

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: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 1:50 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013	Time: 1:50 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 COLUMBUS REGIONAL HOSPITAL ( 150112 ) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00		
		Part A 2.00	Part B 3.00				
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00	Hospital	0	-845,240	-261,264	0	0	1.00
2.00	Subprovider - IPF	0	0	0	0	0	2.00
3.00	Subprovider - IRF	0	33,234	0	0	0	3.00
4.00	SUBPROVIDER I	0	0	0	0	0	4.00
5.00	Swing bed - SNF	0	0	0	0	0	5.00
6.00	Swing bed - NF	0	0	0	0	0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00	NURSING FACILITY	0	0	0	0	0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00	CMHC I	0	0	0	0	0	12.00
200.00	Total	0	-812,006	-261,264	0	0	200.00

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

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information  
 ECR: Date: 5/30/2013 Time: 1:50 pm  
 g6S7dEWR7Bf4LrmA9J: ECt5NiylMLO  
 LVSGX0khNfpXe28Hrno5Q2ZMNNgRjz  
 TIUo1XNP4W0p\_DrO  
 PI: Date: 5/30/2013 Time: 1:50 pm  
 z8DXRzi beQGLxKe07nv0. L61Kpj pPO  
 KchcC0ptbc3cd1tJVq05I 7i AOKkOwr  
 Qpwk0oSvl f0jwEpe

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	-845,240	-261,264	0	0
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	33,234	0	0	0
4.00	SUBPROVIDER I	0	0	0	0	0
5.00	Swing bed - SNF	0	0	0	0	0
6.00	Swing bed - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	-812,006	-261,264	0	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 1:44 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2400 EAST 17TH STREET			PO Box:						1.00	
2.00	City: COLUMBUS			State: IN		Zip Code: 47201-		County: BARTHOLOMEW		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		COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)						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.						Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		2,625	3,045	8	0	1,402		69	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.		266	30	0	0	0		0	25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 1:44 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N				39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
<b>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</b>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150112

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 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		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				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)	N		0		76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		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	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				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
				1.00	2.00	3.00
						Respiratory
						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
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 1:44 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	574,848	0		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	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		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
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
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 1:44 pm		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 1:44 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/30/2013	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2013	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:	Y	MGD CARE PART A DISCH & PT DAYS	N	20.00

	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.	1.00 N	2.00	3.00 N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE		SIMMONS	41.00
42.00	Enter the employer/company name of the cost report preparer.	COLUMBUS REGIONAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-376-5248		CSIMMONS@CRH.ORG	43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/30/2013		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)	04/30/2013		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER ACCOUNTING		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/30/2013 1:44 pm
		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150112

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description	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	132	48,312	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		132	48,312	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,588	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		150	54,900	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		168				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: 150112

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description	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)	14,535	4,831	29,233			1.00
2.00 HMO	2,138	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	393	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,535	4,831	29,233			7.00
8.00 INTENSIVE CARE UNIT	1,353	358	2,680			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,960	3,442			13.00
14.00 Total (see instructions)	15,888	7,149	35,355	0.00	1,355.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,288	296	3,680	0.00	24.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,379.00	27.00
28.00 Observation Bed Days		512	2,780			28.00
29.00 Ambulance Trips	2,402					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150112

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	4,226	1,432	8,951	1.00
2.00 HMO			584			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,226	1,432	8,951	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	195	25	321	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2013 1:44 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	74,568,627	0	74,568,627	2,831,710.00	26.33
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		158,535	0	158,535	4,160.00	38.11
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,984,151	182,233	4,166,384	205,713.00	20.25
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		2,631,093	0	2,631,093	43,290.00	60.78
12.00	Contract management and administrative services		272,750	0	272,750	5,768.00	47.29
13.00	Contract Labor: Physician-Part A - Administrative		1,448,825	0	1,448,825	9,282.00	156.09
14.00	Home office salaries & wage-related costs		2,976,749	0	2,976,749	15,830.00	188.04
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		25,205,560	0	25,205,560		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		1,494,898	0	1,494,898		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		56,882	0	56,882		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	1,393,659	-48,001	1,345,658	29,622.00	45.43
27.00	Administrative & General	5.00	9,490,620	782,097	10,272,717	395,871.00	25.95
28.00	Administrative & General under contract (see inst.)		2,052,466	0	2,052,466	16,303.00	125.89
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,975,165	-3,073	1,972,092	80,485.00	24.50
31.00	Laundry & Linen Service	8.00	62,367	-519	61,848	4,077.00	15.17
32.00	Housekeeping	9.00	1,471,035	-2,266	1,468,769	109,261.00	13.44
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,661,964	-1,051,925	610,039	43,070.00	14.16
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,047,227	1,047,227	73,937.00	14.16
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,895,168	-35,994	2,859,174	77,154.00	37.06
39.00	Central Services and Supply	14.00	357,554	-551	357,003	20,288.00	17.60
40.00	Pharmacy	15.00	3,248,532	-61,190	3,187,342	80,558.00	39.57
41.00	Medical Records & Medical Records Library	16.00	1,390,656	-627,691	762,965	41,300.00	18.47

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2013 1:44 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	379,592	11,246	390,838	12,608.00	31.00	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2013 1:44 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	76,462,558	0	76,462,558	2,843,853.00	26.89	1.00
2.00	Excluded area salaries (see instructions)	3,984,151	182,233	4,166,384	205,713.00	20.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	72,478,407	-182,233	72,296,174	2,638,140.00	27.40	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,329,417	0	7,329,417	74,170.00	98.82	4.00
5.00	Subtotal wage-related costs (see inst.)	25,205,560	0	25,205,560	0.00	34.86	5.00
6.00	Total (sum of lines 3 thru 5)	105,013,384	-182,233	104,831,151	2,712,310.00	38.65	6.00
7.00	Total overhead cost (see instructions)	26,378,778	9,360	26,388,138	984,534.00	26.80	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150112

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/30/2013 1:44 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	578,992	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	3,263,493	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	13,534,043	8.00
9.00	Prescription Drug Plan	1,597,311	9.00
10.00	Dental, Hearing and Vision Plan	635,924	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	57,907	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	846,823	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	610,920	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	5,563,288	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	142,710	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	61,086	22.00
23.00	Tuition Reimbursement	349,500	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,241,997	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150112

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	2,534,115	96,978	1.00
2.00	Hospital	2,534,115	96,978	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150112

