

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: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S Parts I-III Date/Time Prepared: 8/22/2013 1:23 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 8/22/2013 Time: 1:23 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL OF CARBONDALE ( 140164 ) for the cost reporting period beginning 04/01/2012 and ending 03/31/2013 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 V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-155,289	357,792	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		11,425		0	10.00
200.00 Total	0	-155,289	369,217	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

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 1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

Date: 8/22/2013 Time: 1:23 pm

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Encryption Information  
 ECR: Date: 8/22/2013 Time: 1:23 pm  
 7FuRnvJGH5zRj x0uFHfSeD05j 8xD20  
 UsByzOMfK9PXvm0dAvXI MxwI Yp4JtW  
 l8lU1XqgYY0aZoAh  
 PI: Date: 8/22/2013 Time: 1:23 pm  
 G2z: VEI pWAggcT0FzVdcHAS11ey480  
 w2wqNOHDgKKvtqJBrAl L4QYATq5083  
 kXuCOOgcWAOHpvI 8

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-155,289	357,792	0	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
10.00 RURAL HEALTH CLINIC I	0	0	11,425	0	0	10.00
200.00 Total	0	-155,289	369,217	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S-2 Part I Date/Time Prepared: 8/22/2013 10:20 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00 Street: 405 W. JACKSON STREET		PO Box:		1.00
2.00 City: CARBONDALE		State: IL	Zip Code: 62901	County: JACKSON

	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	MEMORIAL HOSPITAL OF CARBONDALE	140164	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									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	WEST FRANKFORT FAMILY MEDICINE	143454	99914		11/01/1999	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC									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)	04/01/2012	03/31/2013	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	7,974	428	0	0	58	1,061	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.	2		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.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S-2 Part I Date/Time Prepared: 8/22/2013 10:20 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
<b>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.</b>						
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

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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	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	SOUTHERN ILLINOIS FAMILY MEDICINE	1350	9.77	4.69	0.675657	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA 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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	SOUTHERN ILLINOIS FAMILY MEDICINE	1350	9.96	5.74	0.634395	

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		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
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 reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
		1.00				
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N				
<b>TEFRA Providers</b>						
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				
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.					
		V		XIX		
		1.00		2.00		
<b>Title V and XIX Services</b>						
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		
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		
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		
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		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		
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		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					
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)					
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				
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
		1.00		2.00		3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	4,642,256	0	0	
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				
<b>All Providers</b>					
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	14H124	
		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: SOUTHERN ILLINOIS HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 1239 E MAIN STREET	PO Box: 3988			
143.00	City: CARBONDALE	State: IL		Zip Code: 62902-3988	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		
				1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		
		Part A	Part B	Title V	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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140164		Period: From 04/01/2012 To 03/31/2013		Worksheet S-2 Part I Date/Time Prepared: 8/22/2013 10:20 am		
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							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)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S-2 Part II Date/Time Prepared: 8/22/2013 10:20 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)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	07/16/2013	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: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S-2 Part II Date/Time Prepared: 8/22/2013 10:20 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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			Y	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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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.			Y	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
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.	LUANNE	WARREN		41.00
42.00	Enter the employer/company name of the cost report preparer.	SOUTHERN ILLINOIS HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-457-5200, EXT 67202	LUANNE.WARREN@SIH.NET		43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	07/16/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		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	
<b>Cost Report Preparer Contact Information</b>			
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.	REIMBURSEMENT DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 8/22/2013 10:20 am	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	133	48,545	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		133	48,545	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	4,745	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 NEONATAL INTENSIVE CARE UNIT	35.00	13	4,745	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		159	58,035	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
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)		159				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	14,141	5,426	28,740			1.00
2.00 HMO	271	1,119				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)	14,141	5,426	28,740			7.00
8.00 INTENSIVE CARE UNIT	1,863	303	3,391			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 NEONATAL INTENSIVE CARE UNIT	0	956	1,801			12.00
13.00 NURSERY		1,718	3,116			13.00
14.00 Total (see instructions)	16,004	8,403	37,048	11.74	1,026.62	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	2,727	4,839	14,902	3.96	12.37	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				15.70	1,038.99	27.00
28.00 Observation Bed Days		984	4,190			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 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)			0	4,410	2,388	10,648	1.00
2.00 HMO				0			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 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	4,410	2,388	10,648		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC	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
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S-3 Part II Date/Time Prepared: 8/22/2013 10:20 am			
	Worksheet A Line Number	Amount Reported	Reclassification 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	55,535,579	0	55,535,579	2,161,094.39	25.70	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		484,120	0	484,120	27,430.61	17.65	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	1,037,819	0	1,037,819	40,096.00	25.88	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)		172,981	-172,981	0	0.00	0.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		1,570,624	0	1,570,624	28,522.67	55.07	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		506,644	0	506,644	2,905.00	174.40	13.00
14.00	Home office salaries & wage-related costs		11,869,460	0	11,869,460	288,111.03	41.20	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		15,524,048	0	15,524,048			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		0	0	0			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		20,059	0	20,059			23.00
24.00	Wage-related costs (RHC/FOHC)		119,081	0	119,081			24.00
25.00	Interns & residents (in an approved program)		298,279	0	298,279			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits	4.00	250,758	0	250,758	10,465.57	23.96	26.00
27.00	Administrative & General	5.00	4,905,530	0	4,905,530	152,161.59	32.24	27.00
28.00	Administrative & General under contract (see inst.)		410,694	0	410,694	1,237.27	331.94	28.00
29.00	Maintenance & Repairs	6.00	626,829	0	626,829	29,508.56	21.24	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	37,697	0	37,697	3,402.59	11.08	31.00
32.00	Housekeeping	9.00	968,520	0	968,520	79,662.21	12.16	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,364,782	-1,029,583	335,199	23,996.06	13.97	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,029,583	1,029,583	73,707.78	13.97	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	991,557	0	991,557	25,728.21	38.54	38.00
39.00	Central Services and Supply	14.00	811,246	0	811,246	56,766.18	14.29	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	545,892	0	545,892	37,302.20	14.63	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet S-3  
Part II  
Date/Time Prepared:  
8/22/2013 10:20 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	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: 140164		Period: From 04/01/2012 To 03/31/2013		Worksheet S-3 Part III Date/Time Prepared: 8/22/2013 10:20 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	54,424,334	0	54,424,334	2,094,805.05	25.98	1.00
2.00	Excluded area salaries (see instructions)	172,981	-172,981	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	54,251,353	172,981	54,424,334	2,094,805.05	25.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,946,728	0	13,946,728	319,538.70	43.65	4.00
5.00	Subtotal wage-related costs (see inst.)	15,524,048	0	15,524,048	0.00	28.52	5.00
6.00	Total (sum of lines 3 thru 5)	83,722,129	172,981	83,895,110	2,414,343.75	34.75	6.00
7.00	Total overhead cost (see instructions)	10,913,505	0	10,913,505	493,938.22	22.09	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 8/22/2013 10:20 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	985,001	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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	9,238,868	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	23,091	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	75,536	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	185,557	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	623,464	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	741,811	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	3,900,445	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	47,118	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	140,577	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,961,468	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S-3 Part V Date/Time Prepared: 8/22/2013 10:20 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		1,570,624	15,961,468
2.00	Hospital		1,570,624	15,961,468
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140164 Component CCN: 143454	Period: From 04/01/2012 To 03/31/2013	Worksheet S-8 Date/Time Prepared: 8/22/2013 10:20 am
			Rural Health Clinic (RHC) I	Cost
				1.00
1.00	Clinic Address and Identification Street		2553 KEN GRAY BOULEVARD	
		City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County		WEST FRANKFORT IL 62896	
				1.00
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0
			Grant Award	Date
			1.00	2.00
Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)			0
5.00	Migrant Health Center (Section 329(d), PHS Act)			0
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0
7.00	Appalachian Regional Commission			0
8.00	Look-Alikes			0
9.00	OTHER (SPECIFY)			0
				1.00
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N
			1.00	2.00
			0	10.00
		Sunday	Monday	Tuesday
		from to	from to	from
		1.00 2.00	3.00 4.00	5.00
11.00	Facility hours of operations (1) Clinic			08:00 17:00 08:00
				1.00
				2.00
12.00	Have you received an approval for an exception to the productivity standard?			N
13.00	Is this a consolidated cost report as defined in CMS Pub. 104-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N
				0
			1.00	2.00
			14.00	15.00
		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			
		Y/N	V	XVIII
		1.00	2.00	3.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)		0	1,776
		N	0	2,767
		6,701	15.00	
		County		
		4.00		
2.00	City, State, Zip Code, County		FRANKLIN	
		Tuesday	Wednesday	Thursday
		to	from to	from to
		6.00	7.00 8.00	9.00 10.00
11.00	Facility hours of operations (1) Clinic			17:00 08:00 17:00 08:00 17:00
				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140164 Component CCN: 143454	Period: From 04/01/2012 To 03/31/2013	Worksheet S-8 Date/Time Prepared: 8/22/2013 10:20 am	
			Rural Health Clinic (RHC) I	Cost	
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
11.00	Facility hours of operations (1) Clinic	08:00	17:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet S-10 Date/Time Prepared: 8/22/2013 10:20 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.282996	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		13,464,024	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		2,400,101	5.00	
6.00	Medicaid charges		105,969,143	6.00	
7.00	Medicaid cost (line 1 times line 6)		29,988,844	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)		14,124,719	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Uncompensated care (see instructions for each line)</b>					
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		398,410	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		14,124,719	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	20,980,733	2,171,998	23,152,731	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,937,464	614,667	6,552,131	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,937,464	614,667	6,552,131	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			15,688,248	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,236,214	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			14,452,034	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			4,089,868	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			10,641,999	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			24,766,718	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140164		Period: From 04/01/2012 To 03/31/2013		Worksheet A			
Date/Time Prepared: 8/22/2013 10:20 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			
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,320,623		4,320,623	2,698,801	7,019,424	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,627,681		4,627,681	1,431,596	6,059,277	2.00
4.00	00400	EMPLOYEE BENEFITS	250,758	19,312,020		19,562,778	0	19,562,778	4.00
5.02	00520	DATA PROCESSING	0	0		0	0	0	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	105,707		105,707	0	105,707	5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	683,756	79,520		763,276	0	763,276	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,221,774	15,904,310		20,126,084	-521	20,125,563	5.06
6.00	00600	MAINTENANCE & REPAIRS	626,829	1,584,750		2,211,579	0	2,211,579	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	37,697	711,169		748,866	0	748,866	8.00
9.00	00900	HOUSEKEEPING	968,520	575,830		1,544,350	0	1,544,350	9.00
10.00	01000	DIETARY	1,364,782	1,110,967		2,475,749	-1,880,848	594,901	10.00
11.00	01100	CAFETERIA	0	0		0	1,867,689	1,867,689	11.00
13.00	01300	NURSING ADMINISTRATION	991,557	79,909		1,071,466	0	1,071,466	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	811,246	425,363		1,236,609	-16,926	1,219,683	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	545,892	51,614		597,506	0	597,506	16.00
17.00	01700	SOCIAL SERVICE	0	0		0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	2,540,204	2,540,204	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,037,819	0		1,037,819	0	1,037,819	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	760,509		760,509	0	760,509	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	12,053,991	5,174,063		17,228,054	-55,763	17,172,291	30.00
31.00	03100	INTENSIVE CARE UNIT	2,483,675	631,129		3,114,804	-47,975	3,066,829	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	997,970	602,654		1,600,624	-931	1,599,693	35.00
43.00	04300	NURSERY	133,731	181,041		314,772	-2,265	312,507	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	2,926,005	16,834,496		19,760,501	-9,794,961	9,965,540	50.00
50.01	05001	SAME DAY SURGERY	1,739,639	832,782		2,572,421	-2,572,421	0	50.01
51.00	05100	RECOVERY ROOM	560,545	46,726		607,271	-2,304	604,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,236,187	411,874		3,648,061	-11,858	3,636,203	52.00
53.00	05300	ANESTHESIOLOGY	0	3,137,935		3,137,935	-2,710,081	427,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,688,739	1,715,993		4,404,732	-607,863	3,796,869	54.00
54.01	05401	ONCOLOGY	860,121	1,302,197		2,162,318	-5,627	2,156,691	54.01
54.02	05402	MAMMOGRAPHY	596,910	549,681		1,146,591	-98,667	1,047,924	54.02
56.00	05600	RADIOISOTOPE	366,009	974,612		1,340,621	182,877	1,523,498	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	186,027	155,020		341,047	-154,016	187,031	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,280,226	12,239,426		14,519,652	-7,571,073	6,948,579	59.00
60.00	06000	LABORATORY	2,338,160	4,387,423		6,725,583	256,630	6,982,213	60.00
65.00	06500	RESPIRATORY THERAPY	1,184,014	368,190		1,552,204	-110,477	1,441,727	65.00
66.00	06600	PHYSICAL THERAPY	1,769,060	722,530		2,491,590	-1,253	2,490,337	66.00
69.00	06900	ELECTROCARDIOLOGY	1,142,248	5,185,164		6,327,412	-316,361	6,011,051	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81,639	160,763		242,402	-27,496	214,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	9,037,243	9,037,243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0	11,956,278	11,956,278	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,446,532	5,818,006		8,264,538	423,440	8,687,978	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	414,326	952,523		1,366,849	-5,113	1,361,736	88.00
91.00	09100	EMERGENCY	3,336,214	2,794,962		6,131,176	-12,372	6,118,804	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE		4,252,660		4,252,660	-4,130,397	122,263	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,362,598	119,081,822		174,444,420	257,189	174,701,609	118.00
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	34,733		34,733	0	34,733	192.00
192.01	19201	FAMILY PRACTICE	0	0		0	0	0	192.01
192.02	19202	REFERENCE LAB	172,981	84,208		257,189	-257,189	0	192.02
192.03	19203	UNUSED SPACE	0	0		0	0	0	192.03
200.00		TOTAL (SUM OF LINES 118-199)	55,535,579	119,200,763		174,736,342	0	174,736,342	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	210,156	7,229,580	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,100,304	10,159,581	2.00
4.00	00400	EMPLOYEE BENEFITS	1,272,979	20,835,757	4.00
5.02	00520	DATA PROCESSING	4,628,074	4,628,074	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	-16,471	89,236	5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	3,371,262	4,134,538	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-1,007,570	19,117,993	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,211,579	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	748,866	8.00
9.00	00900	HOUSEKEEPING	-173	1,544,177	9.00
10.00	01000	DIETARY	0	594,901	10.00
11.00	01100	CAFETERIA	-851,950	1,015,739	11.00
13.00	01300	NURSING ADMINISTRATION	-6,902	1,064,564	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,219,683	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-64,671	532,835	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-2,540,204	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,037,819	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,038	759,471	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,834,283	15,338,008	30.00
31.00	03100	INTENSIVE CARE UNIT	-17,015	3,049,814	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-568,836	1,030,857	35.00
43.00	04300	NURSERY	0	312,507	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-26,396	9,939,144	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	604,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,636,203	52.00
53.00	05300	ANESTHESIOLOGY	0	427,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,351	3,795,518	54.00
54.01	05401	ONCOLOGY	-279,875	1,876,816	54.01
54.02	05402	MAMMOGRAPHY	-28,562	1,019,362	54.02
56.00	05600	RADIOISOTOPE	0	1,523,498	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	187,031	58.00
59.00	05900	CARDIAC CATHETERIZATION	-35,577	6,913,002	59.00
60.00	06000	LABORATORY	-61,226	6,920,987	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,441,727	65.00
66.00	06600	PHYSICAL THERAPY	-26,777	2,463,560	66.00
69.00	06900	ELECTROCARDIOLOGY	-218,098	5,792,953	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-8,000	206,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,037,243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,956,278	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,687,978	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	-14,073	1,347,663	88.00
91.00	09100	EMERGENCY	-2,050,123	4,068,681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-122,263	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,801,341	178,502,950	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	34,733	192.00
192.01	19201	FAMILY PRACTICE	0	0	192.01
192.02	19202	REFERENCE LAB	0	0	192.02
192.03	19203	UNUSED SPACE	0	0	192.03
200.00		TOTAL (SUM OF LINES 118-199)	3,801,341	178,537,683	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet Non-CMS W Date/Time Prepared: 8/22/2013 10:20 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.02	DATA PROCESSING	00520		5.02
5.03	PURCHASING RECEIVING AND STORES	00530		5.03
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00550		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
6.00	MAINTENANCE & REPAIRS	00600		6.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060		35.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
50.01	SAME DAY SURGERY	05001		50.01
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ONCOLOGY	05401		54.01
54.02	MAMMOGRAPHY	05402		54.02
56.00	RADIOISOTOPE	05600		56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	08800		88.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FAMILY PRACTICE	19201		192.01
192.02	REFERENCE LAB	19202		192.02
192.03	UNUSED SPACE	19203		192.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-6  
Date/Time Prepared:  
8/22/2013 10:20 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DIETARY RECLASS</b>					
1.00	CAFETERIA	11.00	1,029,583	838,106	1.00
	TOTALS		1,029,583	838,106	
<b>B - NUTRITIONAL PRODUCT RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	94,141	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
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
	TOTALS		0	94,141	
<b>C - MEDICAL SUPPLY RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,993,521	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	TOTALS		0	20,993,521	
<b>D - REFERENCE LAB RECLASS</b>					
1.00	LABORATORY	60.00	172,981	84,208	1.00
	TOTALS		172,981	84,208	
<b>E - SAME DAY SURGERY RECLASS</b>					
1.00	OPERATING ROOM	50.00	1,739,639	832,782	1.00
	TOTALS		1,739,639	832,782	
<b>F - INTEREST RECLASS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,698,801	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,431,596	2.00
	TOTALS		0	4,130,397	
<b>G - IMPLANTABLE DEVICE RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,956,278	1.00
	TOTALS		0	11,956,278	
<b>H - CRNA RECLASS</b>					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	2,540,204	1.00
	TOTALS		0	2,540,204	
<b>I - PRAIRIE MD RECLASS</b>					
1.00	CARDIAC CATHETERIZATION	59.00	0	16,000	1.00
	TOTALS		0	16,000	
<b>J - CONTRAST DRUG RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	329,909	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	329,909	

