,492	54,702	3,986,194	0.170770	0.000000	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.02	03021	GUI DANCE	21,521	231,835	253,356	1.215831	0.000000	76.02
76.03	03023	WOUND CARE	0	0	0	0.000000	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
91.00	09100	EMERGENCY	27,649,090	78,343,136	105,992,226	0.112568	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,145,121	3,862,950	5,008,071	0.316691	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	565,427,455	446,438,646	1,011,866,101			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	565,427,455	446,438,646	1,011,866,101			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet C Part I Date/Time Prepared: 4/29/2014 11:26 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.057405		50.00
51.00	05100 RECOVERY ROOM	0.148251		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.566286		52.00
53.00	05300 ANESTHESIOLOGY	0.091856		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.076081		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.089447		60.00
65.00	06500 RESPIRATORY THERAPY	0.122145		65.00
66.00	06600 PHYSICAL THERAPY	0.250238		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.067004		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.140819		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.185641		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.080474		73.00
74.00	07400 RENAL DIALYSIS	0.170770		74.00
76.00	03020 CARDIAC REHAB	0.000000		76.00
76.02	03021 GUIDANCE	1.215831		76.02
76.03	03023 WOUND CARE	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100 EMERGENCY	0.112568		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.316691		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140084

Period: From 12/01/2012 To 11/30/2013

Worksheet C Part II Date/Time Prepared: 4/29/2014 11:26 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,951,025	1,500,525	9,450,500	0	0	50.00
51.00	05100	RECOVERY ROOM	3,179,436	222,848	2,956,588	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,257,847	472,559	2,785,288	0	0	52.00
53.00	05300	ANESTHESIOLOGY	497,683	56,504	441,179	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,973,356	1,443,169	12,530,187	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	10,095,200	699,716	9,395,484	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,755,926	197,215	1,558,711	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,197,486	395,922	3,801,564	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,594,565	326,641	3,267,924	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,108,018	120,544	2,987,474	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,191,531	319,535	7,871,996	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,590,206	311,244	9,278,962	0	0	73.00
74.00	07400	RENAL DIALYSIS	680,723	9,807	670,916	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03021	GUI DANCE	308,038	5,002	303,036	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	11,931,348	1,187,029	10,744,319	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,586,013	251,615	1,334,398	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	342,981	8,319	334,662	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	87,241,382	7,528,194	79,713,188	0	0	200.00
201.00		Less Observation Beds	1,586,013	251,615	1,334,398	0	0	201.00
202.00		Total (line 200 minus line 201)	85,655,369	7,276,579	78,378,790	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet C Part II Date/Time Prepared: 4/29/2014 11:26 am
		Title XIX	Hospital	PPS

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	10,951,025	190,767,144	0.057405	50.00
51.00	05100 RECOVERY ROOM	3,179,436	21,446,357	0.148251	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,257,847	5,753,007	0.566286	52.00
53.00	05300 ANESTHESIOLOGY	497,683	5,418,080	0.091856	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,973,356	183,663,247	0.076081	54.00
54.01	05401 ULTRASOUND	0	0	0.000000	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0.000000	57.00
58.00	05800 MRI	0	0	0.000000	58.00
60.00	06000 LABORATORY	10,095,200	112,862,692	0.089447	60.00
65.00	06500 RESPIRATORY THERAPY	1,755,926	14,375,768	0.122145	65.00
66.00	06600 PHYSICAL THERAPY	4,197,486	16,773,981	0.250238	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	3,594,565	53,647,310	0.067004	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,108,018	22,070,993	0.140819	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,191,531	44,125,552	0.185641	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,590,206	119,171,313	0.080474	73.00
74.00	07400 RENAL DIALYSIS	680,723	3,986,194	0.170770	74.00
76.00	03020 CARDIAC REHAB	0	0	0.000000	76.00
76.02	03021 GUIDANCE	308,038	253,356	1.215831	76.02
76.03	03023 WOUND CARE	0	0	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	88.00
91.00	09100 EMERGENCY	11,931,348	105,992,226	0.112568	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,586,013	5,008,071	0.316691	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	342,981	0	0.000000	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600 HOSPICE	0	0	0.000000	116.00
200.00	Subtotal (sum of lines 50 thru 199)	87,241,382	905,315,291		200.00
201.00	Less Observation Beds	1,586,013	0		201.00
202.00	Total (line 200 minus line 201)	85,655,369	905,315,291		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part I Date/Time Prepared: 4/29/2014 11:26 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,605,225	0	4,605,225	37,905	121.49	30.00
31.00	INTENSIVE CARE UNIT	852,412		852,412	5,394	158.03	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	158,332		158,332	3,231	49.00	43.00
200.00	Total (lines 30-199)	5,615,969		5,615,969	46,530		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	17,854	2,169,082	30.00
31.00	INTENSIVE CARE UNIT	3,071	485,310	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	20,925	2,654,392	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part II Date/Time Prepared: 4/29/2014 11:26 am
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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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,500,525	190,767,144	0.007866	46,948,205	369,295	50.00