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

Worksheet S-10

Date/Time Prepared:  
5/30/2013 1:44 pm

				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.450000	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			11,902,674	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			3,862,040	5.00
6.00	Medicaid charges			49,889,488	6.00
7.00	Medicaid cost (line 1 times line 6)			22,450,270	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)			6,685,556	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			6,685,556	19.00
				Uninsured patients	
				Insured patients	
				Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1.00	2.00	3.00	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	12,826,038	19,355,066	32,181,104	21.00
22.00	Partial payment by patients approved for charity care	5,771,717	8,709,780	14,481,497	22.00
23.00	Cost of charity care (line 21 minus line 22)	27,764	8,193,029	8,220,793	23.00
23.00	Cost of charity care (line 21 minus line 22)	5,743,953	516,751	6,260,704	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?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			16,020,252	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			144,185	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			15,876,067	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			7,144,230	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			13,404,934	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,090,490	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		19,074,320	19,074,320	-7,704,378	11,369,942	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	11,086,930	11,086,930	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	1,393,659	26,892,979	28,286,638	-2,696,855	25,589,783	4.00
5.01	00510	NONPATIENT TELEPHONES	167,394	278,951	446,345	0	446,345	5.01
5.02	00511	DATA PROCESSING	2,389,406	3,938,256	6,327,662	339,437	6,667,099	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	961,639	415,782	1,377,421	-11,382	1,366,039	5.03
5.04	00513	ADMITTING	977,996	500,413	1,478,409	-10,585	1,467,824	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,361,891	1,358,976	2,720,867	617,126	3,337,993	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,632,294	36,644,533	40,276,827	-846,935	39,429,892	5.06
7.00	00700	OPERATION OF PLANT	1,975,165	5,468,594	7,443,759	-1,845,229	5,598,530	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	62,367	569,226	631,593	-519	631,074	8.00
9.00	00900	HOUSEKEEPING	1,471,035	402,970	1,874,005	-2,266	1,871,739	9.00
10.00	01000	DIETARY	1,661,964	1,076,215	2,738,179	-1,731,983	1,006,196	10.00
11.00	01100	CAFETERIA	0	0	0	1,727,285	1,727,285	11.00
13.00	01300	NURSING ADMINISTRATION	2,895,168	184,636	3,079,804	22,331	3,102,135	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	357,554	247,555	605,109	-551	604,558	14.00
15.00	01500	PHARMACY	3,248,532	619,568	3,868,100	-35,422	3,832,678	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,390,656	524,349	1,915,005	-627,691	1,287,314	16.00
17.00	01700	SOCIAL SERVICE	379,592	2,893	382,485	16,912	399,397	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	148,932	5,854	154,786	0	154,786	23.01
23.02	02302	PHARMACY RESIDENCY PROG	119,154	3,669	122,823	-1,264	121,559	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	14,430,713	1,531,210	15,961,923	-211,126	15,750,797	30.00
31.00	03100	INTENSIVE CARE UNIT	2,001,496	412,974	2,414,470	-66,387	2,348,083	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,241,411	65,551	1,306,962	124,282	1,431,244	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	646,494	13,082	659,576	-14,701	644,875	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,712,808	14,517,125	20,229,933	-10,948,699	9,281,234	50.00
51.00	05100	RECOVERY ROOM	827,128	176,315	1,003,443	-27,654	975,789	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	71,170	308,845	380,015	-24,272	355,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,640,247	254,224	1,894,471	64,079	1,958,550	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	348,769	725,104	1,073,873	-179,995	893,878	54.01
54.02	05404	ULTRA SOUND	467,670	13,434	481,104	69,851	550,955	54.02
54.03	05405	MAMMOGRAPHY	650,708	231,927	882,635	168,709	1,051,344	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,000,834	34,747	1,035,581	356,901	1,392,482	55.00
57.00	05700	CT SCAN	558,012	191,425	749,437	102,054	851,491	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	245,200	55,890	301,090	104,839	405,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,346,486	3,597,375	4,943,861	-3,005,032	1,938,829	59.00
60.00	06000	LABORATORY	3,415,958	3,035,468	6,451,426	51,861	6,503,287	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	356,287	263,506	619,793	207,077	826,870	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	835,823	835,823	79,306	915,129	62.00
65.00	06500	RESPIRATORY THERAPY	1,669,770	238,520	1,908,290	69,763	1,978,053	65.00
66.00	06600	PHYSICAL THERAPY	3,027,546	561,958	3,589,504	-333,787	3,255,717	66.00
67.00	06700	OCCUPATIONAL THERAPY	680,291	28,213	708,504	362,542	1,071,046	67.00
68.00	06800	SPEECH PATHOLOGY	517,418	150,933	668,351	-104,303	564,048	68.00
69.00	06900	ELECTROCARDIOLOGY	445,951	93,550	539,501	-42,989	496,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	545,580	107,162	652,742	21,564	674,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,723,325	6,723,325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,877,010	8,877,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,957,618	9,957,618	0	9,957,618	73.00
74.00	07400	RENAL DIALYSIS	0	354,621	354,621	0	354,621	74.00
76.00	03021	CARDIAC REHABILITATION	81,249	7,471	88,720	0	88,720	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	494,719	53,452	548,171	362,693	910,864	90.00
90.01	09001	DIABETES CENTER	73,652	117,757	191,409	-58,325	133,084	90.01
90.02	09002	NEUROPSYCH	207,837	7,253	215,090	0	215,090	90.02
90.03	09003	WOUND CENTER	351,511	1,234,039	1,585,550	-357,151	1,228,399	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	230,749	230,749	90.04
91.00	09100	EMERGENCY	4,442,660	760,520	5,203,180	26,545	5,229,725	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	2,275,456	338,902	2,614,358	24,544	2,638,902	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		2,364,416	2,364,416	-2,364,416	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,369,429	140,850,149	215,219,578	-1,416,182	213,803,396	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	256,060	256,060	194.00
194.01	07951	BUILDING RENTALS	0	151,186	151,186	-90,936	60,250	194.01
194.02	07952	HOSPICE	0	51,830	51,830	0	51,830	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	140,590	140,590	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	1,187,910	1,187,910	194.05
194.06	07956	CRH FOUNDATION	0	79	79	0	79	194.06
194.07	07957	HEALTHY COMMUNITIES	199,198	55,349	254,547	-77,442	177,105	194.07
200.00		TOTAL (SUM OF LINES 118-199)	74,568,627	141,108,593	215,677,220	0	215,677,220	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	376,516	11,746,458	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-673,561	10,413,369	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-55,390	25,534,393	4.00
5.01	00510	NONPATIENT TELEPHONES	-74,448	371,897	5.01
5.02	00511	DATA PROCESSING	-27,720	6,639,379	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	-6,438	1,359,601	5.03
5.04	00513	ADMINITTING	0	1,467,824	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	7	3,338,000	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-10,059,356	29,370,536	5.06
7.00	00700	OPERATION OF PLANT	-33,218	5,565,312	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	631,074	8.00
9.00	00900	HOUSEKEEPING	-60	1,871,679	9.00
10.00	01000	DIETARY	-6,031	1,000,165	10.00
11.00	01100	CAFETERIA	-1,153,158	574,127	11.00
13.00	01300	NURSING ADMINISTRATION	-129,650	2,972,485	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-604	603,954	14.00
15.00	01500	PHARMACY	-49,779	3,782,899	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,155	1,267,159	16.00
17.00	01700	SOCIAL SERVICE	-188	399,209	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	XRAY EDUCATION	-20,320	134,466	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	121,559	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-28,886	15,721,911	30.00
31.00	03100	INTENSIVE CARE UNIT	-6,335	2,341,748	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1,431,244	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	644,875	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-90,828	9,190,406	50.00
51.00	05100	RECOVERY ROOM	0	975,789	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-23,729	332,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,630	1,950,920	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	893,878	54.01
54.02	05404	ULTRA SOUND	0	550,955	54.02
54.03	05405	MAMMOGRAPHY	-1,680	1,049,664	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-98,114	1,294,368	55.00
57.00	05700	CT SCAN	0	851,491	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	405,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,066	1,937,763	59.00
60.00	06000	LABORATORY	-9,312	6,493,975	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-672	826,198	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	915,129	62.00
65.00	06500	RESPIRATORY THERAPY	-44,786	1,933,267	65.00
66.00	06600	PHYSICAL THERAPY	0	3,255,717	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,071,046	67.00
68.00	06800	SPEECH PATHOLOGY	-3,722	560,326	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,066	495,446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,375	672,931	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,723,325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,877,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,957,618	73.00
74.00	07400	RENAL DIALYSIS	0	354,621	74.00
76.00	03021	CARDIAC REHABILITATION	0	88,720	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-295,781	615,083	90.00
90.01	09001	DIABETES CENTER	-3,750	129,334	90.01
90.02	09002	NEUROPSYCH	-158,535	56,555	90.02
90.03	09003	WOUND CENTER	-1,116	1,227,283	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-133	230,616	90.04
91.00	09100	EMERGENCY	-22,375	5,207,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-1,318,456	1,320,446	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,052,900	199,750,496	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	256,060	194.00
194.01	07951	BUILDING RENTALS	0	60,250	194.01
194.02	07952	HOSPICE	0	51,830	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	140,590	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,187,910	194.05
194.06	07956	CRH FOUNDATION	0	79	194.06
194.07	07957	HEALTHY COMMUNITIES	0	177,105	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-14,052,900	201,624,320	200.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6

