

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: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet S Parts I-III Date/Time Prepared: 7/24/2013 4:30 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: 7/24/2013	Time: 4:30 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 PERRY MEMORIAL HOSPITAL (141337) for the cost reporting period beginning 05/01/2012 and ending 04/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-39,653	440,066	40,099	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	46,519	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	6,866	440,066	40,099	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: 141337		Period: From 05/01/2012 To 04/30/2013		Worksheet S-2 Part I Date/Time Prepared: 7/24/2013 4:27 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 530 PARK AVENUE EAST	PO Box:							1.00		
2.00	City: PRINCETON	State: IL		Zip Code: 61356		County: BUREAU			2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	PERRY MEMORIAL HOSPITAL		141337	99914	1	07/15/2004	N	0	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF	PERRY MEMORIAL SB/SNF		14Z337	99914		07/15/2004	N	0	N	7.00
8.00	Swing Beds - NF	PERRY MEMORIAL SB/SNF		14Z337	99914		07/15/2004	N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2012		04/30/2013		20.00	
21.00	Type of Control (see instructions)							8		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.					N		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.					2		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.	0	0	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00		
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							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: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part I Date/Time Prepared: 7/24/2013 4:27 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-2
Part I
Date/Time Prepared:
7/24/2013 4:27 pm

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

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			Y	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	Y			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	Y			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	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:	333,581	0	0	
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		
		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:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				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	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		
		Part A	Part B	Title V	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

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								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							362,315	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: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part II Date/Time Prepared: 7/24/2013 4:27 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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)	Y	06/18/2013	Y	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: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-2
Part II
Date/Time Prepared:
7/24/2013 4:27 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAN		LI NHART	
42.00	Enter the employer/company name of the cost report preparer.	MCGLADREY, LLP			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(563) 888-4404		DAN.LI NHART@MCGLADREY.COM	

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	06/18/2013	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	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
7/24/2013 4:27 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	22	8,030	72,912.00	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)		22	8,030	72,912.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	3	1,095	7,128.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		25	9,125	80,040.00	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						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		25				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: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
7/24/2013 4:27 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,985	238	3,038			1.00
2.00 HMO	218	0				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	409	0	477			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	63			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,394	238	3,578			7.00
8.00 INTENSIVE CARE UNIT	198	9	297			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		27	207			13.00
14.00 Total (see instructions)	2,592	274	4,082	0.00	291.22	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						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	291.22	27.00
28.00 Observation Bed Days		0	523			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			38			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: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
7/24/2013 4:27 pm

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	658	110	1,053	1.00
2.00 HMO			67			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	658	110	1,053	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet S-10 Date/Time Prepared: 7/24/2013 4:27 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.449653	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		975,016	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		1,079,839	5.00	
6.00	Medicaid charges		4,862,483	6.00	
7.00	Medicaid cost (line 1 times line 6)		2,186,430	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)		131,575	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		22,947	9.00	
10.00	Stand-alone SCHIP charges		86,436	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		38,866	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		15,919	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		147,494	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	959,137	131,683	1,090,820	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	431,279	59,212	490,491	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)	431,279	59,212	490,491	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)			1,404,528	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			413,883	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			990,645	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			445,446	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			935,937	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			1,083,431	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet A
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		1,267,707	1,267,707	343,960	1,611,667	1.00
1.01	00101		136,375	136,375	0	136,375	1.01
2.00	00200		1,386,620	1,386,620	36,777	1,423,397	2.00
4.00	00400	225,589	5,513,264	5,738,853	-85,352	5,653,501	4.00
5.01	00560	361,066	203,261	564,327	0	564,327	5.01
5.02	00561	905,649	376,875	1,282,524	-13,329	1,269,195	5.02
5.03	00562	751,162	1,112,989	1,864,151	-68,474	1,795,677	5.03
7.00	00700	559,644	1,021,252	1,580,896	126,274	1,707,170	7.00
7.01	00701	25,724	70,640	96,364	0	96,364	7.01
8.00	00800	293,229	224,481	517,710	-113,672	404,038	8.00
9.00	00900	355,988	129,978	485,966	0	485,966	9.00
10.00	01000	406,598	414,708	821,306	0	821,306	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	840,470	18,004	858,474	0	858,474	13.00
14.00	01400	48,208	37,383	85,591	0	85,591	14.00
15.00	01500	281,221	398,447	679,668	0	679,668	15.00
16.00	01600	526,466	76,166	602,632	0	602,632	16.00
17.00	01701	326,719	23,789	350,508	0	350,508	17.00
18.00	01850	323,674	13,741	337,415	0	337,415	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,904,664	294,852	2,199,516	0	2,199,516	30.00
31.00	03100	533,991	18,858	552,849	0	552,849	31.00
43.00	04300	37,618	25,694	63,312	0	63,312	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,507,831	1,756,130	3,263,961	-606,461	2,657,500	50.00
52.00	05200	16,562	3,960	20,522	0	20,522	52.00
53.00	05300	0	1,104,602	1,104,602	0	1,104,602	53.00
54.00	05400	648,363	282,563	930,926	0	930,926	54.00
55.00	05500	193,770	48,186	241,956	0	241,956	55.00
56.00	05600	0	325,361	325,361	0	325,361	56.00
57.00	05700	140,397	210,302	350,699	0	350,699	57.00
58.00	05800	107,230	38,935	146,165	0	146,165	58.00
60.00	06000	702,280	922,455	1,624,735	0	1,624,735	60.00
63.00	06300	0	215,102	215,102	0	215,102	63.00
65.00	06500	368,519	39,976	408,495	0	408,495	65.00
66.00	06600	497,126	41,628	538,754	0	538,754	66.00
69.00	06900	41,146	9,656	50,802	0	50,802	69.00
70.00	07000	1,693	618	2,311	0	2,311	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	606,461	606,461	72.00
73.00	07300	0	947,942	947,942	0	947,942	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	49,537	28,290	77,827	0	77,827	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	43,813	9,445	53,258	0	53,258	90.01
91.00	09100	835,603	1,588,714	2,424,317	-1,200	2,423,117	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	150,408	135,428	285,836	0	285,836	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	0	0	0	0	0	106.00
113.00	11300		310,336	310,336	-310,336	0	113.00
118.00		14,011,958	20,784,713	34,796,671	-85,352	34,711,319	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	928,359	120,448	1,048,807	85,352	1,134,159	194.02
194.03	07953	0	0	0	0	0	194.03
194.05	07955	0	0	0	0	0	194.05
200.00		14,940,317	20,905,161	35,845,478	0	35,845,478	200.00

RECLASSIFICATIONS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-6

Date/Time Prepared:
7/24/2013 4:27 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	310,336	1.00	
	TOTALS		0	310,336		
B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	33,624	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	36,777	2.00	
	TOTALS		0	70,401		
C - EMPLOYEE PHYSICALS						
1.00	A&G SHARED	5.03	0	1,200	1.00	
	TOTALS		0	1,200		
D - LAUNDRY UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	126,274	1.00	
	TOTALS		0	126,274		
E - MATERIALS MANAGEMENT DIRECTOR						
1.00	A&G SHARED	5.03	727	0	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	12,602	0	2.00	
	TOTALS		13,329	0		
F - PHYSICIAN BENEFITS RECLASS						
1.00	ORTHO CLINIC	194.02	0	85,352	1.00	
	TOTALS		0	85,352		
G - IMPLANTIBLES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	606,461	1.00	
	TOTALS		0	606,461		
500.00	Grand Total: Increases		13,329	1,200,024	500.00	

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	310,336	11		1.00
	TOTALS		0	310,336			
B - PROPERTY INSURANCE							
1.00	A&G SHARED	5.03	0	70,401	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	70,401			
C - EMPLOYEE PHYSICALS							
1.00	EMERGENCY	91.00	0	1,200	0		1.00
	TOTALS		0	1,200			
D - LAUNDRY UTILITIES							
1.00	LAUNDRY & LINEN SERVICE	8.00	0	126,274	0		1.00
	TOTALS		0	126,274			
E - MATERIALS MANAGEMENT DIRECTOR							
1.00	A&G HOSPITAL ONLY	5.02	13,329	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		13,329	0			
F - PHYSICIAN BENEFITS RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	85,352	0		1.00
	TOTALS		0	85,352			
G - IMPLANTIBLES RECLASS							
1.00	OPERATING ROOM	50.00	0	606,461	0		1.00
	TOTALS		0	606,461			
500.00	Grand Total: Decreases		13,329	1,200,024			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
7/24/2013 4:27 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,326,231	0	0	171,848	1.00
2.00	Land Improvements	1,206,698	99,540	0	0	2.00
3.00	Buildings and Fixtures	37,121,518	127,887	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	16,859,470	684,871	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	56,513,917	912,298	0	171,848	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	56,513,917	912,298	0	171,848	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,154,383	0			1.00
2.00	Land Improvements	1,306,238	0			2.00
3.00	Buildings and Fixtures	37,249,405	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	17,544,341	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	57,254,367	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	57,254,367	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,267,707	0	0	0	0	1.00
1.01	PERRY PLAZA B&F	136,375	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	1,386,620	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,790,702	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	1,267,707				1.00
1.01	PERRY PLAZA B&F	0	136,375				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,386,620				2.00
3.00	Total (sum of lines 1-2)	0	2,790,702				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	39,710,026	0	39,710,026	0.693572	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	17,544,341	0	17,544,341	0.306428	0	2.00
3.00	Total (sum of lines 1-2)	57,254,367	0	57,254,367	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col. 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	1,080,319	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	136,375	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,341,587	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,558,281	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 col. 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	187,994	33,624	0	0	1,301,937	1.00
1.01	PERRY PLAZA B&F	0	0	0	0	136,375	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	36,777	0	0	1,378,364	2.00
3.00	Total (sum of lines 1-2)	187,994	70,401	0	0	2,816,676	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-8

Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - PERRY PLAZA B&F (chapter 2)			0	PERRY PLAZA B&F	1.01		0	1.01
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	-1,861,813	0		0.00		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		0				0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		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			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
26.01 Depreciation - PERRY PLAZA B&F			0	PERRY PLAZA B&F	1.01		0	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** 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	A	-45,033	0	CAP REL COSTS-MVBLE EQUIP	2.00		9	32.00
33.00 CAFETERIA	B	-155,301	0	DIETARY	10.00		0	33.00

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		
33.01 DIETICIAN REVENUE (EXP IN DEPT 62)	B	-1,600	DIETARY	10.00	0	33.01
33.02 OUTSIDE CATERING	B	-1,849	DIETARY	10.00	0	33.02
33.03 CONTRACT NURSING	B	0		0.00	0	33.03
33.04 MISCELLANEOUS	B	-38,177	NURSING ADMINISTRATION	13.00	0	33.04
33.05 MOBILE MEALS	B	-30,913	A&G SHARED	5.03	0	33.05
33.06 AMORTIZATION EXPENSE	B	-29,385	DIETARY	10.00	0	33.06
33.07 TELEPHONE SALARY OFFSET	A	0		0.00	0	33.07
33.11 TELEPHONE BENEFIT OFFSET	A	-178,500	CAP REL COSTS-BLDG & FIXT	1.00	9	33.11
33.12 TELEPHONE BENEFIT OFFSET	A	-4,657	A&G HOSPITAL ONLY	5.02	0	33.12
33.13 NON-ALLOWABLE MARKETING	A	-1,087	EMPLOYEE BENEFITS	4.00	0	33.13
33.14 MARKETING BENEFITS	A	-184,506	A&G SHARED	5.03	0	33.14
33.15 RENTAL PROPERTY - CAPITAL	A	-17,336	EMPLOYEE BENEFITS	4.00	0	33.15
33.16 2004 BOND INTEREST	A	-8,888	CAP REL COSTS-BLDG & FIXT	1.00	9	33.16
33.17 IHA DUES OFFSET	A	-10,297	CAP REL COSTS-BLDG & FIXT	1.00	11	33.17
33.18 ALCOHOL EXP	A	-19,436	A&G SHARED	5.03	0	33.18
33.21 PHYSICIAN RECRUITMENT	A	-131	A&G SHARED	5.03	0	33.21
33.22 PHYSICIAN ON CALL	A	-24,927	A&G SHARED	5.03	0	33.22
33.23 SELF-INSURANCE OFFSET	A	-116,538	A&G SHARED	5.03	0	33.23
33.24 UNFUNDED OTHER POST EMPLOYMENT BENEF	A	-895,819	EMPLOYEE BENEFITS	4.00	0	33.24
33.25 SOCIAL ORG. DUES - PRINCETON ROTARY	A	-11,531	EMPLOYEE BENEFITS	4.00	0	33.25
33.26 NON-ALLOWABLE NOTE INTEREST	A	-200	A&G SHARED	5.03	0	33.26
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	B	-3,749,969	CAP REL COSTS-BLDG & FIXT	1.00	11	33.27
						50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-8-2

Date/Time Prepared:
7/24/2013 4:27 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00	EMERGENCY	1,464,587	734,473	730,114	0	0	1.00
2.00	50.00	OPERATING ROOM	13,350	13,350	0	0	0	2.00
3.00	60.00	LABORATORY	37,260	37,260	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	1,050,542	1,050,542	0	0	0	4.00
5.00	76.97	CARDIAC REHABILITATION	26,188	26,188	0	0	0	5.00
6.00	5.03	A&G SHARED	22,656	0	22,656	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,614,583	1,861,813	752,770			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	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	60.00	LABORATORY	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	5.00
6.00	5.03	A&G SHARED	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	EMERGENCY	0	0	0	734,473		1.00
2.00	50.00	OPERATING ROOM	0	0	0	13,350		2.00
3.00	60.00	LABORATORY	0	0	0	37,260		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	1,050,542		4.00
5.00	76.97	CARDIAC REHABILITATION	0	0	0	26,188		5.00
6.00	5.03	A&G SHARED	0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	1,861,813		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		BLDG & FIXT	PERRY PLAZA B&F	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,301,937	1,301,937			1.00
1.01 00101	PERRY PLAZA B&F	136,375	0	136,375		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,378,364			1,378,364	2.00
4.00 00400	EMPLOYEE BENEFITS	4,727,728	6,296	0	0	4,734,024
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL	564,327	28,105	0	400	123,380
5.02 00561	A&G HOSPITAL ONLY	1,264,538	55,184	843	292,147	303,322
5.03 00562	A&G SHARED	1,419,026	107,614	0	13,628	231,553
7.00 00700	OPERATION OF PLANT	1,707,170	162,721	21,020	23,187	191,235
7.01 00701	PERRY PLAZA PLANT OP	96,364	0	947	147	8,790
8.00 00800	LAUNDRY & LINEN SERVICE	404,038	6,366	26,686	15,978	104,505
9.00 00900	HOUSEKEEPING	485,966	14,640	0	27	121,644
10.00 01000	DIETARY	633,171	36,798	0	9,401	138,938
11.00 01100	CAFETERIA	0	18,294	0	0	0
13.00 01300	NURSING ADMINISTRATION	820,297	17,938	0	243	287,196
14.00 01400	CENTRAL SERVICES & SUPPLY	85,591	12,858	0	12,877	16,473
15.00 01500	PHARMACY	679,668	15,709	0	1,561	96,096
16.00 01600	MEDICAL RECORDS & LIBRARY	602,632	32,305	0	7,314	179,898
17.00 01701	SOCIAL SERVICE	350,508	5,325	0	0	111,643
18.00 01850	PATIENT REGISTRATION	337,415	6,869	0	1,263	110,602
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,199,516	125,475	0	38,623	650,845
31.00 03100	INTENSIVE CARE UNIT	552,849	22,781	0	3,245	182,470
43.00 04300	NURSERY	63,312	6,981	0	0	12,854
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,644,150	179,094	0	182,069	515,239
52.00 05200	DELIVERY ROOM & LABOR ROOM	20,522	7,058	0	0	5,659
53.00 05300	ANESTHESIOLOGY	54,060	1,244	0	25,669	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	930,926	27,190	0	175,259	221,551
55.00 05500	RADIOLOGY-THERAPEUTIC	241,956	2,362	0	42,555	66,213
56.00 05600	RADIO SOTOPE	325,361	4,116	0	0	0
57.00 05700	CT SCAN	350,699	6,443	0	159,699	47,975
58.00 05800	MRI	146,165	8,959	0	258,878	36,641
60.00 06000	LABORATORY	1,587,475	28,071	0	58,044	239,975
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	215,102	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	408,495	17,330	0	2,824	125,926
66.00 06600	PHYSICAL THERAPY	538,754	34,150	0	15,713	169,872
69.00 06900	ELECTROCARDIOLOGY	50,802	964	0	9,811	14,060
70.00 07000	ELECTROENCEPHALOGRAPHY	2,311	2,390	0	1,881	579
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	606,461	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	947,942	0	0	0	0
76.00 03140	CARDIOLOGY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	51,639	3,473	0	5,986	16,927
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP LAB	53,258	5,702	0	2,140	14,971
91.00 09100	EMERGENCY	1,688,644	57,958	0	14,996	285,533
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	285,836	11,677	0	112	51,396
SPECIAL PURPOSE COST CENTERS						
106.00 10600	HEART ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,961,350	1,080,440	49,496	1,375,677	4,683,961
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,626	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.03 19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 07951	HOSPITAL LEASED SPACE	0	16,939	0	0	0
194.02 07952	ORTHO CLINIC	1,134,159	24,919	0	2,687	50,063
194.03 07953	MOB LEASED SPACE	0	175,013	0	0	0
194.05 07955	PERRY PLAZA LEASED	0	0	86,879	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	32,095,509	1,301,937	136,375	1,378,364	4,734,024