51.00	05100 RECOVERY ROOM	222,848	21,446,357	0.010391	3,077,958	31,983	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	472,559	5,753,007	0.082141	41,484	3,408	52.00
53.00	05300 ANESTHESIOLOGY	56,504	5,418,080	0.010429	911,326	9,504	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,443,169	183,663,247	0.007858	28,518,781	224,101	54.00
54.01	05401 ULTRASOUND	0	0	0.000000	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
60.00	06000 LABORATORY	699,716	112,862,692	0.006200	34,043,490	211,070	60.00
65.00	06500 RESPIRATORY THERAPY	197,215	14,375,768	0.013719	6,962,810	95,523	65.00
66.00	06600 PHYSICAL THERAPY	395,922	16,773,981	0.023603	3,791,076	89,481	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	326,641	53,647,310	0.006089	19,535,056	118,949	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	120,544	22,070,993	0.005462	5,930,180	32,391	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	319,535	44,125,552	0.007241	18,376,570	133,065	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	311,244	119,171,313	0.002612	43,326,907	113,170	73.00
74.00	07400 RENAL DIALYSIS	9,807	3,986,194	0.002460	2,944,385	7,243	74.00
76.00	03020 CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.02	03021 GUIDANCE	5,002	253,356	0.019743	11,214	221	76.02
76.03	03023 WOUND CARE	0	0	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
91.00	09100 EMERGENCY	1,187,029	105,992,226	0.011199	14,093,101	157,829	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	251,615	5,008,071	0.050242	747,612	37,562	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	7,519,875	905,315,291		229,260,155	1,634,795	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet D Part III Date/Time Prepared: 4/29/2014 11:26 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,905	0.00	17,854	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,394	0.00	3,071	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	3,231	0.00	0	0		43.00
200.00		Total (lines 30-199)	46,530		20,925	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet D
Part IV
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	0	76.00
76.02	03021	GUIDANCE	0	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part IV Date/Time Prepared: 4/29/2014 11:26 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	190,767,144	0.000000	0.000000	46,948,205	50.00
51.00	05100 RECOVERY ROOM	0	21,446,357	0.000000	0.000000	3,077,958	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,753,007	0.000000	0.000000	41,484	52.00
53.00	05300 ANESTHESIOLOGY	0	5,418,080	0.000000	0.000000	911,326	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	183,663,247	0.000000	0.000000	28,518,781	54.00
54.01	05401 ULTRASOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000 LABORATORY	0	112,862,692	0.000000	0.000000	34,043,490	60.00
65.00	06500 RESPIRATORY THERAPY	0	14,375,768	0.000000	0.000000	6,962,810	65.00
66.00	06600 PHYSICAL THERAPY	0	16,773,981	0.000000	0.000000	3,791,076	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	53,647,310	0.000000	0.000000	19,535,056	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,070,993	0.000000	0.000000	5,930,180	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	44,125,552	0.000000	0.000000	18,376,570	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	119,171,313	0.000000	0.000000	43,326,907	73.00
74.00	07400 RENAL DIALYSIS	0	3,986,194	0.000000	0.000000	2,944,385	74.00
76.00	03020 CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.02	03021 GUIDANCE	0	253,356	0.000000	0.000000	11,214	76.02
76.03	03023 WOUND CARE	0	0	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
91.00	09100 EMERGENCY	0	105,992,226	0.000000	0.000000	14,093,101	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,008,071	0.000000	0.000000	747,612	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	905,315,291			229,260,155	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part IV Date/Time Prepared: 4/29/2014 11:26 am
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Cost Center Description		Title XVIII					Hospital	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	PPS	
		11.00	12.00	12.01	13.00	13.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	27,579,356	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	3,252,522	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,170	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	414,724	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,694,154	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	2,242,011	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,368,373	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,167,937	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,817,668	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,831,903	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,443,837	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	47,576	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03021	GUIDANCE	0	3,113	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	11,433,539	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	997,491	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	112,296,374	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part V Date/Time Prepared: 4/29/2014 11:26 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	2.01	3.00	4.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.057405	27,579,356	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.148251	3,252,522	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.566286	2,170	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.091856	414,724	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076081	34,694,154	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.089447	2,242,011	0	1,251	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.122145	1,368,373	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.250238	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067004	7,167,937	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.140819	2,817,668	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.185641	5,831,903	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.080474	14,443,837	0	0	75,306	73.00