Date/Time Prepared:  
5/30/2013 1:44 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>B - RECLASS DEPREC BLDG/EQUIP</b>						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,588,481	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	775,935	2.00	
	TOTALS		0	2,364,416		
<b>C - RECLASS INSURANCE</b>						
1.00	OCCUPATIONAL THERAPY	67.00	0	1,327	1.00	
2.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,018,136	2.00	
3.00	AMBULANCE SERVICES	95.00	0	21,835	3.00	
4.00	LABORATORY	60.00	0	2,626	4.00	
	TOTALS		0	1,043,924		
<b>D - RECLASS BILLING COST</b>						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	618,630	0	1.00	
	TOTALS		618,630	0		
<b>E - RECLASS HYPERBARIC THERAPY EXPENSE</b>						
1.00	HYPERBARIC OXYGEN THERAPY	90.04	0	216,799	1.00	
	TOTALS		0	216,799		
<b>F - RECLASS CAFETERIA EXPENSE</b>						
1.00	CAFETERIA	11.00	1,050,196	680,058	1.00	
	TOTALS		1,050,196	680,058		
<b>G - RECLASS WELLNESS</b>						
1.00	WELLNESS COMMUNITY	194.00	150,627	105,946	1.00	
	TOTALS		150,627	105,946		
<b>H - RECLASS PHYSICIAN FEES</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	377,433	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	126,400	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	36,000	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	50,000	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	50,000	5.00	
6.00	OPERATING ROOM	50.00	0	118,400	6.00	
7.00	ANESTHESIOLOGY	53.00	0	37,500	7.00	
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	150,000	8.00	
9.00	LABORATORY-PATHOLOGICAL	60.01	0	150,000	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	95,300	10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	6,175	11.00	
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,050	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	6,175	13.00	
14.00	CLINIC	90.00	0	365,000	14.00	
15.00	EMERGENCY	91.00	0	71,900	15.00	
16.00	AMBULANCE SERVICES	95.00	0	15,000	16.00	
17.00	WOUND CENTER	90.03	0	6,390	17.00	
18.00	HYPERBARIC OXYGEN THERAPY	90.04	0	710	18.00	
	TOTALS		0	1,670,433		
<b>I - RECLASS REHAB SERVICES</b>						
1.00	OCCUPATIONAL THERAPY	67.00	10,510	12,167	1.00	
2.00	PHYSICAL THERAPY	66.00	19,339	11,128	2.00	
3.00	SPEECH PATHOLOGY	68.00	10,510	28,819	3.00	
4.00	SUBPROVIDER - IRF	41.00	88,949	7,662	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	9,669	4,443	5.00	
6.00	SOCIAL SERVICE	17.00	12,332	5,666	6.00	
7.00	ADULTS & PEDIATRICS	30.00	24,524	11,268	7.00	
8.00	ADULTS & PEDIATRICS	30.00	10,510	4,829	8.00	
9.00	WOUND CENTER	90.03	4,793	22,669	9.00	
10.00	HYPERBARIC OXYGEN THERAPY	90.04	533	12,707	10.00	
	TOTALS		191,669	121,358		
<b>J - RECLASS PROPERTY TAXES</b>						
1.00	OPERATION OF PLANT	7.00	0	90,936	1.00	
	TOTALS		0	90,936		
<b>K - RECLASS PENSION EXPENSE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,577,556	1.00	
	TOTALS		0	2,577,556		
<b>L - RECLASS MARKETING EXPENSE</b>						
1.00	NONALLOWABLE MARKETING	194.05	0	125,000	1.00	
	TOTALS		0	125,000		
<b>M - RECLASS DEPRECIATION EXPENSE</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	10,310,995	1.00	
	TOTALS		0	10,310,995		