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

Period:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	Subtotal	A&G HOSPITAL ONLY	Subtotal	A&G SHARED	
		5.01	5A.01	5.02	5A.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL	716,212				5.01
5.02	00561	A&G HOSPITAL ONLY	0	1,916,034	1,916,034		5.02
5.03	00562	A&G SHARED	0	1,771,821	118,443	1,890,264	1,890,264
7.00	00700	OPERATION OF PLANT	0	2,105,333	140,737	2,246,070	141,891
7.01	00701	PERRY PLAZA PLANT OP	0	106,248	7,102	113,350	7,161
8.00	00800	LAUNDRY & LINEN SERVICE	0	557,573	37,273	594,846	37,578
9.00	00900	HOUSEKEEPING	0	622,277	41,598	663,875	41,939
10.00	01000	DIETARY	0	818,308	54,702	873,010	55,151
11.00	01100	CAFETERIA	0	18,294	1,223	19,517	1,233
13.00	01300	NURSING ADMINISTRATION	0	1,125,674	75,249	1,200,923	75,866
14.00	01400	CENTRAL SERVICES & SUPPLY	0	127,799	8,543	136,342	8,613
15.00	01500	PHARMACY	0	793,034	53,013	846,047	53,447
16.00	01600	MEDICAL RECORDS & LIBRARY	0	822,149	54,959	877,108	55,410
17.00	01701	SOCIAL SERVICE	0	467,476	31,250	498,726	31,506
18.00	01850	PATIENT REGISTRATION	0	456,149	30,493	486,642	30,743
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,446	3,060,905	204,615	3,265,520	206,293
31.00	03100	INTENSIVE CARE UNIT	7,310	768,655	51,383	820,038	51,804
43.00	04300	NURSERY	2,743	85,890	5,742	91,632	5,789
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	147,708	3,668,260	245,202	3,913,462	247,238
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,460	36,699	2,453	39,152	2,473
53.00	05300	ANESTHESIOLOGY	8,123	89,096	5,956	95,052	6,005
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,767	1,399,693	93,567	1,493,260	94,334
55.00	05500	RADIOLOGY-THERAPEUTIC	26,532	379,618	25,377	404,995	25,585
56.00	05600	RADIOISOTOPE	10,830	340,307	22,749	363,056	22,935
57.00	05700	CT SCAN	68,656	633,472	42,346	675,818	42,693
58.00	05800	MRI	30,606	481,249	32,171	513,420	32,434
60.00	06000	LABORATORY	116,629	2,030,194	135,714	2,165,908	136,827
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,377	219,479	14,672	234,151	14,792
65.00	06500	RESPIRATORY THERAPY	16,181	570,756	38,154	608,910	38,467
66.00	06600	PHYSICAL THERAPY	25,079	783,568	52,380	835,948	52,809
69.00	06900	ELECTROCARDIOLOGY	8,471	84,108	5,622	89,730	5,669
70.00	07000	ELECTROENCEPHALOGRAPHY	255	7,416	496	7,912	500
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,640	619,101	41,386	660,487	41,725
73.00	07300	DRUGS CHARGED TO PATIENTS	45,484	993,426	66,409	1,059,835	66,953
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	2,531	80,556	5,385	85,941	5,429
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP LAB	4,803	80,874	5,406	86,280	5,451
91.00	09100	EMERGENCY	56,923	2,104,054	140,652	2,244,706	141,805
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0	
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	4,204	353,225	23,612	376,837	23,806
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	694,758	30,578,770	1,916,034	30,578,770	1,812,354
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,626	0	4,626	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	0	16,939	0	16,939	0
194.02	07952	ORTHO CLINIC	21,454	1,233,282	0	1,233,282	77,910
194.03	07953	MOB LEASED SPACE	0	175,013	0	175,013	0
194.05	07955	PERRY PLAZA LEASED	0	86,879	0	86,879	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	716,212	32,095,509	1,916,034	32,095,509	1,890,264

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00561	A&G HOSPITAL ONLY					5.02
5.03	00562	A&G SHARED					5.03
7.00	00700	OPERATION OF PLANT	2,387,961				7.00
7.01	00701	PERRY PLAZA PLANT OP	0	120,511			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	16,138	28,319	676,881		8.00
9.00	00900	HOUSEKEEPING	37,111	0	8,915	751,840	9.00
10.00	01000	DIETARY	93,282	0	0	20,485	1,041,928
11.00	01100	CAFETERIA	46,375	0	474	0	547,468
13.00	01300	NURSING ADMINISTRATION	45,472	0	0	10,376	25,163
14.00	01400	CENTRAL SERVICES & SUPPLY	32,594	0	246	19,421	0
15.00	01500	PHARMACY	39,821	0	0	10,908	0
16.00	01600	MEDICAL RECORDS & LIBRARY	81,892	0	0	19,687	0
17.00	01701	SOCIAL SERVICE	13,498	0	0	2,660	1,918
18.00	01850	PATIENT REGISTRATION	17,413	0	0	6,385	4,884
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	318,074	0	42,427	158,562	318,742
31.00	03100	INTENSIVE CARE UNIT	57,748	0	6,420	18,357	44,893
43.00	04300	NURSERY	17,696	0	458	7,981	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	453,994	0	26,677	170,269	65,457
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,891	0	866	0	0
53.00	05300	ANESTHESIOLOGY	3,153	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,925	0	1,939	17,293	0
55.00	05500	RADIOLOGY-THERAPEUTIC	5,987	0	3,170	0	0
56.00	05600	RADIOISOTOPE	10,434	0	2,589	0	604
57.00	05700	CT SCAN	16,332	0	2,137	2,926	0
58.00	05800	MRI	22,709	0	1,591	6,119	639
60.00	06000	LABORATORY	71,157	0	7	21,284	231
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	43,931	0	0	13,568	0
66.00	06600	PHYSICAL THERAPY	86,569	0	6,503	28,467	941
69.00	06900	ELECTROCARDIOLOGY	2,445	0	168	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	6,058	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	8,804	0	1	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP LAB	14,455	0	0	11,972	1,598
91.00	09100	EMERGENCY	146,920	0	15,849	93,913	29,390
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	29,600	0	0	6,917	0
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,826,478	28,319	120,437	647,550	1,041,928
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,727	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	555,991	0	0
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	42,939	0	0	0	0
194.02	07952	ORTHO CLINIC	63,168	0	453	16,229	0
194.03	07953	MOB LEASED SPACE	443,649	0	0	88,061	0
194.05	07955	PERRY PLAZA LEASED	0	92,192	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,387,961	120,511	676,881	751,840	1,041,928

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	615,067					11.00
13.00	01300	40,015	1,397,815				13.00
14.00	01400	6,676	25,494	229,386			14.00
15.00	01500	17,762	0	1,426	969,411		15.00
16.00	01600	52,921	0	0	0	1,087,018	16.00
17.00	01701	23,467	0	0	0	0	17.00
18.00	01850	25,773	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	96,092	629,334	11,928	80	70,489	30.00
31.00	03100	19,137	120,800	1,606	4	11,094	31.00
43.00	04300	0	9,531	3,225	0	4,163	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	92,369	361,923	114,964	132	224,227	50.00
52.00	05200	0	4,209	315	0	5,252	52.00
53.00	05300	0	0	2,357	0	12,328	53.00
54.00	05400	35,038	0	0	205	67,941	54.00
55.00	05500	10,843	0	0	0	40,267	55.00
56.00	05600	0	0	8	92,758	16,436	56.00
57.00	05700	9,022	0	0	0	104,196	57.00
58.00	05800	7,040	0	0	0	46,449	58.00
60.00	06000	45,234	0	0	0	177,001	60.00
63.00	06300	0	0	0	0	6,642	63.00
65.00	06500	20,068	0	1,490	3,251	24,557	65.00
66.00	06600	34,998	0	1,886	3,043	38,061	66.00
69.00	06900	4,329	0	283	0	12,856	69.00
70.00	07000	0	0	2	0	386	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	78,435	0	19,183	72.00
73.00	07300	0	0	0	843,515	69,029	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	3,722	0	95	0	3,841	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	40	0	774	0	7,289	90.01
91.00	09100	36,292	246,524	8,375	219	86,390	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	17,317	0	0	0	6,381	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	0	0	0	0	0	106.00
113.00	11300						113.00
118.00		598,155	1,397,815	227,169	943,207	1,054,458	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	16,912	0	2,217	26,204	32,560	194.02
194.03	07953	0	0	0	0	0	194.03
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		615,067	1,397,815	229,386	969,411	1,087,018	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT REGISTRATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	PERRY PLAZA B&F					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02 00561	A&G HOSPITAL ONLY					5.02
5.03 00562	A&G SHARED					5.03
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	PERRY PLAZA PLANT OP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01701	SOCIAL SERVICE	571,775				17.00
18.00 01850	PATIENT REGISTRATION	0	571,840			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	533,493	37,083	5,688,117	0	30.00
31.00 03100	INTENSIVE CARE UNIT	38,282	5,836	1,196,019	0	31.00
43.00 04300	NURSERY	0	2,190	142,665	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	117,946	5,788,658	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	2,763	72,921	0	52.00
53.00 05300	ANESTHESIOLOGY	0	6,485	125,380	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	35,742	1,814,677	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	21,183	512,030	0	55.00
56.00 05600	RADIOISOTOPE	0	8,647	517,467	0	56.00
57.00 05700	CT SCAN	0	54,815	907,939	0	57.00
58.00 05800	MRI	0	24,436	654,837	0	58.00
60.00 06000	LABORATORY	0	93,116	2,710,765	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	3,494	259,079	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	12,919	767,161	0	65.00
66.00 06600	PHYSICAL THERAPY	0	20,023	1,109,248	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	6,763	122,243	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	203	15,061	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,092	809,922	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	36,314	2,075,646	0	73.00
76.00 03140	CARDIOLOGY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	2,021	109,854	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	SLEEP LAB	0	3,835	131,694	0	90.01
91.00 09100	EMERGENCY	0	45,448	3,095,831	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	3,357	464,215	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	571,775	554,711	29,091,429	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,353	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.03 19203	OUTSIDE CONTRACT LAUNDRY	0	0	555,991	0	192.03
194.00 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	HOSPITAL LEASED SPACE	0	0	59,878	0	194.01
194.02 07952	ORTHO CLINIC	0	17,129	1,486,064	0	194.02
194.03 07953	MOB LEASED SPACE	0	0	706,723	0	194.03
194.05 07955	PERRY PLAZA LEASED	0	0	179,071	0	194.05
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)	571,775	571,840	32,095,509	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	PERRY PLAZA B&F	MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	PERRY PLAZA B&F					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	6,296	0	0	4.00
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL	0	28,105	0	400	5.01
5.02 00561	A&G HOSPITAL ONLY	0	55,184	843	292,147	5.02
5.03 00562	A&G SHARED	0	107,614	0	13,628	5.03
7.00 00700	OPERATION OF PLANT	0	162,721	21,020	23,187	7.00
7.01 00701	PERRY PLAZA PLANT OP	0	0	947	147	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	6,366	26,686	15,978	8.00
9.00 00900	HOUSEKEEPING	0	14,640	0	27	9.00
10.00 01000	DIETARY	0	36,798	0	9,401	10.00
11.00 01100	CAFETERIA	0	18,294	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	17,938	0	243	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	12,858	0	12,877	14.00
15.00 01500	PHARMACY	0	15,709	0	1,561	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	32,305	0	7,314	16.00
17.00 01701	SOCIAL SERVICE	0	5,325	0	0	17.00
18.00 01850	PATIENT REGISTRATION	0	6,869	0	1,263	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	125,475	0	38,623	30.00
31.00 03100	INTENSIVE CARE UNIT	0	22,781	0	3,245	31.00
43.00 04300	NURSERY	0	6,981	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	179,094	0	182,069	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	7,058	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	1,244	0	25,669	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	27,190	0	175,259	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	2,362	0	42,555	55.00
56.00 05600	RADIOISOTOPE	0	4,116	0	0	56.00
57.00 05700	CT SCAN	0	6,443	0	159,699	57.00
58.00 05800	MRI	0	8,959	0	258,878	58.00
60.00 06000	LABORATORY	0	28,071	0	58,044	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	17,330	0	2,824	65.00
66.00 06600	PHYSICAL THERAPY	0	34,150	0	15,713	66.00
69.00 06900	ELECTROCARDIOLOGY	0	964	0	9,811	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,390	0	1,881	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	3,473	0	5,986	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	SLEEP LAB	0	5,702	0	2,140	90.01
91.00 09100	EMERGENCY	0	57,958	0	14,996	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	11,677	0	112	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,080,440	49,496	1,375,677	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,626	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.03 19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	192.03
194.00 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	HOSPITAL LEASED SPACE	0	16,939	0	0	194.01
194.02 07952	ORTHO CLINIC	0	24,919	0	2,687	194.02
194.03 07953	MOB LEASED SPACE	0	175,013	0	0	194.03
194.05 07955	PERRY PLAZA LEASED	0	0	86,879	0	194.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	0	1,301,937	136,375	1,378,364	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