74.00	07400	RENAL DIALYSIS	0.170770	47,576	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.02	03021	GUIDANCE	1.215831	3,113	0	0	0	76.02
76.03	03023	WOUND CARE	0.000000	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
91.00	09100	EMERGENCY	0.112568	11,433,539	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.316691	997,491	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000			0		95.00
200.00		Subtotal (see instructions)		112,296,374	0	1,251	75,306	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		112,296,374	0	1,251	75,306	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part V Date/Time Prepared: 4/29/2014 11:26 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs					
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,583,193	0	0	0		50.00
51.00 05100 RECOVERY ROOM	482,190	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,229	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	38,095	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,639,566	0	0	0		54.00
54.01 05401 ULTRASOUND	0	0	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0	0		57.00
58.00 05800 MRI	0	0	0	0		58.00
60.00 06000 LABORATORY	200,541	0	112	0		60.00
65.00 06500 RESPIRATORY THERAPY	167,140	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	480,280	0	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	396,781	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,082,640	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,162,353	0	0	6,060		73.00
74.00 07400 RENAL DIALYSIS	8,125	0	0	0		74.00
76.00 03020 CARDIAC REHAB	0	0	0	0		76.00
76.02 03021 GUIDANCE	3,785	0	0	0		76.02
76.03 03023 WOUND CARE	0	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
91.00 09100 EMERGENCY	1,287,051	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	315,896	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES			0			95.00
200.00 Subtotal (see instructions)	9,848,865	0	112	6,060		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,848,865	0	112	6,060		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet D
Part I
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		Title XIX			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	ADULTS & PEDIATRICS	4,605,225	0	4,605,225	37,905	121.49	30.00	
31.00	INTENSIVE CARE UNIT	852,412		852,412	5,394	158.03	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
43.00	NURSERY	158,332		158,332	3,231	49.00	43.00	
200.00	Total (lines 30-199)	5,615,969		5,615,969	46,530		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,661	809,245					30.00
31.00	INTENSIVE CARE UNIT	256	40,456					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	2,803	137,347					43.00
200.00	Total (lines 30-199)	9,720	987,048					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part II Date/Time Prepared: 4/29/2014 11:26 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,500,525	190,767,144	0.007866	0	0	50.00
51.00	05100 RECOVERY ROOM	222,848	21,446,357	0.010391	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	472,559	5,753,007	0.082141	0	0	52.00
53.00	05300 ANESTHESIOLOGY	56,504	5,418,080	0.010429	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,443,169	183,663,247	0.007858	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0.000000	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
60.00	06000 LABORATORY	699,716	112,862,692	0.006200	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	197,215	14,375,768	0.013719	0	0	65.00
66.00	06600 PHYSICAL THERAPY	395,922	16,773,981	0.023603	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	326,641	53,647,310	0.006089	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	120,544	22,070,993	0.005462	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	319,535	44,125,552	0.007241	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	311,244	119,171,313	0.002612	0	0	73.00
74.00	07400 RENAL DIALYSIS	9,807	3,986,194	0.002460	0	0	74.00
76.00	03020 CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.02	03021 GUIDANCE	5,002	253,356	0.019743	0	0	76.02
76.03	03023 WOUND CARE	0	0	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
91.00	09100 EMERGENCY	1,187,029	105,992,226	0.011199	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	251,615	5,008,071	0.050242	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	7,519,875	905,315,291		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet D Part III Date/Time Prepared: 4/29/2014 11:26 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,905	0.00	6,661	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,394	0.00	256	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	3,231	0.00	2,803	0		43.00
200.00		Total (lines 30-199)	46,530		9,720	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet D
Part IV
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03021	GUIDANCE	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet D
Part IV
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges		
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS			
		6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	190,767,144	0.000000	0.000000		0	50.00
51.00	05100	RECOVERY ROOM	0	21,446,357	0.000000	0.000000		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,753,007	0.000000	0.000000		0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,418,080	0.000000	0.000000		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	183,663,247	0.000000	0.000000		0	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0.000000		0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000		0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000		0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000		0	58.00
60.00	06000	LABORATORY	0	112,862,692	0.000000	0.000000		0	60.00
65.00	06500	RESPIRATORY THERAPY	0	14,375,768	0.000000	0.000000		0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,773,981	0.000000	0.000000		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	53,647,310	0.000000	0.000000		0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,070,993	0.000000	0.000000		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	44,125,552	0.000000	0.000000		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	119,171,313	0.000000	0.000000		0	73.00