RECLASSIFICATIONS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-6  
Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	K - ISOTOPE RECLASS				
1.00	RADIOISOTOPE	56.00	0	183,081	1.00
	TOTALS		0	183,081	
500.00	Grand Total: Increases		2,942,203	41,998,627	500.00

RECLASSIFICATIONS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-6  
Date/Time Prepared:  
8/22/2013 10:20 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - DIETARY RECLASS</b>							
1.00	DIETARY	10.00	1,029,583	838,106	0		1.00
	TOTALS		1,029,583	838,106			
<b>B - NUTRITIONAL PRODUCT RECLASS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,701	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	24,854	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	7,568	0		3.00
4.00	NURSERY	43.00	0	1,634	0		4.00
5.00	OPERATING ROOM	50.00	0	10,356	0		5.00
6.00	RECOVERY ROOM	51.00	0	2,304	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,263	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	9,688	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,139	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	43	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	5,225	0		11.00
12.00	RADIOISOTOPE	56.00	0	204	0		12.00
13.00	LABORATORY	60.00	0	479	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	375	0		14.00
15.00	EMERGENCY	91.00	0	6,915	0		15.00
16.00	MAMMOGRAPHY	54.02	0	234	0		16.00
17.00	DIETARY	10.00	0	13,159	0		17.00
	TOTALS		0	94,141			
<b>C - MEDICAL SUPPLY RECLASS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,225	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	30,909	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	40,407	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	931	0		4.00
5.00	NURSERY	43.00	0	631	0		5.00
6.00	OPERATING ROOM	50.00	0	12,357,026	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,595	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	160,189	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	551,498	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	98,091	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	7,476,196	0		11.00
12.00	LABORATORY	60.00	0	80	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	110,477	0		13.00
14.00	EMERGENCY	91.00	0	5,457	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	3,756	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	27,496	0		16.00
17.00	MAMMOGRAPHY	54.02	0	98,433	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	1,253	0		18.00
19.00	ONCOLOGY	54.01	0	5,627	0		19.00
20.00	RURAL HEALTH CLINIC	88.00	0	5,113	0		20.00
21.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	521	0		21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	610	0		22.00
	TOTALS		0	20,993,521			
<b>D - REFERENCE LAB RECLASS</b>							
1.00	REFERENCE LAB	192.02	172,981	84,208	0		1.00
	TOTALS		172,981	84,208			
<b>E - SAME DAY SURGERY RECLASS</b>							
1.00	SAME DAY SURGERY	50.01	1,739,639	832,782	0		1.00
	TOTALS		1,739,639	832,782			
<b>F - INTEREST RECLASS</b>							
1.00	INTEREST EXPENSE	113.00	0	4,130,397	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	4,130,397			
<b>G - IMPLANTABLE DEVICE RECLASS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,956,278	0		1.00
	TOTALS		0	11,956,278			
<b>H - CRNA RECLASS</b>							
1.00	ANESTHESIOLOGY	53.00	0	2,540,204	0		1.00
	TOTALS		0	2,540,204			
<b>I - PRAIRIE MD RECLASS</b>							
1.00	CARDIAC CATHETERIZATION	59.00	0	16,000	0		1.00
	TOTALS		0	16,000			
<b>J - CONTRAST DRUG RECLASS</b>							
1.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	55,882	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	129,149	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,226	0		3.00

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-6  
Date/Time Prepared:  
8/22/2013 10:20 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	CARDIAC CATHETERIZATION	59.00	0	89,652	0		4.00
	TOTALS		0	329,909			
	K - ISOTOPE RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	0	183,081	0		1.00
	TOTALS		0	183,081			
500.00	Grand Total: Decreases		2,942,203	41,998,627			500.00

RECLASSIFICATIONS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
8/22/2013 10:20 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - DIETARY RECLASS</b>						
1.00	CAFETERIA	11.00	1,029,583	DIETARY	10.00	1,029,583
	TOTALS		1,029,583	TOTALS		1,029,583
<b>B - NUTRITIONAL PRODUCT RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00		CENTRAL SERVICES & SUPPLY	14.00	
2.00		0.00		ADULTS & PEDIATRICS	30.00	
3.00		0.00		INTENSIVE CARE UNIT	31.00	
4.00		0.00		NURSERY	43.00	
5.00		0.00		OPERATING ROOM	50.00	
6.00		0.00		RECOVERY ROOM	51.00	
7.00		0.00		DELIVERY ROOM & LABOR ROOM	52.00	
8.00		0.00		ANESTHESIOLOGY	53.00	
9.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00	
10.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00	
11.00		0.00		CARDIAC CATHETERIZATION	59.00	
12.00		0.00		RADIOISOTOPE	56.00	
13.00		0.00		LABORATORY	60.00	
14.00		0.00		ELECTROCARDIOLOGY	69.00	
15.00		0.00		EMERGENCY	91.00	
16.00		0.00		MAMMOGRAPHY	54.02	
17.00		0.00		DIETARY	10.00	
	TOTALS			TOTALS		
<b>C - MEDICAL SUPPLY RECLASS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		CENTRAL SERVICES & SUPPLY	14.00	
2.00		0.00		ADULTS & PEDIATRICS	30.00	
3.00		0.00		INTENSIVE CARE UNIT	31.00	
4.00		0.00		NEONATAL INTENSIVE CARE UNIT	35.00	
5.00		0.00		NURSERY	43.00	
6.00		0.00		OPERATING ROOM	50.00	
7.00		0.00		DELIVERY ROOM & LABOR ROOM	52.00	
8.00		0.00		ANESTHESIOLOGY	53.00	
9.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00	
10.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00	
11.00		0.00		CARDIAC CATHETERIZATION	59.00	
12.00		0.00		LABORATORY	60.00	
13.00		0.00		RESPIRATORY THERAPY	65.00	
14.00		0.00		EMERGENCY	91.00	
15.00		0.00		ELECTROCARDIOLOGY	69.00	
16.00		0.00		ELECTROENCEPHALOGRAPHY	70.00	
17.00		0.00		MAMMOGRAPHY	54.02	
18.00		0.00		PHYSICAL THERAPY	66.00	
19.00		0.00		ONCOLOGY	54.01	
20.00		0.00		RURAL HEALTH CLINIC	88.00	
21.00		0.00		OTHER ADMINISTRATIVE AND GENERAL	5.06	
22.00		0.00		DRUGS CHARGED TO PATIENTS	73.00	
	TOTALS			TOTALS		
<b>D - REFERENCE LAB RECLASS</b>						
1.00	LABORATORY	60.00	172,981	REFERENCE LAB	192.02	172,981
	TOTALS		172,981	TOTALS		172,981
<b>E - SAME DAY SURGERY RECLASS</b>						
1.00	OPERATING ROOM	50.00	1,739,639	SAME DAY SURGERY	50.01	1,739,639
	TOTALS		1,739,639	TOTALS		1,739,639
<b>F - INTEREST RECLASS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		INTEREST EXPENSE	113.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00			0.00	
	TOTALS			TOTALS		
<b>G - IMPLANTABLE DEVICE RECLASS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	
	TOTALS			TOTALS		
<b>H - CRNA RECLASS</b>						
1.00	NONPHYSICIAN ANESTHETISTS	19.00		ANESTHESIOLOGY	53.00	
	TOTALS			TOTALS		
<b>I - PRAIRIE MD RECLASS</b>						
1.00	CARDIAC CATHETERIZATION	59.00		CARDIAC CATHETERIZATION	59.00	
	TOTALS			TOTALS		
<b>J - CONTRAST DRUG RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00	
2.00		0.00		ELECTROCARDIOLOGY	69.00	