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6  
Date/Time Prepared:  
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>N - RECLASS MAINTENANCE EXPENSE</b>						
1.00	RESPIRATORY THERAPY	65.00	0	14,113	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	348,818	2.00	
3.00	ELECTROCARDIOLOGY	69.00	0	2,217	3.00	
4.00	OPERATING ROOM	50.00	0	47,429	4.00	
5.00	OPERATING ROOM	50.00	0	59,533	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	214,434	6.00	
7.00	LABORATORY	60.00	0	130,611	7.00	
8.00	LABORATORY	60.00	0	34,016	8.00	
9.00	LABORATORY-PATHOLOGICAL	60.01	0	24,313	9.00	
10.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	7,600	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	142,444	11.00	
12.00	MAMMOGRAPHY	54.03	0	169,007	12.00	
13.00	ULTRA SOUND	54.02	0	71,457	13.00	
14.00	CT SCAN	57.00	0	216,586	14.00	
15.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	239,744	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	153,406	16.00	
17.00	PHARMACY	15.00	0	25,768	17.00	
18.00	EMERGENCY	91.00	0	26,229	18.00	
19.00	DATA PROCESSING	5.02	0	5,367	19.00	
	<b>TOTALS</b>		0	1,933,092		
<b>O - RECLASS EMPLOYEE BENEFIT EXPENSE</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	34,648	1.00	
	<b>TOTALS</b>		0	34,648		
<b>P - RECLASS TEMP SERV FOR HISTOLOGIST</b>						
1.00	LABORATORY-PATHOLOGICAL	60.01	0	32,764	1.00	
	<b>TOTALS</b>		0	32,764		
<b>Q - RECLASS DIABETES CLINIC CONSULTANT</b>						
1.00	NURSING ADMINISTRATION	13.00	0	58,325	1.00	
	<b>TOTALS</b>		0	58,325		
<b>R - RECLASS OF HEALTHY COMM SALARY</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	42,794	0	1.00	
	<b>TOTALS</b>		42,794	0		
<b>S - RECLASS NON ALLOW ADVERTISING COSTS</b>						
1.00	NONALLOWABLE MARKETING	194.05	0	1,062,910	1.00	
	<b>TOTALS</b>		0	1,062,910		
<b>T - RECL EQUIP RENTAL TO CHARGEABLE SUPP</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,600	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	191,426	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24,293	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,758	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,426	5.00	
	<b>TOTALS</b>		0	234,503		
<b>U - RECLASS CHARGEABLE SUPPLY COST</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	156,059	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	77,179	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,279	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,986,205	4.00	
5.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,761,606	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,234	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	61,772	7.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	72,628	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	399,101	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,606	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	114,532	11.00	

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6

Date/Time Prepared:  
5/30/2013 1:44 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	48,567	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,244,621	13.00	
14.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,115,404	14.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	36,605	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,830	16.00	
17.00	SPEECH - HEARING AIDS	194.04	0	140,590	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	50,580	18.00	
19.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	173,463	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,263	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,298	21.00	
	TOTALS		0	15,506,422		
V - RECL PTO COST FOR STD ELIMINATION PD						
1.00	EMPLOYEE BENEFITS	4.00	5,475	0	1.00	
2.00	EMPLOYEE BENEFITS	4.00	899	0	2.00	
3.00	EMPLOYEE BENEFITS	4.00	1,306	0	3.00	
4.00	EMPLOYEE BENEFITS	4.00	1,504	0	4.00	
5.00	EMPLOYEE BENEFITS	4.00	6,857	0	5.00	
6.00	EMPLOYEE BENEFITS	4.00	3,073	0	6.00	
7.00	EMPLOYEE BENEFITS	4.00	519	0	7.00	
8.00	EMPLOYEE BENEFITS	4.00	2,266	0	8.00	
9.00	EMPLOYEE BENEFITS	4.00	1,729	0	9.00	
10.00	EMPLOYEE BENEFITS	4.00	2,969	0	10.00	
11.00	EMPLOYEE BENEFITS	4.00	4,557	0	11.00	
12.00	EMPLOYEE BENEFITS	4.00	551	0	12.00	
13.00	EMPLOYEE BENEFITS	4.00	2,700	0	13.00	
14.00	EMPLOYEE BENEFITS	4.00	2,241	0	14.00	
15.00	EMPLOYEE BENEFITS	4.00	1,086	0	15.00	
16.00	EMPLOYEE BENEFITS	4.00	1,264	0	16.00	
17.00	EMPLOYEE BENEFITS	4.00	18,156	0	17.00	
18.00	EMPLOYEE BENEFITS	4.00	915	0	18.00	
19.00	EMPLOYEE BENEFITS	4.00	1,872	0	19.00	
20.00	EMPLOYEE BENEFITS	4.00	570	0	20.00	
21.00	EMPLOYEE BENEFITS	4.00	3,820	0	21.00	
22.00	EMPLOYEE BENEFITS	4.00	3,927	0	22.00	
23.00	EMPLOYEE BENEFITS	4.00	598	0	23.00	
24.00	EMPLOYEE BENEFITS	4.00	1,606	0	24.00	
25.00	EMPLOYEE BENEFITS	4.00	298	0	25.00	
26.00	EMPLOYEE BENEFITS	4.00	10,922	0	26.00	
27.00	EMPLOYEE BENEFITS	4.00	1,619	0	27.00	
28.00	EMPLOYEE BENEFITS	4.00	4,695	0	28.00	
29.00	EMPLOYEE BENEFITS	4.00	704	0	29.00	
30.00	EMPLOYEE BENEFITS	4.00	3,042	0	30.00	
31.00	EMPLOYEE BENEFITS	4.00	801	0	31.00	
32.00	EMPLOYEE BENEFITS	4.00	1,308	0	32.00	
33.00	EMPLOYEE BENEFITS	4.00	741	0	33.00	
34.00	EMPLOYEE BENEFITS	4.00	6,043	0	34.00	
35.00	EMPLOYEE BENEFITS	4.00	1,993	0	35.00	
	TOTALS		102,626	0		
W - RECLASS SALARIES FOR CAP PROJ						
1.00	DATA PROCESSING	5.02	1,883	0	1.00	
2.00	DATA PROCESSING	5.02	9,279	0	2.00	
3.00	DATA PROCESSING	5.02	30,129	0	3.00	
4.00	DATA PROCESSING	5.02	58,490	0	4.00	
5.00	DATA PROCESSING	5.02	6,820	0	5.00	
6.00	DATA PROCESSING	5.02	73,016	0	6.00	
7.00	DATA PROCESSING	5.02	9,420	0	7.00	
8.00	DATA PROCESSING	5.02	14,131	0	8.00	
9.00	DATA PROCESSING	5.02	44,997	0	9.00	
10.00	DATA PROCESSING	5.02	9,420	0	10.00	
11.00	DATA PROCESSING	5.02	5,737	0	11.00	
12.00	DATA PROCESSING	5.02	20,638	0	12.00	
13.00	DATA PROCESSING	5.02	2,307	0	13.00	
14.00	DATA PROCESSING	5.02	53,278	0	14.00	
	TOTALS		339,545	0		