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Part II
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Cost Center Description		EMPLOYEE BENEFITS	OTHER ADMINISTRATIVE AND GENERAL	A&G HOSPITAL ONLY	A&G SHARED	OPERATION OF PLANT	
		4.00	5.01	5.02	5.03	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	6,296				4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL	164	28,669			5.01
5.02	00561	A&G HOSPITAL ONLY	403	0	348,577		5.02
5.03	00562	A&G SHARED	308	0	21,547	143,097	5.03
7.00	00700	OPERATION OF PLANT	254	0	25,603	10,741	243,526
7.01	00701	PERRY PLAZA PLANT OP	12	0	1,292	542	0
8.00	00800	LAUNDRY & LINEN SERVICE	139	0	6,781	2,845	1,646
9.00	00900	HOUSEKEEPING	162	0	7,568	3,175	3,785
10.00	01000	DIETARY	185	0	9,951	4,175	9,513
11.00	01100	CAFETERIA	0	0	222	93	4,729
13.00	01300	NURSING ADMINISTRATION	382	0	13,689	5,743	4,637
14.00	01400	CENTRAL SERVICES & SUPPLY	22	0	1,554	652	3,324
15.00	01500	PHARMACY	128	0	9,644	4,046	4,061
16.00	01600	MEDICAL RECORDS & LIBRARY	239	0	9,998	4,194	8,351
17.00	01701	SOCIAL SERVICE	148	0	5,685	2,385	1,377
18.00	01850	PATIENT REGISTRATION	147	0	5,547	2,327	1,776
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	868	1,860	37,224	15,616	32,437
31.00	03100	INTENSIVE CARE UNIT	242	293	9,348	3,921	5,889
43.00	04300	NURSERY	17	110	1,045	438	1,805
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	685	5,907	44,619	18,723	46,296
52.00	05200	DELIVERY ROOM & LABOR ROOM	8	139	446	187	1,825
53.00	05300	ANESTHESIOLOGY	0	325	1,083	455	322
54.00	05400	RADIOLOGY-DIAGNOSTIC	294	1,793	17,022	7,141	7,029
55.00	05500	RADIOLOGY-THERAPEUTIC	88	1,062	4,617	1,937	611
56.00	05600	RADIOISOTOPE	0	434	4,138	1,736	1,064
57.00	05700	CT SCAN	64	2,749	7,704	3,232	1,666
58.00	05800	MRI	49	1,225	5,852	2,455	2,316
60.00	06000	LABORATORY	319	4,670	24,689	10,357	7,257
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	175	2,669	1,120	0
65.00	06500	RESPIRATORY THERAPY	167	648	6,941	2,912	4,480
66.00	06600	PHYSICAL THERAPY	226	1,004	9,529	3,998	8,828
69.00	06900	ELECTROCARDIOLOGY	19	339	1,023	429	249
70.00	07000	ELECTROENCEPHALOGRAPHY	1	10	90	38	618
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	506	7,529	3,158	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,821	12,081	5,068	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	22	101	980	411	898
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP LAB	20	192	984	413	1,474
91.00	09100	EMERGENCY	379	2,279	25,587	10,734	14,983
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	68	168	4,296	1,802	3,019
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,229	27,810	348,577	137,199	186,265
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,196
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	4,379
194.02	07952	ORTHO CLINIC	67	859	0	5,898	6,442
194.03	07953	MOB LEASED SPACE	0	0	0	0	45,244
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,296	28,669	348,577	143,097	243,526