RECLASSIFICATIONS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
8/22/2013 10:20 am

Increases				Decreases				
	Cost Center	Line #	Salary	Cost Center	Line #	Salary		
	2.00	3.00	4.00	6.00	7.00	8.00		
3.00		0.00		0	RADIOLOGY-DIAGNOSTIC	54.00	0	3.00
4.00		0.00		0	CARDIAC CATHETERIZATION	59.00	0	4.00
	TOTALS			0	TOTALS		0	
K - ISOTOPE RECLASS								
1.00	RADIOISOTOPE	56.00		0	ELECTROCARDIOLOGY	69.00	0	1.00
	TOTALS			0	TOTALS		0	
500.00	Grand Total: Increases		2,942,203	Grand Total: Decreases		2,942,203		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-7  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	4,337,860	1,504,331	0	1,504,331	0	1.00
2.00	Land Improvements	3,424,196	55,666	0	55,666	35,489	2.00
3.00	Buildings and Fixtures	55,553,845	422,846	0	422,846	422,846	3.00
4.00	Building Improvements	47,629,376	584,090	0	584,090	49,834	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	54,466,411	8,757,484	0	8,757,484	3,831,196	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	165,411,688	11,324,417	0	11,324,417	4,339,365	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	165,411,688	11,324,417	0	11,324,417	4,339,365	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,842,191	0				1.00
2.00	Land Improvements	3,444,373	0				2.00
3.00	Buildings and Fixtures	55,553,845	0				3.00
4.00	Building Improvements	48,163,632	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	59,392,699	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	172,396,740	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	172,396,740	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-7  
Part II  
Date/Time Prepared:  
8/22/2013 10:20 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	4,320,623	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,627,681	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,948,304	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	4,320,623				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,627,681				2.00
3.00	Total (sum of lines 1-2)	0	8,948,304				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-7  
Part III  
Date/Time Prepared:  
8/22/2013 10:20 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	106,998,152	0	106,998,152	0.653365	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	56,766,489	0	56,766,489	0.346635	0	2.00
3.00	Total (sum of lines 1-2)	163,764,641	0	163,764,641	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	7,229,580	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,159,581	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,389,161	0	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	0	0	0	0	7,229,580	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,159,581	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	17,389,161	3.00

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 #			
			3.00	4.00			
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)			0		0.00	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	-5,091,540				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	25,911,462				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-836,472	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-64,671	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	B	-15,478	CAFETERIA		11.00	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			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-2,540,204	NONPHYSICIAN ANESTHETISTS		19.00	0	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	*** Cost Center Deleted ***	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 EMPLOYEE OUTPATIENT PAYMENTS	B	-3,168,785	EMPLOYEE BENEFITS		4.00	0	33.00
34.00 DEBT FORGIVENESS	A	-5,348,706	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	34.00
35.00 TELEVISION AND RADIO SERVICES	A	-16,530	CAP REL COSTS-MVBLE EQUIP		2.00	9	35.00

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		
36.00 INTEREST INCOME UNRESTRICTED	B	-937,999	OTHER ADMINISTRATION AND GENERAL	5.06	0	36.00
37.00 LOSS ON 1994 BONDS	A	177,794	CAP REL COSTS-BLDG & FIXT	1.00	9	37.00
38.00 LOSS ON 1994 BONDS	A	152,494	CAP REL COSTS-MVBLE EQUIP	2.00	9	38.00
39.00 FUNDED DEPRECIATION	A	-6,299	CAP REL COSTS-BLDG & FIXT	1.00	9	39.00
40.00 BOND REVENUE	B	-122,263	INTEREST EXPENSE	113.00	0	40.00
41.00 MISCELLANEOUS INCOME	B	-11,120	OTHER ADMINISTRATION AND GENERAL	5.06	0	41.00
42.00 SALE OF XRAY SILVER/FILM	B	-1,351	RADIOLOGY-DIAGNOSTIC	54.00	0	42.00
43.00 OFFSET LOBBYING EXPENSES	A	-31,232	OTHER ADMINISTRATION AND GENERAL	5.06	0	43.00
44.00 PURCHASE DISCOUNT	B	-16,471	PURCHASING RECEIVING AND STORES	5.03	0	44.00
45.00 LOSS ON 1987 BONDS	A	134,079	CAP REL COSTS-BLDG & FIXT	1.00	9	45.00
46.00 LOSS ON 1987 BONDS	A	46,426	CAP REL COSTS-MVBLE EQUIP	2.00	9	46.00
47.00 LOSS ON 1991 BONDS	A	206,310	CAP REL COSTS-BLDG & FIXT	1.00	9	47.00
48.00 LOSS ON 1991 BONDS	A	141,189	CAP REL COSTS-MVBLE EQUIP	2.00	9	48.00
49.00 LEASEHOLD REVENUE	B	-18,942	MAMMOGRAPHY	54.02	0	49.00
49.01 VENDING MACHINE INCOME	B	-173	HOUSEKEEPING	9.00	0	49.01
49.02 EKG MEDICAL DIRECTOR	B	-275	ELECTROCARDIOLOGY	69.00	0	49.02
49.03 PATIENT'S GUEST LODGING EXPENSE	A	-24,226	CARDIAC CATHETERIZATION	59.00	0	49.03
49.04 LEASEHOLD REVENUE	B	-424,499	CAP REL COSTS-BLDG & FIXT	1.00	9	49.04
49.05 MEDICAID PROVIDER TAX	A	-4,220,412	OTHER ADMINISTRATION AND GENERAL	5.06	0	49.05
49.06 CABLE TV	A	-1,038	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	49.06
49.07 PERSONAL PORTION OF PROVIDER VEHICLE	A	-6,902	NURSING ADMINISTRATION	13.00	0	49.07
49.08 PHYSICIAN CONSULTING FEES	A	-41,213	OTHER ADMINISTRATION AND GENERAL	5.06	0	49.08
49.09 MISCELLANEOUS INCOME	B	-26	LABORATORY	60.00	0	49.09
49.10 PERSONAL PORTION OF PROVIDER VEHICLE	A	-7,513	OTHER ADMINISTRATION AND GENERAL	5.06	0	49.10
49.11 SALE OF MEDICAL RECORDS AND ABSTRACT	B	-445	RURAL HEALTH CLINIC	88.00	0	49.11
49.12 MISCELLANEOUS INCOME	B	-13,628	RURAL HEALTH CLINIC	88.00	0	49.12
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		3,801,341				50.00

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

Provider CCN: 140164

Period: From 04/01/2012 To 03/31/2013

Worksheet A-8-1

Date/Time Prepared: 8/22/2013 10:20 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	HOME OFFICE	122,771	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3,776,725	0 2.00
3.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE	4,441,764	0 3.00
4.00	5.02	DATA PROCESSING	HOME OFFICE	4,628,074	0 4.00
4.01	5.05	CASHIERING/ACCOUNTS RECEIVABLE	HOME OFFICE	3,371,262	0 4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE	9,597,643	0 4.02
4.03	66.00	PHYSICAL THERAPY	HOME OFFICE	84,403	111,180 4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			26,022,642	111,180 5.00

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

Symbol (1)	Name	Percentage of Ownership	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	SIHS	100.00	HOME OFFICE	100.00	6.00
7.00	B	SIMS	100.00	RELATED ORG	100.00	7.00
8.00	B	HSSI	100.00	RELATED ORG	100.00	8.00
9.00	B	SIHE	100.00	RELATED ORG	100.00	9.00
10.00	B	SIH CAYMAN	100.00	RELATED ORG	100.00	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: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-8-1

Date/Time Prepared:  
8/22/2013 10:20 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	122,771	9		1.00
2.00	3,776,725	9		2.00
3.00	4,441,764	0		3.00
4.00	4,628,074	0		4.00
4.01	3,371,262	0		4.01
4.02	9,597,643	0		4.02
4.03	-26,777	0		4.03
5.00	25,911,462			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	CAPTIVE		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: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet A-8-2

Date/Time Prepared:  
8/22/2013 10:20 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	30.00	DR. A	1,834,283	1,834,283	0	0	0	1.00
2.00	31.00	DR. B	41,600	0	41,600	159,800	320	2.00
3.00	35.00	DR. C	574,444	559,844	14,600	159,800	73	3.00
4.00	50.00	DR. D	44,950	4,113	40,837	182,900	211	4.00
5.00	54.02	DR. E	26,568	0	26,568	217,600	162	5.00
6.00	59.00	DR. F	23,800	0	23,800	217,600	119	6.00
7.00	60.00	DR. G	125,000	0	125,000	208,000	638	7.00
8.00	54.01	DR. H	403,844	198,524	205,320	217,600	1,185	8.00
9.00	69.00	DR. I	222,970	213,041	9,929	159,800	67	9.00
10.00	70.00	DR. J	8,000	8,000	0	0	0	10.00
11.00	91.00	DR. K	2,052,658	2,048,138	4,520	159,800	33	11.00
12.00	5.06	DR. L	14,470	0	14,470	159,800	97	12.00
200.00			5,372,587	4,865,943	506,644		2,905	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	30.00	DR. A	0	0	0	0	0	1.00
2.00	31.00	DR. B	24,585	1,229	0	0	0	2.00
3.00	35.00	DR. C	5,608	280	0	0	0	3.00
4.00	50.00	DR. D	18,554	928	0	0	0	4.00
5.00	54.02	DR. E	16,948	847	0	0	0	5.00
6.00	59.00	DR. F	12,449	622	0	0	0	6.00
7.00	60.00	DR. G	63,800	3,190	0	0	0	7.00
8.00	54.01	DR. H	123,969	6,198	0	0	0	8.00
9.00	69.00	DR. I	5,147	257	0	0	0	9.00
10.00	70.00	DR. J	0	0	0	0	0	10.00
11.00	91.00	DR. K	2,535	127	0	0	0	11.00
12.00	5.06	DR. L	7,452	373	0	0	0	12.00
200.00			281,047	14,051	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	30.00	DR. A	0	0	0	1,834,283	1.00
2.00	31.00	DR. B	0	24,585	17,015	17,015	2.00
3.00	35.00	DR. C	0	5,608	8,992	568,836	3.00
4.00	50.00	DR. D	0	18,554	22,283	26,396	4.00
5.00	54.02	DR. E	0	16,948	9,620	9,620	5.00
6.00	59.00	DR. F	0	12,449	11,351	11,351	6.00
7.00	60.00	DR. G	0	63,800	61,200	61,200	7.00
8.00	54.01	DR. H	0	123,969	81,351	279,875	8.00
9.00	69.00	DR. I	0	5,147	4,782	217,823	9.00
10.00	70.00	DR. J	0	0	0	8,000	10.00
11.00	91.00	DR. K	0	2,535	1,985	2,050,123	11.00
12.00	5.06	DR. L	0	7,452	7,018	7,018	12.00
200.00			0	281,047	225,597	5,091,540	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,229,580	7,229,580			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,159,581		10,159,581		2.00
4.00 00400	EMPLOYEE BENEFITS	20,835,757	28,554	12,116	20,876,427	4.00
5.02 00520	DATA PROCESSING	4,628,074	18,148	0	0	4,646,222 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	89,236	81,474	28,544	0	33,120 5.03
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	4,134,538	79,545	2,912	258,197	137,210 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	19,117,993	1,456,454	122,079	1,594,209	302,809 5.06
6.00 00600	MAINTENANCE & REPAIRS	2,211,579	822,328	32,576	236,701	179,793 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	748,866	25,026	0	14,235	0 8.00
9.00 00900	HOUSEKEEPING	1,544,177	46,625	11,244	365,729	18,926 9.00
10.00 01000	DIETARY	594,901	114,597	49,587	126,577	75,702 10.00
11.00 01100	CAFETERIA	1,015,739	126,145	0	388,787	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,064,564	136,348	223,249	374,428	250,764 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,219,683	83,200	158,644	306,339	47,314 14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	532,835	47,311	9,522	206,138	123,016 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	9,463 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,037,819	0	0	391,897	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	759,471	0	0	0	0 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	15,338,008	1,702,120	565,101	4,551,773	818,529 30.00
31.00 03100	INTENSIVE CARE UNIT	3,049,814	179,928	262,179	937,875	302,809 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,030,857	52,793	168,251	376,849	89,896 35.00
43.00 04300	NURSERY	312,507	29,290	12,598	50,499	61,508 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	9,939,144	518,184	2,180,612	1,761,822	378,511 50.00
50.01 05001	SAME DAY SURGERY	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	604,967	96,982	0	211,671	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,636,203	237,670	178,957	1,222,036	127,747 52.00
53.00 05300	ANESTHESIOLOGY	427,854	11,041	157,918	0	9,463 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,795,518	236,427	1,729,381	1,015,311	179,793 54.00
54.01 05401	ONCOLOGY	1,876,816	179,319	845,042	324,795	123,016 54.01
54.02 05402	MAMMOGRAPHY	1,019,362	0	264,589	225,403	189,255 54.02
56.00 05600	RADIOISOTOPE	1,523,498	45,610	164,455	138,211	23,657 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	187,031	33,326	44,479	70,247	4,731 58.00
59.00 05900	CARDIAC CATHETERIZATION	6,913,002	262,569	1,193,817	861,050	184,524 59.00
60.00 06000	LABORATORY	6,920,987	131,678	374,625	948,247	165,599 60.00
65.00 06500	RESPIRATORY THERAPY	1,441,727	41,524	93,817	447,103	52,045 65.00
66.00 06600	PHYSICAL THERAPY	2,463,560	16,853	41,862	668,025	179,793 66.00
69.00 06900	ELECTROCARDIOLOGY	5,792,953	40,102	513,194	431,331	66,239 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	206,906	22,488	68,403	30,828	14,194 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,037,243	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,956,278	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,687,978	47,539	19,990	923,850	85,165 73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	1,347,663	0	13,658	156,456	179,793 88.00
91.00 09100	EMERGENCY	4,068,681	231,680	593,056	1,259,808	227,107 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	178,502,950	7,182,878	10,136,457	20,876,427	4,641,491 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	34,733	0	0	0	4,731 192.00
192.01 19201	FAMILY PRACTICE	0	0	0	0	0 192.01
192.02 19202	REFERENCE LAB	0	0	23,124	0	0 192.02
192.03 19203	UNUSED SPACE	0	46,702	0	0	0 192.03
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	178,537,683	7,229,580	10,159,581	20,876,427	4,646,222 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