74.00	07400	RENAL DIALYSIS	0	3,986,194	0.000000	0.000000		0	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0.000000		0	76.00
76.02	03021	GUIDANCE	0	253,356	0.000000	0.000000		0	76.02
76.03	03023	WOUND CARE	0	0	0.000000	0.000000		0	76.03
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000		0	88.00
91.00	09100	EMERGENCY	0	105,992,226	0.000000	0.000000		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,008,071	0.000000	0.000000		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	905,315,291				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet D
Part IV
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		Title XIX			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	76.00
76.02	03021	GUIDANCE	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D-1 Date/Time Prepared: 4/29/2014 11:26 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)		37,905	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,905	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)		35,834	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)		17,854	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)		29,028,251	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)		29,028,251	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation 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)		29,028,251	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)		765.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,672,950	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)		13,672,950	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D-1 Date/Time Prepared: 4/29/2014 11:26 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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,066,110	5,394	1,495.39	3,071	4,592,343	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,654,328	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					39,919,621	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,654,392	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,634,795	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,289,187	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,630,434	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,071	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					765.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,586,013	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet D-1 Date/Time Prepared: 4/29/2014 11:26 am	
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	4,605,225	29,028,251	0.158646	1,586,013	251,615	90.00
91.00	Nursing School cost	0	29,028,251	0.000000	1,586,013	0	91.00
92.00	Allied health cost	0	29,028,251	0.000000	1,586,013	0	92.00
93.00	All other Medical Education	0	29,028,251	0.000000	1,586,013	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D-1 Date/Time Prepared: 4/29/2014 11:26 am
Cost Center Description		Title XIX	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)		37,905	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,905	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)		35,834	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)		6,661	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)		3,231	15.00
16.00	Nursery days (title V or XIX only)		2,803	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)		29,028,251	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)		29,028,251	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation 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)		29,028,251	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)		765.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,101,127	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)		5,101,127	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D-1 Date/Time Prepared: 4/29/2014 11:26 am		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,206,861	3,231	683.03	2,803	1,914,533	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,066,110	5,394	1,495.39	256	382,820	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,398,480	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)					987,048	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)					987,048	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,411,432	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,071	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					765.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,586,013	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084		Period: From 12/01/2012 To 11/30/2013		Worksheet D-1 Date/Time Prepared: 4/29/2014 11:26 am	
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	4,605,225	29,028,251	0.158646	1,586,013	251,615	90.00
91.00	Nursing School cost	0	29,028,251	0.000000	1,586,013	0	91.00
92.00	Allied health cost	0	29,028,251	0.000000	1,586,013	0	92.00
93.00	All other Medical Education	0	29,028,251	0.000000	1,586,013	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet D-3 Date/Time Prepared: 4/29/2014 11:26 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		42,343,357		30.00
31.00	03100 INTENSIVE CARE UNIT		11,726,825		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.057405	46,948,205	2,695,062	50.00
51.00	05100 RECOVERY ROOM	0.148251	3,077,958	456,310	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.566286	41,484	23,492	52.00
53.00	05300 ANESTHESIOLOGY	0.091856	911,326	83,711	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.076081	28,518,781	2,169,737	54.00
54.01	05401 ULTRASOUND	0.000000	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
60.00	06000 LABORATORY	0.089447	34,043,490	3,045,088	60.00
65.00	06500 RESPIRATORY THERAPY	0.122145	6,962,810	850,472	65.00
66.00	06600 PHYSICAL THERAPY	0.250238	3,791,076	948,671	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.067004	19,535,056	1,308,927	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.140819	5,930,180	835,082	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.185641	18,376,570	3,411,445	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.080474	43,326,907	3,486,690	73.00