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet B Part II Date/Time Prepared: 7/24/2013 4:27 pm			
Cost Center Description		PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701	2,940					7.01
8.00	00800	691	61,132				8.00
9.00	00900	0	805	30,162			9.00
10.00	01000	0	0	822	70,845		10.00
11.00	01100	0	43	0	37,225	60,606	11.00
13.00	01300	0	0	416	1,711	3,943	13.00
14.00	01400	0	22	779	0	658	14.00
15.00	01500	0	0	438	0	1,750	15.00
16.00	01600	0	0	790	0	5,215	16.00
17.00	01701	0	0	107	130	2,312	17.00
18.00	01850	0	0	256	332	2,540	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	3,832	6,361	21,673	9,468	30.00
31.00	03100	0	580	736	3,052	1,886	31.00
43.00	04300	0	41	320	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	2,409	6,832	4,451	9,102	50.00
52.00	05200	0	78	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	175	694	0	3,452	54.00
55.00	05500	0	286	0	0	1,068	55.00
56.00	05600	0	234	0	41	0	56.00
57.00	05700	0	193	117	0	889	57.00
58.00	05800	0	144	245	43	694	58.00
60.00	06000	0	1	854	16	4,457	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	544	0	1,977	65.00
66.00	06600	0	587	1,142	64	3,449	66.00
69.00	06900	0	15	0	0	427	69.00
70.00	07000	0	0	0	0	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	0	0	0	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	367	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	480	109	4	90.01
91.00	09100	0	1,431	3,768	1,998	3,576	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	0	0	277	0	1,706	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	0	0	0	0	0	106.00
113.00	11300	0	0	0	0	0	113.00
118.00		691	10,876	25,978	70,845	58,940	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	50,215	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	41	651	0	1,666	194.02
194.03	07953	0	0	3,533	0	0	194.03
194.05	07955	2,249	0	0	0	0	194.05
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,940	61,132	30,162	70,845	60,606	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	48,702					13.00
14.00	01400	888	33,634				14.00
15.00	01500	0	209	37,546			15.00
16.00	01600	0	0	0	68,406		16.00
17.00	01701	0	0	0	0	17,469	17.00
18.00	01850	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	21,927	1,749	3	4,437	16,299	30.00
31.00	03100	4,209	235	0	698	1,170	31.00
43.00	04300	332	473	0	262	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	12,610	16,858	5	14,091	0	50.00
52.00	05200	147	46	0	331	0	52.00
53.00	05300	0	346	0	776	0	53.00
54.00	05400	0	0	8	4,277	0	54.00
55.00	05500	0	0	0	2,535	0	55.00
56.00	05600	0	1	3,593	1,035	0	56.00
57.00	05700	0	0	0	6,559	0	57.00
58.00	05800	0	0	0	2,924	0	58.00
60.00	06000	0	0	0	11,143	0	60.00
63.00	06300	0	0	0	418	0	63.00
65.00	06500	0	218	126	1,546	0	65.00
66.00	06600	0	277	118	2,396	0	66.00
69.00	06900	0	41	0	809	0	69.00
70.00	07000	0	0	0	24	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	11,501	0	1,208	0	72.00
73.00	07300	0	0	32,670	4,346	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	14	0	242	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	113	0	459	0	90.01
91.00	09100	8,589	1,228	8	5,438	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	0	0	0	402	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	0	0	0	0	0	106.00
113.00	11300						113.00
118.00		48,702	33,309	36,531	66,356	17,469	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	325	1,015	2,050	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		48,702	33,634	37,546	68,406	17,469	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		OTHER GENERAL SERVICE PATIENT REGISTRATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	PERRY PLAZA B&F				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL				5.01
5.02	00561	A&G HOSPITAL ONLY				5.02
5.03	00562	A&G SHARED				5.03
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	PERRY PLAZA PLANT OP				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01701	SOCIAL SERVICE				17.00
18.00	01850	PATIENT REGISTRATION	21,057			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,367	339,219	0	339,219
31.00	03100	INTENSIVE CARE UNIT	215	58,500	0	58,500
43.00	04300	NURSERY	81	11,905	0	11,905
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,329	548,080	0	548,080
52.00	05200	DELIVERY ROOM & LABOR ROOM	102	10,367	0	10,367
53.00	05300	ANESTHESIOLOGY	239	30,459	0	30,459
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,317	245,651	0	245,651
55.00	05500	RADIOLOGY-THERAPEUTIC	781	57,902	0	57,902
56.00	05600	RADIOISOTOPE	319	16,711	0	16,711
57.00	05700	CT SCAN	2,020	191,335	0	191,335
58.00	05800	MRI	901	284,685	0	284,685
60.00	06000	LABORATORY	3,432	153,310	0	153,310
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	129	4,511	0	4,511
65.00	06500	RESPIRATORY THERAPY	476	40,189	0	40,189
66.00	06600	PHYSICAL THERAPY	738	82,219	0	82,219
69.00	06900	ELECTROCARDIOLOGY	249	14,375	0	14,375
70.00	07000	ELECTROENCEPHALOGRAPHY	7	5,059	0	5,059
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	372	24,274	0	24,274
73.00	07300	DRUGS CHARGED TO PATIENTS	1,338	57,324	0	57,324
76.00	03140	CARDIOLOGY	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	74	12,568	0	12,568
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	04950	SLEEP LAB	141	12,231	0	12,231
91.00	09100	EMERGENCY	1,675	154,627	0	154,627
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	124	23,651	0	23,651
SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,426	2,379,152	0	2,379,152
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,822	0	5,822
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	50,215	0	50,215
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	0	21,318	0	21,318
194.02	07952	ORTHO CLINIC	631	47,251	0	47,251
194.03	07953	MOB LEASED SPACE	0	223,790	0	223,790
194.05	07955	PERRY PLAZA LEASED	0	89,128	0	89,128
200.00		Cross Foot Adjustments		0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	21,057	2,816,676	0	2,816,676

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PLAZA SQ FT)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	186,312				1.00
1.01	00101	PERRY PLAZA B&F	0	37,714			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			1,386,620		2.00
4.00	00400	EMPLOYEE BENEFITS	901	0	0	13,853,963	4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL	4,022	0	402	361,066	5.01
5.02	00561	A&G HOSPITAL ONLY	7,897	233	293,895	887,663	5.02
5.03	00562	A&G SHARED	15,400	0	13,710	677,632	5.03
7.00	00700	OPERATION OF PLANT	23,286	5,813	23,326	559,644	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	262	148	25,724	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	911	7,380	16,074	305,831	8.00
9.00	00900	HOUSEKEEPING	2,095	0	27	355,988	9.00
10.00	01000	DIETARY	5,266	0	9,457	406,598	10.00
11.00	01100	CAFETERIA	2,618	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,567	0	244	840,470	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,840	0	12,954	48,208	14.00
15.00	01500	PHARMACY	2,248	0	1,570	281,221	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,623	0	7,358	526,466	16.00
17.00	01701	SOCIAL SERVICE	762	0	0	326,719	17.00
18.00	01850	PATIENT REGISTRATION	983	0	1,271	323,674	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,956	0	38,854	1,904,664	30.00
31.00	03100	INTENSIVE CARE UNIT	3,260	0	3,264	533,991	31.00
43.00	04300	NURSERY	999	0	0	37,618	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,629	0	183,160	1,507,831	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010	0	0	16,562	52.00
53.00	05300	ANESTHESIOLOGY	178	0	25,823	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,891	0	176,309	648,363	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	338	0	42,810	193,770	55.00
56.00	05600	RADIOISOTOPE	589	0	0	0	56.00
57.00	05700	CT SCAN	922	0	160,656	140,397	57.00
58.00	05800	MRI	1,282	0	260,429	107,230	58.00
60.00	06000	LABORATORY	4,017	0	58,392	702,280	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,480	0	2,841	368,519	65.00
66.00	06600	PHYSICAL THERAPY	4,887	0	15,807	497,126	66.00
69.00	06900	ELECTROCARDIOLOGY	138	0	9,870	41,146	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	342	0	1,892	1,693	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	497	0	6,022	49,537	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP LAB	816	0	2,153	43,813	90.01
91.00	09100	EMERGENCY	8,294	0	15,086	835,603	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,671	0	113	150,408	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	154,615	13,688	1,383,917	13,707,455	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	662	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	192.03
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	2,424	0	0	0	194.01
194.02	07952	ORTHO CLINIC	3,566	0	2,703	146,508	194.02
194.03	07953	MOB LEASED SPACE	25,045	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	24,026	0	0	194.05
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)	1,301,937	136,375	1,378,364	4,734,024	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.987940	3.616031	0.994046	0.341709	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PLAZA SQ FT)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
204.00	Cost to be allocated (per Wkst. B, Part II)			6,296	28,669	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000454	0.000430	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
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	Cost Center Description	Reconciliation	A&G HOSPITAL ONLY (ACCUM. COST)	Reconciliation	A&G SHARED (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00561	A&G HOSPITAL ONLY	-1,916,034	28,662,736			5.02
5.03	00562	A&G SHARED	0	1,771,821	-1,890,264	29,921,788	5.03
7.00	00700	OPERATION OF PLANT	0	2,105,333	0	2,246,070	134,806
7.01	00701	PERRY PLAZA PLANT OP	0	106,248	0	113,350	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	557,573	0	594,846	911
9.00	00900	HOUSEKEEPING	0	622,277	0	663,875	2,095
10.00	01000	DIETARY	0	818,308	0	873,010	5,266
11.00	01100	CAFETERIA	0	18,294	0	19,517	2,618
13.00	01300	NURSING ADMINISTRATION	0	1,125,674	0	1,200,923	2,567
14.00	01400	CENTRAL SERVICES & SUPPLY	0	127,799	0	136,342	1,840
15.00	01500	PHARMACY	0	793,034	0	846,047	2,248
16.00	01600	MEDICAL RECORDS & LIBRARY	0	822,149	0	877,108	4,623
17.00	01701	SOCIAL SERVICE	0	467,476	0	498,726	762
18.00	01850	PATIENT REGISTRATION	0	456,149	0	486,642	983
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,060,905	0	3,265,520	17,956
31.00	03100	INTENSIVE CARE UNIT	0	768,655	0	820,038	3,260
43.00	04300	NURSERY	0	85,890	0	91,632	999
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,668,260	0	3,913,462	25,629
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,699	0	39,152	1,010
53.00	05300	ANESTHESIOLOGY	0	89,096	0	95,052	178
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,399,693	0	1,493,260	3,891
55.00	05500	RADIOLOGY-THERAPEUTIC	0	379,618	0	404,995	338
56.00	05600	RADIOISOTOPE	0	340,307	0	363,056	589
57.00	05700	CT SCAN	0	633,472	0	675,818	922
58.00	05800	MRI	0	481,249	0	513,420	1,282
60.00	06000	LABORATORY	0	2,030,194	0	2,165,908	4,017
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	219,479	0	234,151	0
65.00	06500	RESPIRATORY THERAPY	0	570,756	0	608,910	2,480
66.00	06600	PHYSICAL THERAPY	0	783,568	0	835,948	4,887
69.00	06900	ELECTROCARDIOLOGY	0	84,108	0	89,730	138
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,416	0	7,912	342
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	619,101	0	660,487	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	993,426	0	1,059,835	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	80,556	0	85,941	497
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP LAB	0	80,874	0	86,280	816
91.00	09100	EMERGENCY	0	2,104,054	0	2,244,706	8,294
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	353,225	0	376,837	1,671
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,916,034	28,662,736	-1,890,264	28,688,506	103,109
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-4,626	0	-4,626	0	662
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	HOSPITAL LEASED SPACE	-16,939	0	-16,939	0	2,424
194.02	07952	ORTHO CLINIC	-1,233,282	0	0	1,233,282	3,566
194.03	07953	MOB LEASED SPACE	-175,013	0	-175,013	0	25,045
194.05	07955	PERRY PLAZA LEASED	-86,879	0	-86,879	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)		1,916,034		1,890,264	2,387,961
203.00		Unit cost multiplier (Wkst. B, Part I)		0.066848		0.063173	17.714056
204.00		Cost to be allocated (per Wkst. B, Part II)		348,577		143,097	243,526
205.00		Unit cost multiplier (Wkst. B, Part II)		0.012161		0.004782	1.806492