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6

Date/Time Prepared:  
5/30/2013 1:44 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
X - RECLASS OT MARR ROAD					
1.00	OCCUPATIONAL THERAPY	67.00	241,493	90,405	1.00
	TOTALS		241,493	90,405	
Y - RECL OF MILLRACE FOR WELLNESS/OT/PT					
1.00	OCCUPATIONAL THERAPY	67.00	0	3,614	1.00
2.00	PHYSICAL THERAPY	66.00	0	10,217	2.00
3.00	WELLNESS COMMUNITY	194.00	0	13,318	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	3,730	4.00
	TOTALS		0	30,879	
Z - RECLASS LAB BLOOD SUPERVISOR					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	71,706	0	1.00
	TOTALS		71,706	0	
500.00	Grand Total: Increases		2,809,286	38,291,369	500.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2013 1:44 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>B - RECLASS DEPREC BLDG/EQUIP</b>							
1.00	INTEREST EXPENSE	113.00	0	1,588,481	11	1.00	
2.00	INTEREST EXPENSE	113.00	0	775,935	11	2.00	
	TOTALS		0	2,364,416			
<b>C - RECLASS INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,327	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,018,136	12	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	21,835	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,626	0	4.00	
	TOTALS		0	1,043,924			
<b>D - RECLASS BILLING COST</b>							
1.00	MEDICAL RECORDS & LIBRARY	16.00	618,630	0	0	1.00	
	TOTALS		618,630	0			
<b>E - RECLASS HYPERBARIC THERAPY EXPENSE</b>							
1.00	WOUND CENTER	90.03	0	216,799	0	1.00	
	TOTALS		0	216,799			
<b>F - RECLASS CAFETERIA EXPENSE</b>							
1.00	DIETARY	10.00	1,050,196	680,058	0	1.00	
	TOTALS		1,050,196	680,058			
<b>G - RECLASS WELLNESS</b>							
1.00	EMPLOYEE BENEFITS	4.00	150,627	105,946	0	1.00	
	TOTALS		150,627	105,946			
<b>H - RECLASS PHYSICIAN FEES</b>							
1.00	OPERATING ROOM	50.00	0	377,433	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	126,400	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36,000	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	50,000	0	4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	50,000	0	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	118,400	0	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37,500	0	7.00	
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	150,000	0	8.00	
9.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	150,000	0	9.00	
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	95,300	0	10.00	
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,175	0	11.00	
12.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,050	0	12.00	
13.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,175	0	13.00	
14.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	365,000	0	14.00	
15.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	71,900	0	15.00	
16.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,000	0	16.00	
17.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,390	0	17.00	
18.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	710	0	18.00	
	TOTALS		0	1,670,433			
<b>I - RECLASS REHAB SERVICES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	10,510	12,167	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	19,339	11,128	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	10,510	28,819	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	88,949	7,662	0	4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	9,669	4,443	0	5.00	