Period: 04/01/2012  
To: 03/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.03	5.05	5A.05	5.06	6.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES	232,374					5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	679	4,613,081				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	22,593,544	22,593,544		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	3,482,977	504,621	3,987,598	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	788,127	114,185	21,040	8.00
9.00	00900	HOUSEKEEPING	36	0	1,986,737	287,842	39,199	9.00
10.00	01000	DIETARY	15	0	961,379	139,287	96,344	10.00
11.00	01100	CAFETERIA	46	0	1,530,717	221,773	106,053	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,049,353	296,914	114,631	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,613	0	1,816,793	263,221	69,948	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	918,822	133,121	39,775	16.00
17.00	01700	SOCIAL SERVICE	0	0	9,463	1,371	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,429,716	207,140	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	759,471	110,034	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	29,130	268,737	23,273,398	3,371,941	1,431,003	30.00
31.00	03100	INTENSIVE CARE UNIT	10,917	33,647	4,777,169	692,126	151,269	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	48	49,949	1,768,643	256,245	44,384	35.00
43.00	04300	NURSERY	3,921	13,660	483,983	70,120	24,625	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	112,586	639,269	15,530,128	2,250,036	435,648	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	823	62,411	976,854	141,529	81,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,000	55,589	5,464,202	791,665	199,814	52.00
53.00	05300	ANESTHESIOLOGY	12,901	85,362	704,539	102,075	9,282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,745	536,743	7,500,918	1,086,748	198,769	54.00
54.01	05401	ONCOLOGY	20	145,996	3,495,004	506,363	150,757	54.01
54.02	05402	MAMMOGRAPHY	397	59,014	1,758,020	254,705	0	54.02
56.00	05600	RADIOISOTOPE	223	86,375	1,982,029	287,160	38,345	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	75	95,931	435,820	63,142	28,018	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,014	261,512	9,704,488	1,406,006	220,747	59.00
60.00	06000	LABORATORY	3,950	561,938	9,107,024	1,319,444	110,704	60.00
65.00	06500	RESPIRATORY THERAPY	1,775	64,670	2,142,661	310,433	34,910	65.00
66.00	06600	PHYSICAL THERAPY	596	81,963	3,452,652	500,227	14,169	66.00
69.00	06900	ELECTROCARDIOLOGY	818	301,763	7,146,400	1,035,385	33,715	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24	8,212	351,055	50,862	18,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	724,745	9,761,988	1,414,336	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,956,278	1,732,249	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	203	258,574	10,023,299	1,452,196	39,967	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	201	11,065	1,708,836	247,580	0	88.00
91.00	09100	EMERGENCY	9,618	205,956	6,595,906	955,628	194,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	232,374	4,613,081	178,428,393	22,577,710	3,948,335	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	39,464	5,718	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	REFERENCE LAB	0	0	23,124	3,350	0	192.02
192.03	19203	UNUSED SPACE	0	0	46,702	6,766	39,263	192.03
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	232,374	4,613,081	178,537,683	22,593,544	3,987,598	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.02	00520						5.02
5.03	00530						5.03
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
8.00	00800	923,352					8.00
9.00	00900	0	2,313,778				9.00
10.00	01000	0	56,760	1,253,770			10.00
11.00	01100	0	62,480	0	1,921,023		11.00
13.00	01300	0	67,534	0	25,067	2,553,499	13.00
14.00	01400	0	41,209	0	61,527	0	14.00
16.00	01600	0	23,433	0	41,018	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	43,297	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	782,068	843,070	1,061,928	515,007	1,088,368	30.00
31.00	03100	92,275	89,119	125,296	93,431	194,871	31.00
35.00	02060	49,009	26,149	66,546	31,903	67,553	35.00
43.00	04300	0	14,507	0	4,558	9,986	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	256,659	0	180,025	382,485	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	48,036	0	18,230	36,770	51.00
52.00	05200	0	117,719	0	129,891	275,996	52.00
53.00	05300	0	5,469	0	0	0	53.00
54.00	05400	0	117,103	0	102,546	0	54.00
54.01	05401	0	88,817	0	29,624	0	54.01
54.02	05402	0	0	0	31,903	0	54.02
56.00	05600	0	22,591	0	9,115	0	56.00
58.00	05800	0	16,506	0	6,836	0	58.00
59.00	05900	0	130,052	0	82,037	175,629	59.00
60.00	06000	0	65,221	0	127,612	0	60.00
65.00	06500	0	20,567	0	50,133	13,652	65.00
66.00	06600	0	8,347	0	68,364	0	66.00
69.00	06900	0	19,863	0	31,903	0	69.00
70.00	07000	0	11,138	0	4,558	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	23,546	0	59,249	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	27,346	0	88.00
91.00	09100	0	114,752	0	145,843	308,189	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
100.00	10000	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		923,352	2,290,647	1,253,770	1,921,023	2,553,499	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	23,131	0	0	0	192.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		923,352	2,313,778	1,253,770	1,921,023	2,553,499	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

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Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	16.00	17.00	19.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	2,252,698					14.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,156,169				16.00
17.00 01700 SOCIAL SERVICE	0	0	10,834			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,636,856	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	3,317	67,358	9,176	0	195,098	30.00
31.00 03100 INTENSIVE CARE UNIT	4,336	8,433	1,083	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	100	12,519	575	0	0	35.00
43.00 04300 NURSERY	68	3,424	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,325,997	160,231	0	0	46,915	50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	15,643	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	493	13,933	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	17,189	21,396	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	69,705	134,533	0	0	2,511	54.00
54.01 05401 ONCOLOGY	604	36,594	0	0	0	54.01
54.02 05402 MAMMOGRAPHY	10,563	14,792	0	0	0	54.02
56.00 05600 RADIOISOTOPE	0	21,650	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	24,045	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	802,248	65,547	0	0	0	59.00
60.00 06000 LABORATORY	9	140,848	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	11,855	16,209	0	0	2,511	65.00
66.00 06600 PHYSICAL THERAPY	134	20,544	0	0	49,300	66.00
69.00 06900 ELECTROCARDIOLOGY	403	75,636	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,951	2,058	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,526	181,570	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	65	64,811	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	549	2,773	0	0	363,240	88.00
91.00 09100 EMERGENCY	586	51,622	0	0	61,759	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,252,698	1,156,169	10,834	0	721,334	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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	0	192.00
192.01 19201 FAMILY PRACTICE	0	0	0	0	915,522	192.01
192.02 19202 REFERENCE LAB	0	0	0	0	0	192.02
192.03 19203 UNUSED SPACE	0	0	0	0	0	192.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,252,698	1,156,169	10,834	0	1,636,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS					
	22.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00 00400	EMPLOYEE BENEFITS				4.00	
5.02 00520	DATA PROCESSING				5.02	
5.03 00530	PURCHASING RECEIVING AND STORES				5.03	
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05	
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL				5.06	
6.00 00600	MAINTENANCE & REPAIRS				6.00	
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	
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00 01700	SOCIAL SERVICE				17.00	
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	912,802			22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	108,798	32,750,530	-303,896	32,446,634	30.00
31.00 03100	INTENSIVE CARE UNIT	0	6,229,408	0	6,229,408	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	2,323,626	0	2,323,626	35.00
43.00 04300	NURSERY	0	611,271	0	611,271	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	26,163	20,594,287	-73,078	20,521,209	50.00
50.01 05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	1,318,597	0	1,318,597	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,993,713	0	6,993,713	52.00
53.00 05300	ANESTHESIOLOGY	0	859,950	0	859,950	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,400	9,214,233	-3,911	9,210,322	54.00
54.01 05401	ONCOLOGY	0	4,307,763	0	4,307,763	54.01
54.02 05402	MAMMOGRAPHY	0	2,069,983	0	2,069,983	54.02
56.00 05600	RADIOISOTOPE	0	2,360,890	0	2,360,890	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	574,367	0	574,367	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	12,586,754	0	12,586,754	59.00
60.00 06000	LABORATORY	0	10,870,862	0	10,870,862	60.00
65.00 06500	RESPIRATORY THERAPY	1,400	2,604,331	-3,911	2,600,420	65.00
66.00 06600	PHYSICAL THERAPY	27,493	4,141,230	-76,793	4,064,437	66.00
69.00 06900	ELECTROCARDIOLOGY	0	8,343,305	0	8,343,305	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	441,528	0	441,528	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,359,420	0	11,359,420	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,688,527	0	13,688,527	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	11,663,133	0	11,663,133	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	202,563	2,552,887	-565,803	1,987,084	88.00
91.00 09100	EMERGENCY	34,440	8,463,503	-96,199	8,367,304	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	402,257	176,924,098	-1,123,591	175,800,507	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	45,182	0	45,182	192.00
192.01 19201	FAMILY PRACTICE	510,545	1,426,067	-1,426,067	0	192.01
192.02 19202	REFERENCE LAB	0	26,474	0	26,474	192.02
192.03 19203	UNUSED SPACE	0	115,862	0	115,862	192.03
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	912,802	178,537,683	-2,549,658	175,988,025	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet Non-CMS W  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	3	GROSS SALARIES	4.00
5.02	DATA PROCESSING	5	NUMBER OF PCS	5.02
5.03	PURCHASING RECEIVING AND STORES	6	PURCHASED SUPPLIES	5.03
5.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GROSS REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	9	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	NUMBER OF FTES	11.00
13.00	NURSING ADMINISTRATION	12	DIRECT NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED REQS	14.00
16.00	MEDICAL RECORDS & LIBRARY	8	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	9	PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	14	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	15	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	15	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	28,554	12,116	40,670	40,670
5.02 00520	DATA PROCESSING	0	18,148	0	18,148	0
5.03 00530	PURCHASING RECEIVING AND STORES	0	81,474	28,544	110,018	0
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	79,545	2,912	82,457	503
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,456,454	122,079	1,578,533	3,107
6.00 00600	MAINTENANCE & REPAIRS	0	822,328	32,576	854,904	461
8.00 00800	LAUNDRY & LINEN SERVICE	0	25,026	0	25,026	28
9.00 00900	HOUSEKEEPING	0	46,625	11,244	57,869	713
10.00 01000	DIETARY	0	114,597	49,587	164,184	247
11.00 01100	CAFETERIA	0	126,145	0	126,145	758
13.00 01300	NURSING ADMINISTRATION	0	136,348	223,249	359,597	730
14.00 01400	CENTRAL SERVICES & SUPPLY	0	83,200	158,644	241,844	597
16.00 01600	MEDICAL RECORDS & LIBRARY	0	47,311	9,522	56,833	402
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	764
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,702,120	565,101	2,267,221	8,852
31.00 03100	INTENSIVE CARE UNIT	0	179,928	262,179	442,107	1,828
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	52,793	168,251	221,044	735
43.00 04300	NURSERY	0	29,290	12,598	41,888	98
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	518,184	2,180,612	2,698,796	3,434
50.01 05001	SAME DAY SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	96,982	0	96,982	413
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	237,670	178,957	416,627	2,382
53.00 05300	ANESTHESIOLOGY	0	11,041	157,918	168,959	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	236,427	1,729,381	1,965,808	1,979
54.01 05401	ONCOLOGY	0	179,319	845,042	1,024,361	633
54.02 05402	MAMMOGRAPHY	0	0	264,589	264,589	439
56.00 05600	RADIOISOTOPE	0	45,610	164,455	210,065	269
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	33,326	44,479	77,805	137
59.00 05900	CARDIAC CATHETERIZATION	0	262,569	1,193,817	1,456,386	1,678
60.00 06000	LABORATORY	0	131,678	374,625	506,303	1,848
65.00 06500	RESPIRATORY THERAPY	0	41,524	93,817	135,341	871
66.00 06600	PHYSICAL THERAPY	0	16,853	41,862	58,715	1,302
69.00 06900	ELECTROCARDIOLOGY	0	40,102	513,194	553,296	841
70.00 07000	ELECTROENCEPHALOGRAPHY	0	22,488	68,403	90,891	60
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	47,539	19,990	67,529	1,801
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	13,658	13,658	305
91.00 09100	EMERGENCY	0	231,680	593,056	824,736	2,455
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,182,878	10,136,457	17,319,335	40,670
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	FAMILY PRACTICE	0	0	0	0	0
192.02 19202	REFERENCE LAB	0	0	23,124	23,124	0
192.03 19203	UNUSED SPACE	0	46,702	0	46,702	0
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	7,229,580	10,159,581	17,389,161	40,670