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PERRY PLAZA PLANT OP (PLAZA SQA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERV ED)	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701	31,406					7.01
8.00	00800	7,380	1,239,067				8.00
9.00	00900	0	16,319	2,826			9.00
10.00	01000	0	0	77	58,673		10.00
11.00	01100	0	867	0	30,829	15,202	11.00
13.00	01300	0	0	39	1,417	989	13.00
14.00	01400	0	450	73	0	165	14.00
15.00	01500	0	0	41	0	439	15.00
16.00	01600	0	0	74	0	1,308	16.00
17.00	01701	0	0	10	108	580	17.00
18.00	01850	0	0	24	275	637	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	77,665	596	17,949	2,375	30.00
31.00	03100	0	11,752	69	2,528	473	31.00
43.00	04300	0	839	30	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	48,833	640	3,686	2,283	50.00
52.00	05200	0	1,585	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	3,550	65	0	866	54.00
55.00	05500	0	5,802	0	0	268	55.00
56.00	05600	0	4,740	0	34	0	56.00
57.00	05700	0	3,911	11	0	223	57.00
58.00	05800	0	2,913	23	36	174	58.00
60.00	06000	0	13	80	13	1,118	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	51	0	496	65.00
66.00	06600	0	11,904	107	53	865	66.00
69.00	06900	0	307	0	0	107	69.00
70.00	07000	0	0	0	0	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	0	0	0	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	2	0	0	92	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	45	90	1	90.01
91.00	09100	0	29,012	353	1,655	897	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	0	0	26	0	428	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	0	0	0	0	0	106.00
113.00	11300	0	0	0	0	0	113.00
118.00		7,380	220,464	2,434	58,673	14,784	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	1,017,773	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	830	61	0	418	194.02
194.03	07953	0	0	331	0	0	194.03
194.05	07955	24,026	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		120,511	676,881	751,840	1,041,928	615,067	202.00
203.00		3.837197	0.546283	266.043878	17.758219	40.459611	203.00
204.00		2,940	61,132	30,162	70,845	60,606	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		PERRY PLAZA PLANT OP (PLAZA SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERV ED)	
		7.01	8.00	9.00	10.00	11.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.093613	0.049337	10.673036	1.207455	3.986712	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:
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To 04/30/2013

Worksheet B-1
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DA YS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00561						5.02
5.03	00562						5.03
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	17,600					13.00
14.00	01400	321	1,773,612				14.00
15.00	01500	0	11,027	1,180,900			15.00
16.00	01600	0	0	0	66,695,249		16.00
17.00	01701	0	0	0	0	4,436	17.00
18.00	01850	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,924	92,228	97	4,325,009	4,139	30.00
31.00	03100	1,521	12,415	5	680,678	297	31.00
43.00	04300	120	24,935	0	255,455	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,557	888,906	161	13,756,945	0	50.00
52.00	05200	53	2,439	0	322,222	0	52.00
53.00	05300	0	18,225	0	756,394	0	53.00
54.00	05400	0	0	250	4,168,654	0	54.00
55.00	05500	0	0	0	2,470,643	0	55.00
56.00	05600	0	63	112,994	1,008,488	0	56.00
57.00	05700	0	0	0	6,393,167	0	57.00
58.00	05800	0	0	0	2,849,960	0	58.00
60.00	06000	0	0	0	10,860,310	0	60.00
63.00	06300	0	0	0	407,554	0	63.00
65.00	06500	0	11,520	3,960	1,506,765	0	65.00
66.00	06600	0	14,583	3,707	2,335,311	0	66.00
69.00	06900	0	2,186	0	788,792	0	69.00
70.00	07000	0	14	0	23,700	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	606,461	0	1,176,990	0	72.00
73.00	07300	0	0	1,027,538	4,235,400	0	73.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	736	0	235,686	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	5,981	0	447,238	0	90.01
91.00	09100	3,104	64,753	267	5,300,621	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	0	0	0	391,495	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	0	0	0	0	0	106.00
113.00	11300						113.00
118.00		17,600	1,756,472	1,148,979	64,697,477	4,436	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	0	0	0	0	192.03
194.00	07956	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	17,140	31,921	1,997,772	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		1,397,815	229,386	969,411	1,087,018	571,775	202.00
203.00		79.421307	0.129333	0.820909	0.016298	128.894274	203.00
204.00		48,702	33,634	37,546	68,406	17,469	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DA YS)	
		13.00	14.00	15.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	2.767159	0.018964	0.031794	0.001026	3.938007	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		OTHER GENERAL SERVICE PATIENT REGISTRATION (GROSS REVENUE)	18.00
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	PERRY PLAZA B&F	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL	5.01
5.02	00561	A&G HOSPITAL ONLY	5.02
5.03	00562	A&G SHARED	5.03
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	PERRY PLAZA PLANT OP	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01701	SOCIAL SERVICE	17.00
18.00	01850	PATIENT REGISTRATION	18.00
		66,695,249	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
		4,325,009	
		680,678	
		255,455	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03140	CARDIOLOGY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
		13,756,945	
		322,222	
		756,394	
		4,168,654	
		2,470,643	
		1,008,488	
		6,393,167	
		2,849,960	
		10,860,310	
		407,554	
		1,506,765	
		2,335,311	
		788,792	
		23,700	
		0	
		1,176,990	
		4,235,400	
		0	
		235,686	
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	04950	SLEEP LAB	90.01
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
		0	
		447,238	
		5,300,621	
OTHER REIMBURSABLE COST CENTERS			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
		391,495	
SPECIAL PURPOSE COST CENTERS			
106.00	10600	HEART ACQUISITION	106.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		64,697,477	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	192.03
194.00	07956	OTHER NONREIMBURSABLE COST CENTERS	194.00
194.01	07951	HOSPITAL LEASED SPACE	194.01
194.02	07952	ORTHO CLINIC	194.02
194.03	07953	MOB LEASED SPACE	194.03
194.05	07955	PERRY PLAZA LEASED	194.05
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
		0	
		0	
		0	
		0	
		0	
		1,997,772	
		0	
		0	
		571,840	
		0.008574	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		OTHER GENERAL SERVICE		
		PATIENT REGISTRATION (GROSS REVENUE)		
		18.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	21,057		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000316		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet C Part I Date/Time Prepared: 7/24/2013 4:27 pm
		Title XVIII	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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		5,688,117	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		1,196,019	0	0	31.00
43.00	04300 NURSERY		142,665	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		5,788,658	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		72,921	0	0	52.00
53.00	05300 ANESTHESIOLOGY		125,380	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,814,677	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		512,030	0	0	55.00
56.00	05600 RADIOISOTOPE		517,467	0	0	56.00
57.00	05700 CT SCAN		907,939	0	0	57.00
58.00	05800 MRI		654,837	0	0	58.00
60.00	06000 LABORATORY		2,710,765	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		259,079	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	767,161	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,109,248	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY		122,243	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		15,061	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		809,922	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,075,646	0	0	73.00
76.00	03140 RADIOLOGY		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		109,854	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 SLEEP LAB		131,694	0	0	90.01
91.00	09100 EMERGENCY		3,095,831	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		735,746	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		464,215	0	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00	10600 HEART ACQUISITION		0	0	0	106.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		29,827,175	0	0	200.00
201.00	Less Observation Beds		735,746			201.00
202.00	Total (see instructions)		29,091,429	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet C Part I Date/Time Prepared: 7/24/2013 4:27 pm
		Title XVIII	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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,677,329		3,677,329			30.00
31.00 03100 INTENSIVE CARE UNIT	680,678		680,678			31.00
43.00 04300 NURSERY	255,455		255,455			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,145,106	10,611,839	13,756,945	0.420781	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	322,222	0	322,222	0.226307	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	223,327	533,067	756,394	0.165760	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	257,241	3,911,413	4,168,654	0.435315	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	314,786	2,155,857	2,470,643	0.207246	0.000000	55.00
56.00 05600 RADIOISOTOPE	61,503	946,985	1,008,488	0.513112	0.000000	56.00
57.00 05700 CT SCAN	495,508	5,897,659	6,393,167	0.142017	0.000000	57.00
58.00 05800 MRI	125,839	2,724,121	2,849,960	0.229771	0.000000	58.00
60.00 06000 LABORATORY	1,224,982	9,635,328	10,860,310	0.249603	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	144,169	263,385	407,554	0.635692	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	1,189,961	316,804	1,506,765	0.509144	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	422,510	1,912,801	2,335,311	0.474989	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	76,077	712,715	788,792	0.154975	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,950	19,750	23,700	0.635485	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	822,081	354,909	1,176,990	0.688130	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,415,586	2,819,814	4,235,400	0.490071	0.000000	73.00
76.00 03140 RADIOLOGY	0	0	0	0.000000	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	235,686	235,686	0.466103	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0.000000	0.000000	90.00
90.01 04950 SLEEP LAB	0	447,238	447,238	0.294461	0.000000	90.01
91.00 09100 EMERGENCY	165,648	5,134,973	5,300,621	0.584051	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	14,338	633,342	647,680	1.135971	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	391,495	391,495	1.185749	0.000000	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0			106.00
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	15,038,296	49,659,181	64,697,477			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	15,038,296	49,659,181	64,697,477			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet C Part I Date/Time Prepared: 7/24/2013 4:27 pm
		Title XVIII	Hospital	Cost