RECLASSIFICATIONS

Provider CCN: 150112

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

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		Decreases			Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	12,332	5,666	0	6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	24,524	11,268	0	7.00
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	10,510	4,829	0	8.00
9.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	4,793	22,669	0	9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	533	12,707	0	10.00
	TOTALS		191,669	121,358		
<b>J - RECLASS PROPERTY TAXES</b>						
1.00	BUILDING RENTALS	194.01	0	90,936	0	1.00
	TOTALS		0	90,936		
<b>K - RECLASS PENSION EXPENSE</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	2,577,556	0	1.00
	TOTALS		0	2,577,556		
<b>L - RECLASS MARKETING EXPENSE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	125,000	0	1.00
	TOTALS		0	125,000		
<b>M - RECLASS DEPRECIATION EXPENSE</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	10,310,995	9	1.00
	TOTALS		0	10,310,995		
<b>N - RECLASS MAINTENANCE EXPENSE</b>						
1.00	OPERATION OF PLANT	7.00	0	14,113	0	1.00
2.00	OPERATION OF PLANT	7.00	0	348,818	0	2.00
3.00	OPERATION OF PLANT	7.00	0	2,217	0	3.00
4.00	OPERATION OF PLANT	7.00	0	47,429	0	4.00
5.00	OPERATION OF PLANT	7.00	0	59,533	0	5.00
6.00	OPERATION OF PLANT	7.00	0	214,434	0	6.00
7.00	OPERATION OF PLANT	7.00	0	130,611	0	7.00
8.00	OPERATION OF PLANT	7.00	0	34,016	0	8.00
9.00	OPERATION OF PLANT	7.00	0	24,313	0	9.00
10.00	OPERATION OF PLANT	7.00	0	7,600	0	10.00
11.00	OPERATION OF PLANT	7.00	0	142,444	0	11.00
12.00	OPERATION OF PLANT	7.00	0	169,007	0	12.00
13.00	OPERATION OF PLANT	7.00	0	71,457	0	13.00
14.00	OPERATION OF PLANT	7.00	0	216,586	0	14.00
15.00	OPERATION OF PLANT	7.00	0	239,744	0	15.00
16.00	OPERATION OF PLANT	7.00	0	153,406	0	16.00
17.00	OPERATION OF PLANT	7.00	0	25,768	0	17.00
18.00	OPERATION OF PLANT	7.00	0	26,229	0	18.00
19.00	OPERATION OF PLANT	7.00	0	5,367	0	19.00
	TOTALS		0	1,933,092		
<b>O - RECLASS EMPLOYEE BENEFIT EXPENSE</b>						
1.00	HEALTHY COMMUNITIES	194.07	0	34,648	0	1.00
	TOTALS		0	34,648		
<b>P - RECLASS TEMP SERV FOR HISTOLOGIST</b>						
1.00	LABORATORY	60.00	0	32,764	0	1.00
	TOTALS		0	32,764		
<b>Q - RECLASS DIABETES CLINIC CONSULTANT</b>						
1.00	DIABETES CENTER	90.01	0	58,325	0	1.00
	TOTALS		0	58,325		
<b>R - RECLASS OF HEALTHY COMM SALARY</b>						
1.00	HEALTHY COMMUNITIES	194.07	42,794	0	0	1.00
	TOTALS		42,794	0		
<b>S - RECLASS NON ALLOW ADVERTISING COSTS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,062,910	0	1.00
	TOTALS		0	1,062,910		
<b>T - RECL EQUIP RENTAL TO CHARGEABLE SUPP</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	8,600	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	191,426	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	24,293	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0	8,758	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	1,426	0	5.00
	TOTALS		0	234,503		
<b>U - RECLASS CHARGEABLE SUPPLY COST</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	156,059	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	77,179	0	2.00
3.00	SUBPROVIDER - IRF	41.00	0	2,279	0	3.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
4.00	OPERATING ROOM	50.00	0	3,986,205	0		4.00
5.00	OPERATING ROOM	50.00	0	6,761,606	0		5.00
6.00	RECOVERY ROOM	51.00	0	18,234	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	61,772	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	72,628	0		8.00
9.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	399,101	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,606	0		10.00
11.00	CT SCAN	57.00	0	114,532	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	48,567	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,244,621	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	2,115,404	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	36,605	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	20,830	0		16.00
17.00	SPEECH PATHOLOGY	68.00	0	140,590	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	50,580	0		18.00
19.00	WOUND CENTER	90.03	0	173,463	0		19.00
20.00	EMERGENCY	91.00	0	12,263	0		20.00
21.00	AMBULANCE SERVICES	95.00	0	10,298	0		21.00
TOTALS			0	15,506,422			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00	DATA PROCESSING	5.02	5,475	0	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	899	0	0		2.00
3.00	ADMINISTRATIVE	5.04	1,306	0	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,504	0	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	6,857	0	0		5.00
6.00	OPERATION OF PLANT	7.00	3,073	0	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	519	0	0		7.00
8.00	HOUSEKEEPING	9.00	2,266	0	0		8.00
9.00	DIETARY	10.00	1,729	0	0		9.00
10.00	CAFETERIA	11.00	2,969	0	0		10.00
11.00	NURSING ADMINISTRATION	13.00	4,557	0	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	551	0	0		12.00
13.00	PHARMACY	15.00	2,700	0	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	2,241	0	0		14.00
15.00	SOCIAL SERVICE	17.00	1,086	0	0		15.00
16.00	PHARMACY RESIDENCY PROG	23.02	1,264	0	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	18,156	0	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	915	0	0		18.00
19.00	SUBPROVIDER - IRF	41.00	1,872	0	0		19.00
20.00	NURSERY	43.00	570	0	0		20.00
21.00	OPERATING ROOM	50.00	3,820	0	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	3,927	0	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	598	0	0		23.00
24.00	ULTRASOUND	54.02	1,606	0	0		24.00
25.00	MAMMOGRAPHY	54.03	298	0	0		25.00
26.00	LABORATORY	60.00	10,922	0	0		26.00
27.00	RESPIRATORY THERAPY	65.00	1,619	0	0		27.00
28.00	PHYSICAL THERAPY	66.00	4,695	0	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	704	0	0		29.00
30.00	SPEECH PATHOLOGY	68.00	3,042	0	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	801	0	0		31.00
32.00	NURSING ADMINISTRATION	13.00	1,308	0	0		32.00
33.00	WOUND CENTER	90.03	741	0	0		33.00
34.00	EMERGENCY	91.00	6,043	0	0		34.00
35.00	AMBULANCE SERVICES	95.00	1,993	0	0		35.00
TOTALS			102,626	0			
W - RECLASS SALARIES FOR CAP PROJ							
1.00	PURCHASING RECEIVING AND STORES	5.03	1,883	0	0		1.00
2.00	ADMINISTRATIVE	5.04	9,279	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	30,129	0	0		3.00
4.00	PHARMACY	15.00	58,490	0	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	6,820	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	73,016	0	0		6.00
7.00	SUBPROVIDER - IRF	41.00	9,420	0	0		7.00
8.00	NURSERY	43.00	14,131	0	0		8.00
9.00	OPERATING ROOM	50.00	44,997	0	0		9.00
10.00	RECOVERY ROOM	51.00	9,420	0	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	5,737	0	0		11.00
12.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	20,638	0	0		12.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6

Date/Time Prepared:  
5/30/2013 1:44 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	CLINIC	90.00	2,307	0	0	13.00	
14.00	EMERGENCY	91.00	53,278	0	0	14.00	
	TOTALS		339,545	0			
X - RECLASS OT MARR ROAD							
1.00	PHYSICAL THERAPY	66.00	241,493	90,405	0	1.00	
	TOTALS		241,493	90,405			
Y - RECL OF MILLRACE FOR WELLNESS/OT/PT							
1.00	WELLNESS COMMUNITY	194.00	0	3,614	0	1.00	
2.00	WELLNESS COMMUNITY	194.00	0	10,217	0	2.00	
3.00	PHYSICAL THERAPY	66.00	0	13,318	0	3.00	
4.00	PHYSICAL THERAPY	66.00	0	3,730	0	4.00	
	TOTALS		0	30,879			
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	LABORATORY	60.00	71,706	0	0	1.00	
	TOTALS		71,706	0			
500.00	Grand Total: Decreases		2,809,286	38,291,369		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/30/2013 1:44 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,746,052	24,000	0	24,000	0	1.00
2.00	Land Improvements	15,950,328	1,309,898	0	1,309,898	2,450	2.00
3.00	Buildings and Fixtures	84,333,581	2,019,659	0	2,019,659	5,814,792	3.00
4.00	Building Improvements	88,952,271	2,130,177	0	2,130,177	42,469	4.00
5.00	Fixed Equipment	6,847,550	767,204	0	767,204	11,185	5.00
6.00	Movable Equipment	105,662,213	18,029,148	0	18,029,148	6,146,378	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	303,491,995	24,280,086	0	24,280,086	12,017,274	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	303,491,995	24,280,086	0	24,280,086	12,017,274	10.00
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	19,074,320	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,074,320	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>					<b>ALLOCATION OF OTHER CAPITAL</b>		
Cost Center Description		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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	198,209,824	0	198,209,824	0.627733	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	117,544,983	0	117,544,983	0.372267	0	2.00
3.00	Total (sum of lines 1-2)	315,754,807	0	315,754,807	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

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

Worksheet A-7  
Parts I-III  
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,770,052	0		1.00	
2.00	Land Improvements	17,257,776	0		2.00	
3.00	Buildings and Fixtures	80,538,448	0		3.00	
4.00	Building Improvements	91,039,979	0		4.00	
5.00	Fixed Equipment	7,603,569	0		5.00	
6.00	Movable Equipment	117,544,983	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	315,754,807	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	315,754,807	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	19,074,320		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	19,074,320		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	8,844,519	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	10,014,466	0
3.00	Total (sum of lines 1-2)	0	0	0	18,858,985	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

Period:  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,883,803	1,018,136	0	0	11,746,458	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	398,903	0	0	0	10,413,369	2.00
3.00	Total (sum of lines 1-2)	2,282,706	1,018,136	0	0	22,159,827	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150112