74.00	07400 RENAL DIALYSIS	0.170770	2,944,385	502,813	74.00
76.00	03020 CARDIAC REHAB	0.000000	0	0	76.00
76.02	03021 GUIDANCE	1.215831	11,214	13,634	76.02
76.03	03023 WOUND CARE	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100 EMERGENCY	0.112568	14,093,101	1,586,432	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.316691	747,612	236,762	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		229,260,155	21,654,328	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)		229,260,155		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part A Date/Time Prepared: 4/29/2014 11:26 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		29,549,441		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		5,464,191		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		458,253		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		1,258,586		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		184.53		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.43		30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.71		31.00
32.00	Sum of lines 30 and 31		32.14		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part A Date/Time Prepared: 4/29/2014 11:26 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		15.73	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		4,863,006		34.00
		0	Prior to October 1 before 1/1	1.01	On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,146 35.00
35.01	Factor 3 (see instructions)				0.000376231 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				3,403,529 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				568,808 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		568,808		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		40,903,699		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		40,903,699		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,068,175		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,971,874		59.00
60.00	Primary payer payments		12,356		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,959,518		61.00
62.00	Deductibles billed to program beneficiaries		3,614,360		62.00
63.00	Coinurance billed to program beneficiaries		129,375		63.00
64.00	Allowable bad debts (see instructions)		1,387,507		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		901,880		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,233,996		66.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part A Date/Time Prepared: 4/29/2014 11:26 am	
		Title XVIII	Hospital	PPS	
			Prior to October 1 before 1/1		On/After October 1
		0	1.00	1.01	2.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,117,663		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		37,916		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-60,070		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	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)		41,095,509		71.00
71.01	Sequestration adjustment (see instructions)		550,680		71.01
72.00	Interim payments		40,324,464		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		220,365		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		2,427,526		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part B Date/Time Prepared: 4/29/2014 11:26 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,172	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,848,865	0 2.00
3.00	PPS payments		11,452,477	0 3.00
4.00	Outlier payment (see instructions)		22,625	0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	0.000 5.00
6.00	Line 2 times line 5		0	0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	0.00 7.00
8.00	Transitional corridor payment (see instructions)		0	0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	0 9.00
10.00	Organ acquisitions		0	0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,172	0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		76,557	0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		76,557	0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	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	0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	0 17.00
18.00	Total customary charges (see instructions)		76,557	0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		70,385	0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		6,172	0 21.00
22.00	Interns and residents (see instructions)		0	0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		11,475,102	0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,562,215	0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		8,919,059	0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	0 29.00
30.00	Subtotal (sum of lines 27 through 29)		8,919,059	0 30.00
31.00	Primary payer payments		349	0 31.00
32.00	Subtotal (line 30 minus line 31)		8,918,710	0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	0 33.00
34.00	Allowable bad debts (see instructions)		941,189	0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)		611,773	0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		876,963	0 36.00
37.00	Subtotal (see instructions)		9,530,483	0 37.00
38.00	MSP-LCC reconciliation amount from PS&R		-13	0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0 39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	0 39.99
40.00	Subtotal (see instructions)		9,530,496	0 40.00
40.01	Sequestration adjustment (see instructions)		127,709	0 40.01
41.00	Interim payments		9,372,407	0 41.00
42.00	Tentative settlement (for contractors use only)		0	0 42.00
43.00	Balance due provider/program (see instructions)		30,380	0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	0 91.00
92.00	The rate used to calculate the Time Value of Money		0.00	0 92.00
93.00	Time Value of Money (see instructions)		0	0 93.00
94.00	Total (sum of lines 91 and 93)		0	0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