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
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
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 PATIENT	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
76.00	03140	CARDIOLOGY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	04950	SLEEP LAB	0.000000	90.01
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600	HEART ACQUISITION		106.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet C
Part I
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,688,117		5,688,117	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,196,019		1,196,019	0	0	31.00
43.00	04300	NURSERY	142,665		142,665	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,788,658		5,788,658	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,921		72,921	0	0	52.00
53.00	05300	ANESTHESIOLOGY	125,380		125,380	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,814,677		1,814,677	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	512,030		512,030	0	0	55.00
56.00	05600	RADIOISOTOPE	517,467		517,467	0	0	56.00
57.00	05700	CT SCAN	907,939		907,939	0	0	57.00
58.00	05800	MRI	654,837		654,837	0	0	58.00
60.00	06000	LABORATORY	2,710,765		2,710,765	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	259,079		259,079	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	767,161	0	767,161	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,109,248	0	1,109,248	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	122,243		122,243	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,061		15,061	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	809,922		809,922	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,075,646		2,075,646	0	0	73.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	109,854		109,854	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	SLEEP LAB	131,694		131,694	0	0	90.01
91.00	09100	EMERGENCY	3,095,831		3,095,831	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	735,746		735,746	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	464,215		464,215	0	0	97.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0		0		0	106.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	29,827,175	0	29,827,175	0	0	200.00
201.00		Less Observation Beds	735,746		735,746			201.00
202.00		Total (see instructions)	29,091,429	0	29,091,429	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet C Part I Date/Time Prepared: 7/24/2013 4:27 pm
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		Title XIX			Hospital	Cost		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,677,329		3,677,329			30.00
31.00	03100	INTENSIVE CARE UNIT	680,678		680,678			31.00
43.00	04300	NURSERY	255,455		255,455			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,145,106	10,611,839	13,756,945	0.420781	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	322,222	0	322,222	0.226307	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	223,327	533,067	756,394	0.165760	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	257,241	3,911,413	4,168,654	0.435315	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	314,786	2,155,857	2,470,643	0.207246	0.000000	55.00
56.00	05600	RADIOISOTOPE	61,503	946,985	1,008,488	0.513112	0.000000	56.00
57.00	05700	CT SCAN	495,508	5,897,659	6,393,167	0.142017	0.000000	57.00
58.00	05800	MRI	125,839	2,724,121	2,849,960	0.229771	0.000000	58.00
60.00	06000	LABORATORY	1,224,982	9,635,328	10,860,310	0.249603	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	144,169	263,385	407,554	0.635692	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,189,961	316,804	1,506,765	0.509144	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	422,510	1,912,801	2,335,311	0.474989	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	76,077	712,715	788,792	0.154975	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,950	19,750	23,700	0.635485	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	822,081	354,909	1,176,990	0.688130	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,415,586	2,819,814	4,235,400	0.490071	0.000000	73.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	235,686	235,686	0.466103	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	SLEEP LAB	0	447,238	447,238	0.294461	0.000000	90.01
91.00	09100	EMERGENCY	165,648	5,134,973	5,300,621	0.584051	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,338	633,342	647,680	1.135971	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	391,495	391,495	1.185749	0.000000	97.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0			106.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	15,038,296	49,659,181	64,697,477			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	15,038,296	49,659,181	64,697,477			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet C Part I Date/Time Prepared: 7/24/2013 4:27 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
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 PATIENT	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
76.00	03140 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP LAB	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
	SPECIAL PURPOSE COST CENTERS			
106.00	10600 HEART ACQUISITION			106.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part II
Date/Time Prepared:
7/24/2013 4:27 pm

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	548,080	13,756,945	0.039840	1,678,523	66,872	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,367	322,222	0.032173	5,586	180	52.00
53.00	05300 ANESTHESIOLOGY	30,459	756,394	0.040269	106,462	4,287	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	245,651	4,168,654	0.058928	173,687	10,235	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	57,902	2,470,643	0.023436	224,316	5,257	55.00
56.00	05600 RADIOISOTOPE	16,711	1,008,488	0.016570	39,224	650	56.00
57.00	05700 CT SCAN	191,335	6,393,167	0.029928	296,156	8,863	57.00
58.00	05800 MRI	284,685	2,849,960	0.099891	88,150	8,805	58.00
60.00	06000 LABORATORY	153,310	10,860,310	0.014117	765,306	10,804	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,511	407,554	0.011068	102,789	1,138	63.00
65.00	06500 RESPIRATORY THERAPY	40,189	1,506,765	0.026672	892,712	23,810	65.00
66.00	06600 PHYSICAL THERAPY	82,219	2,335,311	0.035207	175,157	6,167	66.00
69.00	06900 ELECTROCARDIOLOGY	14,375	788,792	0.018224	50,607	922	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,059	23,700	0.213460	2,370	506	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	24,274	1,176,990	0.020624	531,427	10,960	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	57,324	4,235,400	0.013534	892,328	12,077	73.00
76.00	03140 CARDIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	12,568	235,686	0.053325	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 SLEEP LAB	12,231	447,238	0.027348	0	0	90.01
91.00	09100 EMERGENCY	154,627	5,300,621	0.029171	3,880	113	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	647,680	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	23,651	391,495	0.060412	0	0	97.00
200.00	Total (lines 50-199)	1,969,528	60,084,015		6,028,680	171,646	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		Title XVIII				Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04950	SLEEP LAB	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Cost		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	13,756,945	0.000000	0.000000	1,678,523	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	322,222	0.000000	0.000000	5,586	52.00
53.00	05300	ANESTHESIOLOGY	0	756,394	0.000000	0.000000	106,462	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,168,654	0.000000	0.000000	173,687	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,470,643	0.000000	0.000000	224,316	55.00
56.00	05600	RADIOISOTOPE	0	1,008,488	0.000000	0.000000	39,224	56.00
57.00	05700	CT SCAN	0	6,393,167	0.000000	0.000000	296,156	57.00
58.00	05800	MRI	0	2,849,960	0.000000	0.000000	88,150	58.00
60.00	06000	LABORATORY	0	10,860,310	0.000000	0.000000	765,306	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	407,554	0.000000	0.000000	102,789	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,506,765	0.000000	0.000000	892,712	65.00
66.00	06600	PHYSICAL THERAPY	0	2,335,311	0.000000	0.000000	175,157	66.00
69.00	06900	ELECTROCARDIOLOGY	0	788,792	0.000000	0.000000	50,607	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,700	0.000000	0.000000	2,370	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,176,990	0.000000	0.000000	531,427	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,235,400	0.000000	0.000000	892,328	73.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	235,686	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	SLEEP LAB	0	447,238	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	5,300,621	0.000000	0.000000	3,880	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	647,680	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	391,495	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	60,084,015			6,028,680	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
60.00	06000 LABORATORY	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03140 CARDIOLOGY	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 SLEEP LAB	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (Lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part V Date/Time Prepared: 7/24/2013 4:27 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.420781	0	5,167,372	214	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.226307	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.165760	0	173,853	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.435315	0	1,618,740	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.207246	0	983,517	0	0
56.00 05600 RADIOISOTOPE	0.513112	0	489,356	3	0
57.00 05700 CT SCAN	0.142017	0	2,561,126	290	0
58.00 05800 MRI	0.229771	0	1,010,563	0	0
60.00 06000 LABORATORY	0.249603	0	4,209,536	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.635692	0	213,923	0	0
65.00 06500 RESPIRATORY THERAPY	0.509144	0	169,888	0	0
66.00 06600 PHYSICAL THERAPY	0.474989	0	790,698	0	0
69.00 06900 ELECTROCARDIOLOGY	0.154975	0	372,105	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.635485	0	4,740	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.688130	0	110,385	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.490071	0	1,205,962	1,760	0
76.00 03140 RADIOLOGY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.466103	0	170,764	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 SLEEP LAB	0.294461	0	153,871	0	0
91.00 09100 EMERGENCY	0.584051	0	1,824,927	856	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.135971	0	333,195	0	0
OTHER REIMBURSABLE COST CENTERS					
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	1.185749	0	0	0	0
200.00	Subtotal (see instructions)	0	21,564,521	3,123	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		21,564,521	3,123	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part V Date/Time Prepared: 7/24/2013 4:27 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,174,332	90	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	28,818	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	704,662	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	203,830	0	55.00
56.00	05600 RADIOISOTOPE	251,094	2	56.00
57.00	05700 CT SCAN	363,723	41	57.00
58.00	05800 MRI	232,198	0	58.00
60.00	06000 LABORATORY	1,050,713	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	135,989	0	63.00
65.00	06500 RESPIRATORY THERAPY	86,497	0	65.00
66.00	06600 PHYSICAL THERAPY	375,573	0	66.00
69.00	06900 ELECTROCARDIOLOGY	57,667	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,012	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	75,959	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	591,007	863	73.00
76.00	03140 RADIOLOGY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	79,594	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 SLEEP LAB	45,309	0	90.01
91.00	09100 EMERGENCY	1,065,850	500	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	378,500	0	92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Subtotal (see instructions)	7,904,327	1,496	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	7,904,327	1,496	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141337