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

Worksheet A-8

Date/Time Prepared:  
5/30/2013 1:44 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 #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	295,322	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	49,277	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-112,023	OTHER ADMINISTRATIVE AND GENERAL	5.06	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-6,438	PURCHASING RECEIVING AND STORES	5.03	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-70,548	NONPATIENT TELEPHONES	5.01	7.00
8.00 Television and radio service (chapter 21)	A	-7,901	OPERATION OF PLANT	7.00	8.00
9.00 Parking lot (chapter 21)	B	-130	OPERATION OF PLANT	7.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,072,207			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-470,543			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-729,865	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts	B	-7,698	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	B	-60	HOUSEKEEPING	9.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant				0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest				0.00	32.00
33.00 TELEPHONE SERVICES	B	-3,900	NONPATIENT TELEPHONES	5.01	33.00
34.00 DEPR PAT PHONES NEW EQUIP	A	-18,041	NEW CAP REL COSTS-MVBLE EQUIP	2.00	34.00
35.00 TV DEPR NEW EQUIP	A	-19,807	NEW CAP REL COSTS-MVBLE EQUIP	2.00	35.00
36.00 CAFETERIA VISITORS	A	-423,293	CAFETERIA	11.00	36.00
37.00 OPERATING REVENUE OTHER REVENUE	B	-16,781	OPERATING ROOM	50.00	37.00
38.00 NURSING ADMIN OTHER REVENUE	B	-129,650	NURSING ADMINISTRATION	13.00	38.00
39.00 SOCIAL SERVICES OTHER REVENUE	B	-188	SOCIAL SERVICE	17.00	39.00
40.00 EAP REVENUE	B	-41,348	EMPLOYEE BENEFITS	4.00	40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	41.00
42.00 LAND RENT MO	B	-2,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	42.00
43.00 RENT PATHOLOGISTS	B	-672	LABORATORY-PATHOLOGICAL	60.01	43.00
44.00 LABORATORY OTHER REVENUE	B	-9,312	LABORATORY	60.00	44.00
44.01 EMPLOY BENEFITS OTHER REVENUE	B	-12,784	EMPLOYEE BENEFITS	4.00	44.01
45.00 XRAY EDUCATION	B	-20,320	XRAY EDUCATION	23.01	45.00
45.01 MEDICAL STAFF INCOME	B	-63,290	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.01

Provider CCN: 150112

Period:  
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Worksheet A-8  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
45.02 RADIOLOGY OTHER REVENUE	B	-7,630	RADIOLOGY-DIAGNOSTIC	54.00	45.02
45.03 BREAST FILM COPIES	B	-1,680	MAMMOGRAPHY	54.03	45.03
45.04 MEDICAL RECORDS OTHER REVENUE	B	-12,457	MEDICAL RECORDS & LIBRARY	16.00	45.04
45.05 FACILITIES OTHER REVENUE	B	-16,787	OPERATION OF PLANT	7.00	45.05
45.06 SICK BAY	B	-76	ADULTS & PEDIATRICS	30.00	45.06
45.07 CENTRAL PROCESSING OTHER REVENUE	B	-604	CENTRAL SERVICES & SUPPLY	14.00	45.07
45.08 DIABETES OTHER REVENUE	B	-3,750	DIABETES CENTER	90.01	45.08
45.09 MRES GRANT OTHER	B	-700	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.09
45.10 INFO SERV OTHER REVENUE	B	-27,720	DATA PROCESSING	5.02	45.10
45.11 FOOD OTHER REVENUE	B	-6,031	DIETARY	10.00	45.11
45.12 SPEECH THERAPY OTHER REVENUE	B	-3,722	SPEECH PATHOLOGY	68.00	45.12
45.13 PROTECTIVE SERV OTHER REVENUE	B	-8,400	OPERATION OF PLANT	7.00	45.13
45.14 PHARMACY OTHER REVENUE	B	-49,779	PHARMACY	15.00	45.14
45.15 HUMAN RESOURCES OTHER REVENUE	B	-1,258	EMPLOYEE BENEFITS	4.00	45.15
45.16 LACTATION AND PREPARE OTHER REVENUE	B	-5,735	ADULTS & PEDIATRICS	30.00	45.16
45.17 VOLUNTEER OTHER REVENUE	B	-79,713	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.17
45.18 RENTAL PROPERTIES DEPRECIATION	A	-42,603	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.18
45.19 RENTAL PROPERTIES DEPRECIATION	A	-62	NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.19
45.20 PENSION EXPENSE	A	59,872	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.20
45.21 LOSS ON DISPOSAL DEMOLITION	A	11,218	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.21
45.22 UNALLOWABLE PHYS RECRUITMENT	A	-59,050	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.22
45.23 DEPRECIATION RELI FIED	A	72,064	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.23
45.24 DEPRECIATION RELI FIED	A	-258,619	NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.24
45.26 NONALLOWABLE AMORT 2003 BOND ISSUE	A	-22,400	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.26
45.27 PRIOR YEAR AUDIT ADJUSTMENT	A	62,915	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.27
45.28 NONALLOWABLE INT EXP 1993 BONDS	A	-171,310	NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.28
45.29 NONALLOWABLE INT EXP 2003/2009 BONDS	A	-254,999	NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.29
45.30 UNALLOWABLE AHA MEMBERSHIP DUES	A	-7,879	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.30
45.31 AMBULANCE SERVICES	B	-1,316,476	AMBULANCE SERVICES	95.00	45.31
45.32 COPY CENTER OTHER REVENUE	B	-5,336	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.32
45.33 PFSB CASH OVER & SHORT OPERATING	B	7	CASHIERING/ACCOUNTS RECEIVABLE	5.05	45.33
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,052,900			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150112

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

Worksheet A-8  
Date/Time Prepared:  
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	TELEPHONE SERVICES	0	33.00
34.00	DEPR PAT PHONES NEW EQUIP	9	34.00
35.00	TV DEPR NEW EQUIP	9	35.00
36.00	CAFETERIA VISITORS	0	36.00
37.00	OPERATING REVENUE OTHER REVENUE	0	37.00
38.00	NURSING ADMIN OTHER REVENUE	0	38.00
39.00	SOCIAL SERVICES OTHER REVENUE	0	39.00
40.00	EAP REVENUE	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)	0	41.00
42.00	LAND RENT MO	0	42.00
43.00	RENT PATHOLOGISTS	0	43.00
44.00	LABORATORY OTHER REVENUE	0	44.00
44.01	EMPLOY BENEFITS OTHER REVENUE	0	44.01
45.00	XRAY EDUCATION	0	45.00
45.01	MEDICAL STAFF INCOME	0	45.01
45.02	RADIOLOGY OTHER REVENUE	0	45.02
45.03	BREAST FILM COPIES	0	45.03
45.04	MEDICAL RECORDS OTHER REVENUE	0	45.04
45.05	FACILITIES OTHER REVENUE	0	45.05
45.06	SICK BAY	0	45.06
45.07	CENTRAL PROCESSING OTHER REVENUE	0	45.07
45.08	DIABETES OTHER REVENUE	0	45.08
45.09	MRES GRANT OTHER	0	45.09
45.10	INFO SERV OTHER REVENUE	0	45.10
45.11	FOOD OTHER REVENUE	0	45.11
45.12	SPEECH THERAPY OTHER REVENUE	0	45.12
45.13	PROTECTIVE SERV OTHER REVENUE	0	45.13
45.14	PHARMACY OTHER REVENUE	0	45.14