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140164

Period: From 04/01/2012 To 03/31/2013

Worksheet B Part II Date/Time Prepared: 8/22/2013 10:20 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.03	5.05	5.06	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.02	00520	18,148					5.02
5.03	00530	129	110,147				5.03
5.05	00550	536	322	83,818			5.05
5.06	00560	1,183	0	0	1,582,823		5.06
6.00	00600	702	0	0	35,352	891,419	6.00
8.00	00800	0	0	0	7,999	4,703	8.00
9.00	00900	74	17	0	20,165	8,763	9.00
10.00	01000	296	7	0	9,758	21,537	10.00
11.00	01100	0	22	0	15,537	23,708	11.00
13.00	01300	979	0	0	20,801	25,625	13.00
14.00	01400	185	764	0	18,440	15,637	14.00
16.00	01600	480	0	0	9,326	8,892	16.00
17.00	01700	37	0	0	96	0	17.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	14,512	0	21.00
22.00	02200	0	0	0	7,709	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,201	13,809	4,866	236,216	319,899	30.00
31.00	03100	1,183	5,175	609	48,488	33,816	31.00
35.00	02060	351	23	904	17,952	9,922	35.00
43.00	04300	240	1,859	247	4,912	5,505	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,478	53,365	11,576	157,631	97,388	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	390	1,130	9,915	18,227	51.00
52.00	05200	499	2,844	1,007	55,462	44,668	52.00
53.00	05300	37	6,115	1,546	7,151	2,075	53.00
54.00	05400	702	3,671	9,719	76,134	44,434	54.00
54.01	05401	480	10	2,644	35,474	33,701	54.01
54.02	05402	739	188	1,069	17,844	0	54.02
56.00	05600	92	106	1,564	20,118	8,572	56.00
58.00	05800	18	36	1,737	4,424	6,263	58.00
59.00	05900	721	13,279	4,735	98,501	49,348	59.00
60.00	06000	647	1,872	10,175	92,436	24,748	60.00
65.00	06500	203	842	1,171	21,748	7,804	65.00
66.00	06600	702	282	1,484	35,044	3,167	66.00
69.00	06900	259	388	5,464	72,536	7,537	69.00
70.00	07000	55	11	149	3,563	4,226	70.00
71.00	07100	0	0	13,411	99,084	0	71.00
72.00	07200	0	0	0	121,356	0	72.00
73.00	07300	333	96	4,682	101,736	8,935	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	702	95	200	17,345	0	88.00
91.00	09100	887	4,559	3,729	66,948	43,542	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
100.00	10000	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		18,130	110,147	83,818	1,581,713	882,642	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	18	0	0	401	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	235	0	192.02
192.03	19203	0	0	0	474	8,777	192.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		18,148	110,147	83,818	1,582,823	891,419	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet B Part II Date/Time Prepared: 8/22/2013 10:20 am
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.02	00520	DATA PROCESSING					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	37,756				8.00	
9.00	00900	HOUSEKEEPING	0	87,601			9.00	
10.00	01000	DIETARY	0	2,149	198,178		10.00	
11.00	01100	CAFETERIA	0	2,366	0	168,536	11.00	
13.00	01300	NURSING ADMINISTRATION	0	2,557	0	2,199	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,560	0	5,398	14.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	887	0	3,599	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	3,799	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	31,979	31,918	167,854	45,181	175,814	30.00
31.00	03100	INTENSIVE CARE UNIT	3,773	3,374	19,805	8,197	31,479	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,004	990	10,519	2,799	10,912	35.00
43.00	04300	NURSERY	0	549	0	400	1,613	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	9,717	0	15,794	61,786	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,819	0	1,599	5,940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,457	0	11,396	44,584	52.00
53.00	05300	ANESTHESIOLOGY	0	207	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,434	0	8,997	0	54.00
54.01	05401	ONCOLOGY	0	3,363	0	2,599	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	2,799	0	54.02
56.00	05600	RADIOISOTOPE	0	855	0	800	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	625	0	600	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,924	0	7,197	28,371	59.00
60.00	06000	LABORATORY	0	2,469	0	11,196	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	779	0	4,398	2,205	65.00
66.00	06600	PHYSICAL THERAPY	0	316	0	5,998	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	752	0	2,799	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	422	0	400	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	891	0	5,198	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	2,399	0	88.00
91.00	09100	EMERGENCY	0	4,345	0	12,795	49,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,756	86,725	198,178	168,536	412,488	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
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	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
192.03	19203	UNUSED SPACE	0	876	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	37,756	87,601	198,178	168,536	412,488	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140164		Period: From 04/01/2012 To 03/31/2013		Worksheet B Part II Date/Time Prepared: 8/22/2013 10:20 am	
Cost Center Description			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	16.00	17.00	19.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	284,425					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	80,419				16.00
17.00	01700	SOCIAL SERVICE	0	0	133			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	15,276	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	419	4,683	113			30.00
31.00	03100	INTENSIVE CARE UNIT	547	586	13			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13	870	7			35.00
43.00	04300	NURSERY	9	238	0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	167,416	11,140	0			50.00
50.01	05001	SAME DAY SURGERY	0	0	0			50.01
51.00	05100	RECOVERY ROOM	0	1,088	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62	969	0			52.00
53.00	05300	ANESTHESIOLOGY	2,170	1,488	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,801	9,354	0			54.00
54.01	05401	ONCOLOGY	76	2,544	0			54.01
54.02	05402	MAMMOGRAPHY	1,334	1,028	0			54.02
56.00	05600	RADIOISOTOPE	0	1,505	0			56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,672	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	101,295	4,557	0			59.00
60.00	06000	LABORATORY	1	9,793	0			60.00
65.00	06500	RESPIRATORY THERAPY	1,497	1,127	0			65.00
66.00	06600	PHYSICAL THERAPY	17	1,428	0			66.00
69.00	06900	ELECTROCARDIOLOGY	51	5,259	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	373	143	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	193	12,659	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8	4,506	0			73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	69	193	0			88.00
91.00	09100	EMERGENCY	74	3,589	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	284,425	80,419	133	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	FAMILY PRACTICE	0	0	0			192.01
192.02	19202	REFERENCE LAB	0	0	0			192.02
192.03	19203	UNUSED SPACE	0	0	0			192.03
200.00		Cross Foot Adjustments				0	15,276	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	284,425	80,419	133	0	15,276	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		22.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.02	00520	DATA PROCESSING				5.02
5.03	00530	PURCHASING RECEIVING AND STORES				5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,508			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	3,312,025	0	3,312,025	30.00
31.00	03100	INTENSIVE CARE UNIT	600,980	0	600,980	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	279,045	0	279,045	35.00
43.00	04300	NURSERY	57,558	0	57,558	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	3,289,521	0	3,289,521	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	137,503	0	137,503	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	584,957	0	584,957	52.00
53.00	05300	ANESTHESIOLOGY	189,748	0	189,748	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,134,033	0	2,134,033	54.00
54.01	05401	ONCOLOGY	1,105,885	0	1,105,885	54.01
54.02	05402	MAMMOGRAPHY	290,029	0	290,029	54.02
56.00	05600	RADIOISOTOPE	243,946	0	243,946	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	93,317	0	93,317	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,770,992	0	1,770,992	59.00
60.00	06000	LABORATORY	661,488	0	661,488	60.00
65.00	06500	RESPIRATORY THERAPY	177,986	0	177,986	65.00
66.00	06600	PHYSICAL THERAPY	108,455	0	108,455	66.00
69.00	06900	ELECTROCARDIOLOGY	649,182	0	649,182	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,293	0	100,293	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	125,347	0	125,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,356	0	121,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,715	0	195,715	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	34,966	0	34,966	88.00
91.00	09100	EMERGENCY	1,017,443	0	1,017,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	17,281,770	0	17,281,770
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	419	0	419	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	192.01
192.02	19202	REFERENCE LAB	23,359	0	23,359	192.02
192.03	19203	UNUSED SPACE	56,829	0	56,829	192.03
200.00		Cross Foot Adjustments	11,508	0	26,784	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,508	17,389,161	0	17,389,161

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet B-1

Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASED SUPPLIES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	284,839				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,573,999			2.00
4.00 00400	EMPLOYEE BENEFITS	1,125	5,455	55,284,821		4.00
5.02 00520	DATA PROCESSING	715	0	0	982	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	3,210	12,851	0	7	9,813,801
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	3,134	1,311	683,756	29	28,697
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	57,383	54,962	4,221,774	64	0
6.00 00600	MAINTENANCE & REPAIRS	32,399	14,666	626,829	38	7
8.00 00800	LAUNDRY & LINEN SERVICE	986	0	37,697	0	0
9.00 00900	HOUSEKEEPING	1,837	5,062	968,520	4	1,527
10.00 01000	DIETARY	4,515	22,325	335,199	16	632
11.00 01100	CAFETERIA	4,970	0	1,029,583	0	1,941
13.00 01300	NURSING ADMINISTRATION	5,372	100,510	991,557	53	0
14.00 01400	CENTRAL SERVICES & SUPPLY	3,278	71,424	811,246	10	68,111
16.00 01600	MEDICAL RECORDS & LIBRARY	1,864	4,287	545,892	26	0
17.00 01700	SOCIAL SERVICE	0	0	0	2	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,037,819	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	67,062	254,417	12,053,991	173	1,230,271
31.00 03100	INTENSIVE CARE UNIT	7,089	118,037	2,483,675	64	461,057
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,080	75,749	997,970	19	2,034
43.00 04300	NURSERY	1,154	5,672	133,731	13	165,616
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	20,416	981,744	4,665,644	80	4,754,757
50.01 05001	SAME DAY SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	3,821	0	560,545	0	34,737
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,364	80,569	3,236,187	27	253,412
53.00 05300	ANESTHESIOLOGY	435	71,097	0	2	544,837
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,315	778,594	2,688,739	38	327,089
54.01 05401	ONCOLOGY	7,065	380,451	860,121	26	856
54.02 05402	MAMMOGRAPHY	0	119,122	596,910	40	16,779
56.00 05600	RADIOISOTOPE	1,797	74,040	366,009	5	9,408
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,313	20,025	186,027	1	3,188
59.00 05900	CARDIAC CATHETERIZATION	10,345	537,475	2,280,226	39	1,183,107
60.00 06000	LABORATORY	5,188	168,662	2,511,141	35	166,807
65.00 06500	RESPIRATORY THERAPY	1,636	42,238	1,184,014	11	74,984
66.00 06600	PHYSICAL THERAPY	664	18,847	1,769,060	38	25,168
69.00 06900	ELECTROCARDIOLOGY	1,580	231,048	1,142,248	14	34,530
70.00 07000	ELECTROENCEPHALOGRAPHY	886	30,796	81,639	3	1,016
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,873	9,000	2,446,532	18	8,565
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	6,149	414,326	38	8,486
91.00 09100	EMERGENCY	9,128	267,003	3,336,214	48	406,182
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	282,999	4,563,588	55,284,821	981	9,813,801
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1	0
192.01 19201	FAMILY PRACTICE	0	0	0	0	0
192.02 19202	REFERENCE LAB	0	10,411	0	0	0
192.03 19203	UNUSED SPACE	1,840	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)	7,229,580	10,159,581	20,876,427	4,646,222	232,374
203.00	Unit cost multiplier (Wkst. B, Part I)	25.381286	2.221159	0.377616	4,731.386965	0.023678
204.00	Cost to be allocated (per Wkst. B, Part II)			40,670	18,148	110,147
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000736	18.480652	0.011224