Period: From 05/01/2012

Worksheet D

Component CCN: 14Z337

To 04/30/2013

Part V
Date/Time Prepared:
7/24/2013 4:27 pm

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.420781	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.226307	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.165760	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.435315	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.207246	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.513112	0	0	0	0	56.00
57.00 05700 CT SCAN	0.142017	0	0	0	0	57.00
58.00 05800 MRI	0.229771	0	0	0	0	58.00
60.00 06000 LABORATORY	0.249603	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.635692	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.509144	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.474989	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.154975	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.635485	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.688130	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.490071	0	0	0	0	73.00
76.00 03140 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.466103	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 04950 SLEEP LAB	0.294461	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.584051	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.135971	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	1.185749	0	0	0	0	97.00
200.00	Subtotal (see instructions)		0	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	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141337 Component CCN: 14Z337	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part V Date/Time Prepared: 7/24/2013 4:27 pm
	Title XVIII	Swing Beds - SNF	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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 PATIENT	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
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP LAB	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 7/24/2013 4:27 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,101	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,561	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)		3,038	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		318	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)		159	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		42	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)		21	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,985	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)		273	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)		136	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		119.88	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		119.88	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,688,117	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)		5,035	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)		2,517	25.00
26.00	Total swing-bed cost (see instructions)		678,586	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,009,531	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,343,813	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,343,813	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.153257	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,429.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,009,531	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,406.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,792,458	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,792,458	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337		Period: From 05/01/2012 To 04/30/2013		Worksheet D-1	
Title XVIII		Hospital		Cost		Date/Time Prepared: 7/24/2013 4:27 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	1,196,019	297	4,027.00	198	797,346		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,538,431		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,128,235		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					384,051		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					191,322		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					575,373		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)						523	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,406.78	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						735,746	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337		Period: From 05/01/2012 To 04/30/2013		Worksheet D-1 Date/Time Prepared: 7/24/2013 4:27 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet D-3 Date/Time Prepared: 7/24/2013 4:27 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,860,610	30.00
31.00	03100	INTENSIVE CARE UNIT		455,431	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.420781	1,678,523	706,291 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.226307	5,586	1,264 52.00
53.00	05300	ANESTHESIOLOGY	0.165760	106,462	17,647 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.435315	173,687	75,609 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.207246	224,316	46,489 55.00
56.00	05600	RADIOISOTOPE	0.513112	39,224	20,126 56.00
57.00	05700	CT SCAN	0.142017	296,156	42,059 57.00
58.00	05800	MRI	0.229771	88,150	20,254 58.00
60.00	06000	LABORATORY	0.249603	765,306	191,023 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.635692	102,789	65,342 63.00
65.00	06500	RESPIRATORY THERAPY	0.509144	892,712	454,519 65.00
66.00	06600	PHYSICAL THERAPY	0.474989	175,157	83,198 66.00
69.00	06900	ELECTROCARDIOLOGY	0.154975	50,607	7,843 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635485	2,370	1,506 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.688130	531,427	365,691 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.490071	892,328	437,304 73.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.466103	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	SLEEP LAB	0.294461	0	0 90.01
91.00	09100	EMERGENCY	0.584051	3,880	2,266 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.135971	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1.185749	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		6,028,680	2,538,431 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		6,028,680	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet D-3	
		Component CCN: 14Z337		Date/Time Prepared: 7/24/2013 4:27 pm	
Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.420781	7,322	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.226307	0	52.00
53.00	05300	ANESTHESIOLOGY	0.165760	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.435315	9,125	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.207246	6,279	55.00
56.00	05600	RADIOISOTOPE	0.513112	0	56.00
57.00	05700	CT SCAN	0.142017	18,410	57.00
58.00	05800	MRI	0.229771	0	58.00
60.00	06000	LABORATORY	0.249603	36,534	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.635692	11,448	63.00
65.00	06500	RESPIRATORY THERAPY	0.509144	97,733	65.00
66.00	06600	PHYSICAL THERAPY	0.474989	133,242	66.00
69.00	06900	ELECTROCARDIOLOGY	0.154975	1,458	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635485	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.688130	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.490071	68,650	73.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.466103	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP LAB	0.294461	0	90.01
91.00	09100	EMERGENCY	0.584051	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.135971	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1.185749	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		390,201	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)		390,201	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet E Part B Date/Time Prepared: 7/24/2013 4:27 pm
		Title VIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			7,905,823 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			7,905,823 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
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
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			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)			7,984,881 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)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			35,756 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,420,580 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			4,528,545 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			4,528,545 30.00
31.00	Primary payer payments			722 31.00
32.00	Subtotal (line 30 minus line 31)			4,527,823 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			355,833 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			355,833 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			279,326 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			4,883,656 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)			4,883,656 40.00
41.00	Interim payments			4,443,590 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)			440,066 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
7/24/2013 4:27 pm

		Title XVIII		Hospital		Cost	
		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		4,799,415		4,163,703	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		54,100		403,488	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	09/07/2012	50,673	09/07/2012	154,752	3.01	
3.02		04/23/2013	765,377	03/13/2013	220,545	3.02	
3.03		03/13/2013	43,349		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	04/23/2013	498,898	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		859,399		-123,601	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)		5,712,914		4,443,590	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		440,066	6.01	
6.02	SETTLEMENT TO PROGRAM		39,653		0	6.02	
7.00	Total Medicare program liability (see instructions)		5,673,261		4,883,656	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141337
Component CCN: 14Z337

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
7/24/2013 4:27 pm

Title XVIII Swing Beds - SNF Cost

		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		640,923		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/07/2012	3,151		0	3.01
3.02		04/23/2013	53,998		0	3.02
3.03		03/13/2013	4,296		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		61,445		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		702,368		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		46,519		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		748,887		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part II
Date/Time Prepared:
7/24/2013 4:27 pm

		Title XVIII	Hospital	Cost	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			1,053	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			2,183	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			218	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			3,335	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			64,697,477	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			1,090,820	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			362,315	7.00
8.00	Calculation of the HIT incentive payment (see instructions)			337,763	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)			297,664	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			40,099	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet E-2
Component CCN: 14Z337		Date/Time Prepared: 7/24/2013 4:27 pm
Title XVIII	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	581,127	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)	176,025	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	409	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	757,152	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	757,152	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	757,152	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	8,265	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	748,887	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	748,887	0	19.00
20.00	Interim payments	702,368	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	46,519	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2012 To 04/30/2013	Worksheet E-3 Part V Date/Time Prepared: 7/24/2013 4:27 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			6,128,235 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			6,128,235 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			6,189,517 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	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 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			6,189,517 19.00
20.00	Deductibles (exclude professional component)			571,994 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20)			5,617,523 22.00
23.00	Coinsurance			2,312 23.00
24.00	Subtotal (line 22 minus line 23)			5,615,211 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			58,050 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			58,050 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			42,767 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			5,673,261 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			5,673,261 30.00
31.00	Interim payments			5,712,914 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)			-39,653 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 34.00

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

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet G

Date/Time Prepared:
7/24/2013 4:27 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,065,146	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,990,220	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	452,808	0	0	0	7.00
8.00	Prepaid expenses	331,933	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	11,840,107	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,154,383	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	18,608,167	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	19,762,550	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,266,513	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	343,477	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,609,990	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	38,212,647	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	722,363	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,495,450	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	571,062	0	0	0	40.00
41.00	Deferred income	778,840	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,426,791	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,994,506	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,549,644	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	586,885	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,136,529	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,131,035	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	30,081,612	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	30,081,612	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	38,212,647	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-1

Date/Time Prepared:
7/24/2013 4:27 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		30,549,335			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-467,723				2.00
3.00	Total (sum of line 1 and line 2)		30,081,612			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		30,081,612			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		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			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		30,081,612			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/24/2013 4:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	4,343,813		4,343,813	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)	4,343,813		4,343,813	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	680,678		680,678	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	680,678		680,678	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,024,491		5,024,491	17.00
18.00	Ancillary services	10,021,029	43,348,671	53,369,700	18.00
19.00	Outpatient services	170,631	8,876,621	9,047,252	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	265,356	1,370	266,726	27.00
27.01	ORTHO	0	1,600	1,600	27.01
27.02	DIETARY	0	1,997,772	1,997,772	27.02
27.03		0	0	0	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	15,481,507	54,226,034	69,707,541	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		35,845,478		29.00
30.00	ROUNDING	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)		35,845,478		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141337

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-3

Date/Time Prepared:
7/24/2013 4:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	69,707,541	1.00
2.00	Less contractual allowances and discounts on patients' accounts	35,895,948	2.00
3.00	Net patient revenues (line 1 minus line 2)	33,811,593	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	35,845,478	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,033,885	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	228,538	6.00
7.00	Income from investments	30,458	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OP	1,299,955	24.00
24.01	OTHER NON-OP	7,236	24.01
25.00	Total other income (sum of lines 6-24)	1,566,187	25.00
26.00	Total (line 5 plus line 25)	-467,698	26.00
27.00	ROUNDING	25	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	25	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-467,723	29.00