4/29/2014 11:26 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		40,292,564		9,338,007	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	06/21/2013	31,900	06/21/2013	34,400	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)		31,900		34,400	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)		40,324,464		9,372,407	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		220,365		30,380	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		40,544,829		9,402,787	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet E-1
Part II
Date/Time Prepared:
4/29/2014 11:26 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			11,610 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			20,925 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			664 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			41,228 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,011,866,101 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			37,550,559 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,669,004 8.00
9.00	Sequestration adjustment amount (see instructions)			33,380 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,635,624 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,669,813 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-34,189 32.00

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

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet G

Date/Time Prepared:
4/29/2014 11:26 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	-1,388,721	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	49,261,520	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,376,700	0	0	0	6.00
7.00	Inventory	3,746,957	0	0	0	7.00
8.00	Prepaid expenses	1,624,432	0	0	0	8.00
9.00	Other current assets	2,574,176	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)	36,441,664	0	0	0	11.00
FIXED ASSETS						
12.00	Land	11,309,704	0	0	0	12.00
13.00	Land improvements	2,508,467	0	0	0	13.00
14.00	Accumulated depreciation	-906,219	0	0	0	14.00
15.00	Buildings	54,465,267	0	0	0	15.00
16.00	Accumulated depreciation	-9,381,791	0	0	0	16.00
17.00	Leasehold improvements	22,246,194	0	0	0	17.00
18.00	Accumulated depreciation	-3,487,460	0	0	0	18.00
19.00	Fixed equipment	4,559,374	0	0	0	19.00
20.00	Accumulated depreciation	-1,681,613	0	0	0	20.00
21.00	Automobiles and trucks	98,813	0	0	0	21.00
22.00	Accumulated depreciation	-76,908	0	0	0	22.00
23.00	Major movable equipment	23,187,305	0	0	0	23.00
24.00	Accumulated depreciation	-16,249,721	0	0	0	24.00
25.00	Minor equipment depreciable	13,970,557	0	0	0	25.00
26.00	Accumulated depreciation	-10,413,064	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	90,148,905	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,455,533	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,455,533	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	135,046,102	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,841,199	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,970,152	0	0	0	38.00
39.00	Payroll taxes payable	630,824	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	87,836,565	0	0	0	43.00
44.00	Other current liabilities	2,873,589	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	117,152,329	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	117,152,329	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	17,893,773				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	17,893,773	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	135,046,102	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet G-1

Date/Time Prepared:
4/29/2014 11:26 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		22,719,351		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-4,825,584			2.00
3.00	Total (sum of line 1 and line 2)		17,893,767		0	3.00
4.00	ROUNDING	6		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		6		0	10.00
11.00	Subtotal (line 3 plus line 10)		17,893,773		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		17,893,773		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
4/29/2014 11:26 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	85,912,365		85,912,365	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	85,912,365		85,912,365	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,638,445		20,638,445	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,638,445		20,638,445	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	106,550,810		106,550,810	17.00
18.00	Ancillary services	430,082,434	364,232,560	794,314,994	18.00
19.00	Outpatient services	28,794,211	82,206,086	111,000,297	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	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)	565,427,455	446,438,646	1,011,866,101	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		193,904,826		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		193,904,826		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140084

Period:
From 12/01/2012
To 11/30/2013

Worksheet G-3

Date/Time Prepared:
4/29/2014 11:26 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,011,866,101	1.00
2.00	Less contractual allowances and discounts on patients' accounts	826,245,444	2.00
3.00	Net patient revenues (line 1 minus line 2)	185,620,657	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	193,904,826	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,284,169	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 other miscellaneous communication services	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)	3,458,585	24.00
25.00	Total other income (sum of lines 6-24)	3,458,585	25.00
26.00	Total (line 5 plus line 25)	-4,825,584	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)	-4,825,584	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140084	Period: From 12/01/2012 To 11/30/2013	Worksheet L Parts I-III Date/Time Prepared: 4/29/2014 11:26 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,786,315	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		94,341	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		112.95	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.71	8.00
9.00	Sum of lines 7 and 8		32.14	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.73	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		187,519	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,068,175	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