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet B-1

Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
			5.05	5A.06	5.06	6.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	628,024,610					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-22,593,544	155,944,139			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	3,482,977	186,873		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	788,127	986	33,932	8.00
9.00	00900	HOUSEKEEPING	0	0	1,986,737	1,837	0	9.00
10.00	01000	DIETARY	0	0	961,379	4,515	0	10.00
11.00	01100	CAFETERIA	0	0	1,530,717	4,970	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,049,353	5,372	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,816,793	3,278	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	918,822	1,864	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	9,463	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,429,716	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	759,471	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	36,587,703	0	23,273,398	67,062	28,740	30.00
31.00	03100	INTENSIVE CARE UNIT	4,580,920	0	4,777,169	7,089	3,391	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,800,352	0	1,768,643	2,080	1,801	35.00
43.00	04300	NURSERY	1,859,802	0	483,983	1,154	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	87,034,628	0	15,530,128	20,416	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	8,497,138	0	976,854	3,821	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,568,322	0	5,464,202	9,364	0	52.00
53.00	05300	ANESTHESIOLOGY	11,621,768	0	704,539	435	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,075,914	0	7,500,918	9,315	0	54.00
54.01	05401	ONCOLOGY	19,876,972	0	3,495,004	7,065	0	54.01
54.02	05402	MAMMOGRAPHY	8,034,523	0	1,758,020	0	0	54.02
56.00	05600	RADIOISOTOPE	11,759,652	0	1,982,029	1,797	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,060,688	0	435,820	1,313	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,604,028	0	9,704,488	10,345	0	59.00
60.00	06000	LABORATORY	76,506,136	0	9,107,024	5,188	0	60.00
65.00	06500	RESPIRATORY THERAPY	8,804,604	0	2,142,661	1,636	0	65.00
66.00	06600	PHYSICAL THERAPY	11,159,006	0	3,452,652	664	0	66.00
69.00	06900	ELECTROCARDIOLOGY	41,084,123	0	7,146,400	1,580	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,117,983	0	351,055	886	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	98,639,501	0	9,761,988	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,956,278	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,204,032	0	10,023,299	1,873	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	1,506,453	0	1,708,836	0	0	88.00
91.00	09100	EMERGENCY	28,040,362	0	6,595,906	9,128	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	628,024,610	-22,593,544	155,834,849	185,033	33,932	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	39,464	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	REFERENCE LAB	0	0	23,124	0	0	192.02
192.03	19203	UNUSED SPACE	0	0	46,702	1,840	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,613,081		22,593,544	3,987,598	923,352	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007345		0.144882	21.338545	27.211835	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	83,818		1,582,823	891,419	37,756	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000133		0.010150	4.770186	1.112696	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet B-1

Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (DIRECT NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQS)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.02	00520						5.02
5.03	00530						5.03
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900	184,050					9.00
10.00	01000	4,515	101,796				10.00
11.00	01100	4,970	0	843			11.00
13.00	01300	5,372	0	11	1,101,340		13.00
14.00	01400	3,278	0	27	0	20,993,000	14.00
16.00	01600	1,864	0	18	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	19	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	67,062	86,220	226	469,420	30,909	30.00
31.00	03100	7,089	10,173	41	84,049	40,407	31.00
35.00	02060	2,080	5,403	14	29,136	931	35.00
43.00	04300	1,154	0	2	4,307	631	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	20,416	0	79	164,968	12,357,026	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	3,821	0	8	15,859	0	51.00
52.00	05200	9,364	0	57	119,039	4,595	52.00
53.00	05300	435	0	0	0	160,189	53.00
54.00	05400	9,315	0	45	0	649,589	54.00
54.01	05401	7,065	0	13	0,065	5,627	54.01
54.02	05402	0	0	14	0	98,433	54.02
56.00	05600	1,797	0	4	0	0	56.00
58.00	05800	1,313	0	3	0	0	58.00
59.00	05900	10,345	0	36	75,750	7,476,196	59.00
60.00	06000	5,188	0	56	0	80	60.00
65.00	06500	1,636	0	22	5,888	110,477	65.00
66.00	06600	664	0	30	0	1,253	66.00
69.00	06900	1,580	0	14	0	3,756	69.00
70.00	07000	886	0	2	0	27,496	70.00
71.00	07100	0	0	0	0	14,225	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	1,873	0	26	0	610	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	12	0	5,113	88.00
91.00	09100	9,128	0	64	132,924	5,457	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
100.00	10000	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		182,210	101,796	843	1,101,340	20,993,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	1,840	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		2,313,778	1,253,770	1,921,023	2,553,499	2,252,698	202.00
203.00		12.571464	12.316496	2.278.793594	2.318538	0.107307	203.00
204.00		87,601	198,178	168,536	412,488	284,425	204.00
205.00		0.475963	1.946815	199.924081	0.374533	0.013549	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet B-1  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	16.00	17.00	19.00	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS						4.00	
5.02 00520 DATA PROCESSING						5.02	
5.03 00530 PURCHASING RECEIVING AND STORES						5.03	
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
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	
16.00 01600 MEDICAL RECORDS & LIBRARY	628,024,610					16.00	
17.00 01700 SOCIAL SERVICE	0	33,932				17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		52,160		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			52,160	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	36,587,703	28,740		6,217	6,217	30.00	
31.00 03100 INTENSIVE CARE UNIT	4,580,920	3,391		0	0	31.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	6,800,352	1,801		0	0	35.00	
43.00 04300 NURSERY	1,859,802	0		0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	87,034,628	0	0	1,495	1,495	50.00	
50.01 05001 SAME DAY SURGERY	0	0	0	0	0	50.01	
51.00 05100 RECOVERY ROOM	8,497,138	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,568,322	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	11,621,768	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	73,075,914	0	0	80	80	54.00	
54.01 05401 ONCOLOGY	19,876,972	0	0	0	0	54.01	
54.02 05402 MAMMOGRAPHY	8,034,523	0	0	0	0	54.02	
56.00 05600 RADIOISOTOPE	11,759,652	0	0	0	0	56.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	13,060,688	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	35,604,028	0	0	0	0	59.00	
60.00 06000 LABORATORY	76,506,136	0	0	0	0	60.00	
65.00 06500 RESPIRATORY THERAPY	8,804,604	0	0	80	80	65.00	
66.00 06600 PHYSICAL THERAPY	11,159,006	0	0	1,571	1,571	66.00	
69.00 06900 ELECTROCARDIOLOGY	41,084,123	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	1,117,983	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	98,639,501	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	35,204,032	0	0	0	0	73.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	1,506,453	0	0	11,575	11,575	88.00	
91.00 09100 EMERGENCY	28,040,362	0	0	1,968	1,968	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	628,024,610	33,932	0	22,986	22,986	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	0	192.00	
192.01 19201 FAMILY PRACTICE	0	0	0	29,174	29,174	192.01	
192.02 19202 REFERENCE LAB	0	0	0	0	0	192.02	
192.03 19203 UNUSED SPACE	0	0	0	0	0	192.03	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,156,169	10,834	0	1,636,856	912,802	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001841	0.319286	0.000000	31.381442	17.500038	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	80,419	133	0	15,276	11,508	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000128	0.003920	0.000000	0.292868	0.220629	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		32,446,634	0	32,446,634	30.00
31.00	03100 INTENSIVE CARE UNIT		6,229,408	17,015	6,246,423	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		2,323,626	8,992	2,332,618	35.00
43.00	04300 NURSERY		611,271	0	611,271	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		20,521,209	22,283	20,543,492	50.00
50.01	05001 SAME DAY SURGERY		0	0	0	50.01
51.00	05100 RECOVERY ROOM		1,318,597	0	1,318,597	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,993,713	0	6,993,713	52.00
53.00	05300 ANESTHESIOLOGY		859,950	0	859,950	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,210,322	0	9,210,322	54.00
54.01	05401 ONCOLOGY		4,307,763	81,351	4,389,114	54.01
54.02	05402 MAMMOGRAPHY		2,069,983	9,620	2,079,603	54.02
56.00	05600 RADIOISOTOPE		2,360,890	0	2,360,890	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		574,367	0	574,367	58.00
59.00	05900 CARDIAC CATHETERIZATION		12,586,754	11,351	12,598,105	59.00
60.00	06000 LABORATORY		10,870,862	61,200	10,932,062	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,600,420	0	2,600,420	65.00
66.00	06600 PHYSICAL THERAPY	0	4,064,437	0	4,064,437	66.00
69.00	06900 ELECTROCARDIOLOGY		8,343,305	4,782	8,348,087	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		441,528	0	441,528	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,359,420	0	11,359,420	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,688,527	0	13,688,527	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,663,133	0	11,663,133	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		1,987,084	0	1,987,084	88.00
91.00	09100 EMERGENCY		8,367,304	1,985	8,369,289	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,128,491	0	4,128,491	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		179,928,998	0	179,928,998	200.00
201.00	Less Observation Beds		4,128,491		4,128,491	201.00
202.00	Total (see instructions)		175,800,507	0	175,800,507	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,276,825		30,276,825		30.00
31.00	03100	INTENSIVE CARE UNIT	4,580,920		4,580,920		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,798,483		6,798,483		35.00
43.00	04300	NURSERY	1,859,802		1,859,802		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,127,538	33,277,673	86,405,211	0.237500	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	5,071,374	3,203,443	8,274,817	0.159351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,247,530	3,267,424	7,514,954	0.930639	52.00
53.00	05300	ANESTHESIOLOGY	7,546,288	3,984,162	11,530,450	0.074581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,481,766	50,757,642	72,239,408	0.127497	54.00
54.01	05401	ONCOLOGY	349,735	19,390,016	19,739,751	0.218228	54.01
54.02	05402	MAMMOGRAPHY	0	7,899,723	7,899,723	0.262032	54.02
56.00	05600	RADIOISOTOPE	3,246,834	13,568,387	16,815,221	0.140402	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,276,026	10,415,156	12,691,182	0.045257	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,987,433	20,409,000	35,396,433	0.355594	59.00
60.00	06000	LABORATORY	36,799,262	38,895,446	75,694,708	0.143615	60.00
65.00	06500	RESPIRATORY THERAPY	7,657,334	1,140,954	8,798,288	0.295560	65.00
66.00	06600	PHYSICAL THERAPY	2,481,271	8,354,327	10,835,598	0.375100	66.00
69.00	06900	ELECTROCARDIOLOGY	9,941,174	29,144,040	39,085,214	0.213464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	799,066	314,912	1,113,978	0.396353	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,818,747	14,914,563	34,733,310	0.327047	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,915,527	20,389,995	50,305,522	0.272108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,779,952	13,305,987	43,085,939	0.270695	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,506,453	1,506,453		88.00
91.00	09100	EMERGENCY	5,703,028	22,093,912	27,796,940	0.301015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	739,754	5,493,354	6,233,108	0.662349	92.00
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	299,485,669	321,726,569	621,212,238		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	299,485,669	321,726,569	621,212,238		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet C Part I Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	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
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.237758		50.00
50.01	05001 SAME DAY SURGERY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.159351		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.930639		52.00
53.00	05300 ANESTHESIOLOGY	0.074581		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.127497		54.00
54.01	05401 ONCOLOGY	0.222349		54.01
54.02	05402 MAMMOGRAPHY	0.263250		54.02
56.00	05600 RADIOISOTOPE	0.140402		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045257		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.355915		59.00
60.00	06000 LABORATORY	0.144423		60.00
65.00	06500 RESPIRATORY THERAPY	0.295560		65.00
66.00	06600 PHYSICAL THERAPY	0.375100		66.00
69.00	06900 ELECTROCARDIOLOGY	0.213587		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.396353		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327047		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.272108		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.270695		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
91.00	09100 EMERGENCY	0.301087		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.662349		92.00
OTHER REIMBURSABLE COST CENTERS				
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 am

		Title XIX		Hospital		Cost
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		32,446,634	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		6,229,408	0	0	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		2,323,626	0	0	35.00
43.00	04300 NURSERY		611,271	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		20,521,209	0	0	50.00
50.01	05001 SAME DAY SURGERY		0	0	0	50.01
51.00	05100 RECOVERY ROOM		1,318,597	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,993,713	0	0	52.00
53.00	05300 ANESTHESIOLOGY		859,950	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,210,322	0	0	54.00
54.01	05401 ONCOLOGY		4,307,763	0	0	54.01
54.02	05402 MAMMOGRAPHY		2,069,983	0	0	54.02
56.00	05600 RADIOISOTOPE		2,360,890	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		574,367	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		12,586,754	0	0	59.00
60.00	06000 LABORATORY		10,870,862	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,600,420	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	4,064,437	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY		8,343,305	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		441,528	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,359,420	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,688,527	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,663,133	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		1,987,084	0	0	88.00
91.00	09100 EMERGENCY		8,367,304	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,128,491	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		179,928,998	0	0	200.00
201.00	Less Observation Beds		4,128,491			201.00
202.00	Total (see instructions)		175,800,507	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet C Part I Date/Time Prepared: 8/22/2013 10:20 am
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
	9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,276,825		30,276,825		30.00
31.00	03100	INTENSIVE CARE UNIT	4,580,920		4,580,920		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,798,483		6,798,483		35.00
43.00	04300	NURSERY	1,859,802		1,859,802		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	53,127,538	33,277,673	86,405,211	0.237500	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	5,071,374	3,203,443	8,274,817	0.159351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,247,530	3,267,424	7,514,954	0.930639	52.00
53.00	05300	ANESTHESIOLOGY	7,546,288	3,984,162	11,530,450	0.074581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,481,766	50,757,642	72,239,408	0.127497	54.00
54.01	05401	ONCOLOGY	349,735	19,390,016	19,739,751	0.218228	54.01
54.02	05402	MAMMOGRAPHY	0	7,899,723	7,899,723	0.262032	54.02
56.00	05600	RADIOISOTOPE	3,246,834	13,568,387	16,815,221	0.140402	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,276,026	10,415,156	12,691,182	0.045257	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,987,433	20,409,000	35,396,433	0.355594	59.00
60.00	06000	LABORATORY	36,799,262	38,895,446	75,694,708	0.143615	60.00
65.00	06500	RESPIRATORY THERAPY	7,657,334	1,140,954	8,798,288	0.295560	65.00
66.00	06600	PHYSICAL THERAPY	2,481,271	8,354,327	10,835,598	0.375100	66.00
69.00	06900	ELECTROCARDIOLOGY	9,941,174	29,144,040	39,085,214	0.213464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	799,066	314,912	1,113,978	0.396353	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,818,747	14,914,563	34,733,310	0.327047	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,915,527	20,389,995	50,305,522	0.272108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,779,952	13,305,987	43,085,939	0.270695	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	1,506,453	1,506,453	1.319048	88.00
91.00	09100	EMERGENCY	5,703,028	22,093,912	27,796,940	0.301015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	739,754	5,493,354	6,233,108	0.662349	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	299,485,669	321,726,569	621,212,238		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	299,485,669	321,726,569	621,212,238		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet C Part I Date/Time Prepared: 8/22/2013 10:20 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 SAME DAY SURGERY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ONCOLOGY	0.000000		54.01
54.02	05402 MAMMOGRAPHY	0.000000		54.02
56.00	05600 RADIOISOTOPE	0.000000		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140164		Period: From 04/01/2012 To 03/31/2013		Worksheet D Part I Date/Time Prepared: 8/22/2013 10:20 am	
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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,312,025	0	3,312,025	32,930	100.58	30.00
31.00	INTENSIVE CARE UNIT	600,980		600,980	3,391	177.23	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	279,045		279,045	1,801	154.94	35.00
43.00	NURSERY	57,558		57,558	3,116	18.47	43.00
200.00	Total (Lines 30-199)	4,249,608		4,249,608	41,238		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	14,141	1,422,302				
31.00	INTENSIVE CARE UNIT	1,863	330,179				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	16,004	1,752,481				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet D Part II Date/Time Prepared: 8/22/2013 10:20 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	3,289,521	86,405,211	0.038071	27,266,170	1,038,050	50.00
50.01	05001	SAME DAY SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	137,503	8,274,817	0.016617	2,198,819	36,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	584,957	7,514,954	0.077839	49,771	3,874	52.00
53.00	05300	ANESTHESIOLOGY	189,748	11,530,450	0.016456	3,422,070	56,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,134,033	72,239,408	0.029541	12,492,793	369,050	54.00
54.01	05401	ONCOLOGY	1,105,885	19,739,751	0.056023	177,471	9,942	54.01
54.02	05402	MAMMOGRAPHY	290,029	7,899,723	0.036714	0	0	54.02
56.00	05600	RADIOISOTOPE	243,946	16,815,221	0.014507	2,313,119	33,556	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	93,317	12,691,182	0.007353	1,316,711	9,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,770,992	35,396,433	0.050033	5,932,605	296,826	59.00
60.00	06000	LABORATORY	661,488	75,694,708	0.008739	21,064,237	184,080	60.00
65.00	06500	RESPIRATORY THERAPY	177,986	8,798,288	0.020230	4,447,558	89,974	65.00
66.00	06600	PHYSICAL THERAPY	108,455	10,835,598	0.010009	1,647,863	16,493	66.00
69.00	06900	ELECTROCARDIOLOGY	649,182	39,085,214	0.016609	6,357,264	105,588	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,293	1,113,978	0.090031	347,636	31,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	125,347	34,733,310	0.003609	8,978,397	32,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,356	50,305,522	0.002412	17,029,079	41,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,715	43,085,939	0.004542	16,419,273	74,576	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	34,966	1,506,453	0.023211	0	0	88.00
91.00	09100	EMERGENCY	1,017,443	27,796,940	0.036603	2,941,995	107,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	421,420	6,233,108	0.067610	499,521	33,773	92.00
200.00		Total (lines 50-199)	13,453,582	577,696,208		134,902,352	2,570,777	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet D Part III Date/Time Prepared: 8/22/2013 10:20 am
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Cost Center Description			Title XVIII		Hospital		PPS	
			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	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	0	0	0	0	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,930	0.00	14,141	0	0	
31.00	03100	INTENSIVE CARE UNIT	3,391	0.00	1,863	0	0	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,801	0.00	0	0	0	
43.00	04300	NURSERY	3,116	0.00	0	0	0	
200.00		Total (lines 30-199)	41,238		16,004	0	0	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				
31.00	03100	INTENSIVE CARE UNIT	0	0				
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	04300	NURSERY	0	0				
200.00		Total (lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401	ONCOLOGY	0	0	0	0	0 54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	0 54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
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: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet D Part IV Date/Time Prepared: 8/22/2013 10:20 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	86,405,211	0.000000	0.000000	27,266,170	50.00
50.01	05001 SAME DAY SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	8,274,817	0.000000	0.000000	2,198,819	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,514,954	0.000000	0.000000	49,771	52.00
53.00	05300 ANESTHESIOLOGY	0	11,530,450	0.000000	0.000000	3,422,070	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	72,239,408	0.000000	0.000000	12,492,793	54.00
54.01	05401 ONCOLOGY	0	19,739,751	0.000000	0.000000	177,471	54.01
54.02	05402 MAMMOGRAPHY	0	7,899,723	0.000000	0.000000	0	54.02
56.00	05600 RADIOISOTOPE	0	16,815,221	0.000000	0.000000	2,313,119	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,691,182	0.000000	0.000000	1,316,711	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	35,396,433	0.000000	0.000000	5,932,605	59.00
60.00	06000 LABORATORY	0	75,694,708	0.000000	0.000000	21,064,237	60.00
65.00	06500 RESPIRATORY THERAPY	0	8,798,288	0.000000	0.000000	4,447,558	65.00
66.00	06600 PHYSICAL THERAPY	0	10,835,598	0.000000	0.000000	1,647,863	66.00
69.00	06900 ELECTROCARDIOLOGY	0	39,085,214	0.000000	0.000000	6,357,264	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,113,978	0.000000	0.000000	347,636	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,733,310	0.000000	0.000000	8,978,397	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	50,305,522	0.000000	0.000000	17,029,079	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,085,939	0.000000	0.000000	16,419,273	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	1,506,453	0.000000	0.000000	0	88.00
91.00	09100 EMERGENCY	0	27,796,940	0.000000	0.000000	2,941,995	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,233,108	0.000000	0.000000	499,521	92.00
200.00	Total (lines 50-199)	0	577,696,208			134,902,352	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	12,077,184	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	2,844,001	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,165,232	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	16,716,737	0	0	0	54.00
54.01	05401 ONCOLOGY	0	8,241,848	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	623	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0	11,254,223	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,884,817	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,919,951	0	0	0	59.00
60.00	06000 LABORATORY	0	1,897,725	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	416,545	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	7,037,509	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	47,099	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,528,937	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,329,409	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,029,753	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100 EMERGENCY	0	4,575,650	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,793,692	0	0	0	92.00
200.00	Total (lines 50-199)	0	104,760,935	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
50.01	05001 SAME DAY SURGERY	0	0			50.01
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05401 ONCOLOGY	0	0			54.01
54.02	05402 MAMMOGRAPHY	0	0			54.02
56.00	05600 RADIOISOTOPE	0	0			56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet D Part V Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.237500	12,077,184	0	0	2,868,331	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.159351	2,844,001	0	0	453,194	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.930639	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.074581	1,165,232	0	0	86,904	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127497	16,716,737	0	0	2,131,334	54.00
54.01	05401	ONCOLOGY	0.218228	8,241,848	0	0	1,798,602	54.01
54.02	05402	MAMMOGRAPHY	0.262032	623	0	0	163	54.02
56.00	05600	RADIOISOTOPE	0.140402	11,254,223	0	0	1,580,115	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045257	2,884,817	0	0	130,558	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.355594	9,919,951	0	0	3,527,475	59.00
60.00	06000	LABORATORY	0.143615	1,897,725	0	0	272,542	60.00
65.00	06500	RESPIRATORY THERAPY	0.295560	416,545	0	0	123,114	65.00
66.00	06600	PHYSICAL THERAPY	0.375100	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.213464	7,037,509	0	0	1,502,255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.396353	47,099	0	0	18,668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327047	6,528,937	0	0	2,135,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.272108	12,329,409	0	0	3,354,931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.270695	5,029,753	0	0	1,361,529	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
91.00	09100	EMERGENCY	0.301015	4,575,650	0	0	1,377,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.662349	1,793,692	0	0	1,188,050	92.00
200.00		Subtotal (see instructions)		104,760,935	0	0	23,910,373	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		104,760,935	0	0	23,910,373	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet D Part V Date/Time Prepared: 8/22/2013 10:20 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ONCOLOGY	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 8/22/2013 10:20 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		32,930	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,930	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)		28,740	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)		14,141	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
<b>SWING BED ADJUSTMENT</b>				
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)		32,446,634	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)		32,446,634	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		23,884,317	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		23,884,317	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.358491	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)		831.05	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)		32,446,634	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		985.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,933,410	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)		13,933,410	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140164		Period: From 04/01/2012 To 03/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 8/22/2013 10:20 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,246,423	3,391	1,842.06	1,863	3,431,758		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 NEONATAL INTENSIVE CARE UNIT	2,332,618	1,801	1,295.18	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					30,964,572		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,329,740		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,752,481		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,570,777		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,323,258		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,006,482		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)					4,190		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					985.32		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,128,491		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140164		Period: From 04/01/2012 To 03/31/2013		Worksheet D-1 Date/Time Prepared: 8/22/2013 10:20 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	3,312,025	32,446,634	0.102076	4,128,491	421,420	90.00
91.00	Nursing School cost	0	32,446,634	0.000000	4,128,491	0	91.00
92.00	Allied health cost	0	32,446,634	0.000000	4,128,491	0	92.00
93.00	All other Medical Education	0	32,446,634	0.000000	4,128,491	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet D-3 Date/Time Prepared: 8/22/2013 10:20 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		12,998,612	30.00
31.00	03100	INTENSIVE CARE UNIT		2,686,102	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.237758	27,266,170	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.159351	2,198,819	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.930639	49,771	52.00
53.00	05300	ANESTHESIOLOGY	0.074581	3,422,070	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127497	12,492,793	54.00
54.01	05401	ONCOLOGY	0.222349	177,471	54.01
54.02	05402	MAMMOGRAPHY	0.263250	0	54.02
56.00	05600	RADIOISOTOPE	0.140402	2,313,119	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045257	1,316,711	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.355915	5,932,605	59.00
60.00	06000	LABORATORY	0.144423	21,064,237	60.00
65.00	06500	RESPIRATORY THERAPY	0.295560	4,447,558	65.00
66.00	06600	PHYSICAL THERAPY	0.375100	1,647,863	66.00
69.00	06900	ELECTROCARDIOLOGY	0.213587	6,357,264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.396353	347,636	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327047	8,978,397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.272108	17,029,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.270695	16,419,273	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100	EMERGENCY	0.301087	2,941,995	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.662349	499,521	92.00
200.00		Total (sum of lines 50-94 and 96-98)		134,902,352	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)		134,902,352	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet E Part A Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		35,586,559	1.00
2.00	Outlier payments for discharges. (see instructions)		648,084	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		584,566	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		147.52	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		5.17	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)		5.17	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		15.70	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)		5.17	12.00
13.00	Total allowable FTE count for the prior year.		5.17	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.		5.17	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.17	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		5.17	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.035046	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.034975	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.034975	21.00
22.00	IME payment adjustment (see instructions)		684,611	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		7.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		10.53	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)		7.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.047451	26.00
27.00	IME payments adjustment. (see instructions)		0.012509	27.00
28.00	IME Adjustment (see instructions)		452,465	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,137,076	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.84	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		25.70	31.00
32.00	Sum of lines 30 and 31		32.54	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.06	33.00
34.00	Disproportionate share adjustment (see instructions)		5,715,201	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		43,086,920	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet E Part A Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	43,086,920		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	3,041,339		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).	387,838		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)	46,516,097		59.00
60.00	Primary payer payments	34,061		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	46,482,036		61.00
62.00	Deductibles billed to program beneficiaries	3,560,221		62.00
63.00	Coinsurance billed to program beneficiaries	48,466		63.00
64.00	Allowable bad debts (see instructions)	858,178		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	600,725		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	698,546		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	43,474,074		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.93	HVBP incentive payment (see instructions)	-36,343		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)	-18,716		70.94
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	43,419,015		71.00
72.00	Interim payments	43,574,304		72.00
73.00	Tentative settlement (for contractor use only)	0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	-155,289		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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 DSH PAYMENT PERCENTAGE		Provider CCN: 140164		Period: From 04/01/2012 To 03/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 8/22/2013 10:20 am	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.84	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	25.70	0.00			25.70	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	32.54	0.00			25.70	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	147.52	0.00			147.52	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	16.06	0.00			10.42	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	7,974	0			7,974	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	428	0			428	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	58	0			58	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,061	0			1,061	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	9,521	0			9,521	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	37,048	0			37,048	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	37,048	0			37,048	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	25.70	0.00			25.70	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140164		Period: From 04/01/2012 To 03/31/2013		Worksheet DSH Date/Time Prepared: 8/22/2013 10:20 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	16.06		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		16.06		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		16.06		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet DSH Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	10.42	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	10.42	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	10.42	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet E Part B Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,910,373	2.00
3.00	PPS payments		19,800,991	3.00
4.00	Outlier payment (see instructions)		181,210	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.872	5.00
6.00	Line 2 times line 5		20,849,845	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		95.84	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		19,982,201	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,202,780	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)		15,779,421	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		193,724	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		15,973,145	30.00
31.00	Primary payer payments		627	31.00
32.00	Subtotal (line 30 minus line 31)		15,972,518	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		907,842	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		635,489	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		771,252	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		16,608,007	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		16,608,007	40.00
41.00	Interim payments		16,250,215	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		357,792	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet E-1  
Part I  
Date/Time Prepared:  
8/22/2013 10:20 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		43,169,194		16,364,926	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	10/02/2012	268,753		0	3.01
3.02		03/08/2013	136,357		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	10/02/2012	26,969	3.50
3.51			0	03/08/2013	87,742	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)		405,110		-114,711	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)		43,574,304		16,250,215	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		357,792	6.01
6.02	SETTLEMENT TO PROGRAM		155,289		0	6.02
7.00	Total Medicare program liability (see instructions)		43,419,015		16,608,007	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet E-4 Date/Time Prepared: 8/22/2013 10:20 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.80	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			15.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			15.70	6.00
7.00	Enter the lesser of line 5 or line 6			15.70	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	15.70	0.00	15.70	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	15.70	0.00	15.70	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	15.70	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.80	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.46	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	15.32	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	15.32	0.00		17.00
18.00	Per resident amount	79,332.03	0.00		18.00
19.00	Approved amount for resident costs	1,215,367	0	1,215,367	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,215,367	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	16,004	271		26.00
27.00	Total Inpatient Days (see instructions)	33,932	33,932		27.00
28.00	Ratio of inpatient days to total inpatient days	0.471649	0.007987		28.00
29.00	Program direct GME amount	573,227	9,707		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,372		30.00
31.00	Net Program direct GME amount			581,562	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet E-4 Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		48,329,740	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		34,061	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		48,295,679	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		24,124,662	42.00
43.00	Primary payer payments (see instructions)		1,038	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,123,624	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		72,419,303	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.666890	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.333110	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		581,562	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		387,838	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		193,724	50.00

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

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet G  
Date/Time Prepared:  
8/22/2013 10:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	2,156,055	20,422	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	39,000	0	0	0	3.00
4.00	Accounts receivable	160,183,629	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-109,281,237	0	0	0	6.00
7.00	Inventory	4,347,536	0	0	0	7.00
8.00	Prepaid expenses	1,834,582	0	0	0	8.00
9.00	Other current assets	791,203	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)	60,070,768	20,422	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,842,191	0	0	0	12.00
13.00	Land improvements	3,444,373	0	0	0	13.00
14.00	Accumulated depreciation	-2,459,999	0	0	0	14.00
15.00	Buildings	103,553,779	0	0	0	15.00
16.00	Accumulated depreciation	-59,394,264	0	0	0	16.00
17.00	Leasehold improvements	163,698	0	0	0	17.00
18.00	Accumulated depreciation	-73,454	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	689,229	0	0	0	21.00
22.00	Accumulated depreciation	-170,508	0	0	0	22.00
23.00	Major movable equipment	58,703,470	0	0	0	23.00
24.00	Accumulated depreciation	-38,627,472	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	2,178,290	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	73,849,333	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	207,089,680	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,743,918	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	209,833,598	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	343,753,699	20,422	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	7,191,186	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	8,196,651	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,376,050	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	5,359,703	0	0	0	43.00
44.00	Other current liabilities	3,677,973	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,801,563	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	82,234,794	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	2,603,801	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	84,838,595	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	112,640,158	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	231,113,541				52.00
53.00	Specific purpose fund		20,422			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)	231,113,541	20,422	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	343,753,699	20,422	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet G-1

Date/Time Prepared:  
8/22/2013 10:20 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		199,887,867		6,041		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		31,220,672				2.00
3.00	Total (sum of line 1 and line 2)		231,108,539		6,041		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	3-31-2012 AAE NOT MADE	5,000		0		0	5.00
6.00	ROUNDING	2		0		0	6.00
7.00	GRANTS	0		545,994		0	7.00
8.00	DONATIONS	0		88,243		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		5,002		634,237		10.00
11.00	Subtotal (line 3 plus line 10)		231,113,541		640,278		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	UNSPENT GRANTS	0		6,033		0	14.00
15.00	EXPENDITURES	0		613,823		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		619,856		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		231,113,541		20,422		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	Additions (credit adjustments) (specify)			0			4.00
5.00	3-31-2012 AAE NOT MADE			0			5.00
6.00	ROUNDING			0			6.00
7.00	GRANTS			0			7.00
8.00	DONATIONS			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	UNSPENT GRANTS			0			14.00
15.00	EXPENDITURES			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: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
8/22/2013 10:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	38,447,505		38,447,505	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	38,447,505		38,447,505	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,580,920		4,580,920	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	NEONATAL INTENSIVE CARE UNIT	6,800,352		6,800,352	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,381,272		11,381,272	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	49,828,777		49,828,777	17.00
18.00	Ancillary services	256,032,859	320,656,520	576,689,379	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	1,506,453	1,506,453	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	305,861,636	322,162,973	628,024,609	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		174,736,342		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)		174,736,342		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140164

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet G-3

Date/Time Prepared:  
8/22/2013 10:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	628,024,609	1.00
2.00	Less contractual allowances and discounts on patients' accounts	411,218,518	2.00
3.00	Net patient revenues (line 1 minus line 2)	216,806,091	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	174,736,342	4.00
5.00	Net income from service to patients (line 3 minus line 4)	42,069,749	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	17,495,865	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	16,471	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	836,472	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	1,351	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	65,116	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	15,651	21.00
22.00	Rental of hospital space	443,441	22.00
23.00	Governmental appropriations	972,528	23.00
24.00	MISCELLANEOUS	24,774	24.00
25.00	Total other income (sum of lines 6-24)	19,871,669	25.00
26.00	Total (line 5 plus line 25)	61,941,418	26.00
27.00	CORP ALLOC/LOSS ON EQUIP/CONTR	30,720,746	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	30,720,746	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	31,220,672	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet L Parts I-III Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,810,644	1.00
2.00	Capital DRG outlier payments		125,015	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		92.96	3.00
4.00	Number of interns & residents (see instructions)		12.17	4.00
5.00	Indirect medical education percentage (see instructions)		3.76	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		105,680	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,041,339	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 140164  
Component CCN: 143454

Period:  
From 04/01/2012  
To 03/31/2013

Worksheet M-1  
Date/Time Prepared:  
8/22/2013 10:20 am

		Rural Health Clinic (RHC) I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
<b>FACILITY HEALTH CARE STAFF COSTS</b>						
1.00	Physician	0	0	0	0	1.00
2.00	Physician Assistant	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	0	3.00
4.00	Visiting Nurse	131,059	0	131,059	0	4.00
5.00	Other Nurse	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	34,449	0	34,449	0	9.00
10.00	Subtotal (sum of lines 1-9)	165,508	0	165,508	0	10.00
11.00	Physician Services Under Agreement	514,611	0	514,611	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	12.00
13.00	Other Costs Under Agreement	143,687	0	143,687	0	13.00
14.00	Subtotal (sum of lines 11-13)	658,298	0	658,298	0	14.00
15.00	Medical Supplies	0	72,112	72,112	-5,113	15.00
16.00	Transportation (Health Care Staff)	0	2,659	2,659	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	74,771	74,771	-5,113	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	823,806	74,771	898,577	-5,113	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>						
23.00	Pharmacy	0	0	0	0	23.00
24.00	Dental	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>						
29.00	Facility Costs	248,818	112,859	361,677	0	29.00
30.00	Administrative Costs	0	106,595	106,595	0	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	248,818	219,454	468,272	0	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,072,624	294,225	1,366,849	-5,113	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet M-1
	Component CCN: 143454		Date/Time Prepared: 8/22/2013 10:20 am
		Rural Health Clinic (RHC) I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00	Physician	0	0
2.00	Physician Assistant	0	0
3.00	Nurse Practitioner	0	0
4.00	Visiting Nurse	0	131,059
5.00	Other Nurse	0	0
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	34,449
10.00	Subtotal (sum of lines 1-9)	0	165,508
11.00	Physician Services Under Agreement	0	514,611
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	143,687
14.00	Subtotal (sum of lines 11-13)	0	658,298
15.00	Medical Supplies	0	66,999
16.00	Transportation (Health Care Staff)	0	2,659
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	0
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15-20)	0	69,658
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	893,464
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0
<b>FACILITY OVERHEAD</b>			
29.00	Facility Costs	-14,073	347,604
30.00	Administrative Costs	0	106,595
31.00	Total Facility Overhead (sum of lines 29 and 30)	-14,073	454,199
32.00	Total facility costs (sum of lines 22, 28 and 31)	-14,073	1,347,663

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140164 Component CCN: 143454	Period: From 04/01/2012 To 03/31/2013	Worksheet M-2 Date/Time Prepared: 8/22/2013 10:20 am
			Rural Health Clinic (RHC) I	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	0.00	0	4,200	0	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.00	0	2,100	0	3.00
4.00	Subtotal (sum of lines 1-3)	0.00	0		0	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	0.00	0		0	8.00
9.00	Physician Services Under Agreements		14,902		14,902	9.00
					1.00	

<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)				893,464	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				893,464	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)				454,199	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				639,421	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,093,620	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				1,093,620	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				1,093,620	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				1,987,084	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140164	Period: From 04/01/2012 To 03/31/2013	Worksheet M-3
		Component CCN: 143454		Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		1,987,084	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		22,557	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,964,527	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		0	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		14,902	5.00
6.00	Total adjusted visits (line 4 plus line 5)		14,902	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		131.83	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	78.54	79.17	8.00
9.00	Rate for Program covered visits (see instructions)	78.54	79.17	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	2,552	175	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	200,434	13,855	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		214,289	16.00
16.01	Total program charges (see instructions)(from contractor's records)		341,825	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		440	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		276	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		160,406	16.04
16.05	Total program cost (see instructions)		160,682	16.05
17.00	Primary payer amounts		411	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		13,506	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		65,576	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		160,271	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		10,758	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		171,029	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		171,029	26.00
27.00	Interim payments		159,604	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		11,425	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140164 Component CCN: 143454	Period: From 04/01/2012 To 03/31/2013	Worksheet M-4 Date/Time Prepared: 8/22/2013 10:20 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	165,508	165,508	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000812	0.009981	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	134	1,652	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	2,632	5,724	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	2,766	7,376	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	893,464	893,464	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	1,093,620	1,093,620	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.003096	0.008256	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	3,386	9,029	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	6,152	16,405	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	45	553	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	136.71	29.67	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	24	252	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	3,281	7,477	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		22,557	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		10,758	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140164 Component CCN: 143454	Period: From 04/01/2012 To 03/31/2013	Worksheet M-5 Date/Time Prepared: 8/22/2013 10:20 am
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		159,604	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	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			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		159,604	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			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		11,425	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		171,029	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00