ADJUSTMENTS TO EXPENSES

Provider CCN: 150112

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

Worksheet A-8

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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.15	HUMAN RESOURCES OTHER REVENUE	0	45.15
45.16	LACTATION AND PREPARE OTHER REVENUE	0	45.16
45.17	VOLUNTEER OTHER REVENUE	0	45.17
45.18	RENTAL PROPERTIES DEPRECIATION	9	45.18
45.19	RENTAL PROPERTIES DEPRECIATION	9	45.19
45.20	PENSION EXPENSE	0	45.20
45.21	LOSS ON DISPOSAL DEMOLITION	9	45.21
45.22	UNALLOWABLE PHYS RECRUITMENT	0	45.22
45.23	DEPRECIATION RELI FED	9	45.23
45.24	DEPRECIATION RELI FED	9	45.24
45.26	NONALLOWABLE AMORT 2003 BOND ISSUE	9	45.26
45.27	PRIOR YEAR AUDIT ADJUSTMENT	9	45.27
45.28	NONALLOWABLE INT EXP 1993 BONDS	11	45.28
45.29	NONALLOWABLE INT EXP 2003/2009 BONDS	11	45.29
45.30	UNALLOWABLE AHA MEMBERSHIP DUES	0	45.30
45.31	AMBULANCE SERVICES	0	45.31
45.32	COPY CENTER OTHER REVENUE	0	45.32
45.33	PFSB CASH OVER & SHORT OPERATING	0	45.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 150112

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

Worksheet A-8-1

Date/Time Prepared:  
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	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	MANAGEMENT FEE	1.00
2.00	0.00			2.00
3.00	0.00			3.00
4.00	0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	E	J BICKEL	0.00	6.00
7.00	E	J NASH	0.00	7.00
8.00	E	T LENTZ	0.00	8.00
9.00	E	R SHEDD	0.00	9.00
10.00	E	H SCHUMAKER	0.00	10.00
10.01	E	T SOUZA	0.00	10.01
10.02	E	D MI CHAEL	0.00	10.02
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 150112

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2013 1:44 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	4,228,501	4,699,044	-470,543	0	1.00
2.00	0	0	0	0	2.00
3.00	0	0	0	0	3.00
4.00	0	0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00
TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					

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

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

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

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

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

6.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	6.00
7.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	7.00
8.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	8.00
9.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	9.00
10.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	10.00
10.01	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	10.01
10.02	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	10.02
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

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

Worksheet A-8-2

Date/Time Prepared:  
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	9,446,667	9,225,842	1.00
2.00	30.00	ADULTS & PEDIATRICS	176,400	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	36,000	0	3.00
4.00	41.00	SUBPROVIDER - IRF	50,000	0	4.00
5.00	50.00	OPERATING ROOM	118,400	0	5.00
6.00	53.00	ANESTHESIOLOGY	37,500	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	150,000	0	7.00
8.00	60.01	LABORATORY-PATHOLOGICAL	150,000	0	8.00
9.00	65.00	RESPIRATORY THERAPY	95,300	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	6,175	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	8,050	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	6,175	0	12.00
13.00	90.00	CLINIC	365,000	0	13.00
14.00	90.02	NEUROPSYCH	158,535	158,535	14.00
15.00	90.03	WOUND CENTER	6,390	0	15.00
16.00	90.04	HYPERBARIC OXYGEN THERAPY	710	0	16.00
17.00	91.00	EMERGENCY	71,900	0	17.00
18.00	95.00	AMBULANCE SERVICES	15,000	0	18.00
200.00			10,898,202	9,384,377	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

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

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Date/Time Prepared:  
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	220,825	171,400	1,553	127,973	6,399	1.00
2.00	176,400	142,500	2,238	153,325	7,666	2.00
3.00	36,000	171,400	360	29,665	1,483	3.00
4.00	50,000	171,400	838	69,054	3,453	4.00
5.00	118,400	204,100	452	44,353	2,218	5.00
6.00	37,500	200,300	143	13,771	689	6.00
7.00	150,000	231,100	467	51,886	2,594	7.00
8.00	150,000	219,500	1,739	183,515	9,176	8.00
9.00	95,300	171,400	613	50,514	2,526	9.00
10.00	6,175	171,400	62	5,109	255	10.00
11.00	8,050	171,400	81	6,675	334	11.00
12.00	6,175	171,400	62	5,109	255	12.00
13.00	365,000	171,400	840	69,219	3,461	13.00
14.00	0	0	0	0	0	14.00
15.00	6,390	171,400	64	5,274	264	15.00
16.00	710	171,400	7	577	29	16.00
17.00	71,900	171,400	601	49,525	2,476	17.00
18.00	15,000	171,400	158	13,020	651	18.00
200.00	1,513,825		10,278	878,564	43,929	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

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

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	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	127,973	1.00
2.00	0	0	0	0	153,325	2.00
3.00	0	0	0	0	29,665	3.00
4.00	0	0	0	0	69,054	4.00
5.00	0	0	0	0	44,353	5.00
6.00	0	0	0	0	13,771	6.00
7.00	0	0	0	0	51,886	7.00
8.00	0	0	0	0	183,515	8.00
9.00	0	0	0	0	50,514	9.00
10.00	0	0	0	0	5,109	10.00
11.00	0	0	0	0	6,675	11.00
12.00	0	0	0	0	5,109	12.00
13.00	0	0	0	0	69,219	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	5,274	15.00
16.00	0	0	0	0	577	16.00
17.00	0	0	0	0	49,525	17.00
18.00	0	0	0	0	13,020	18.00
200.00	0	0	0	0	878,564	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

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

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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	92,852	9,318,694	1.00
2.00	23,075	23,075	2.00
3.00	6,335	6,335	3.00
4.00	0	0	4.00
5.00	74,047	74,047	5.00
6.00	23,729	23,729	6.00
7.00	98,114	98,114	7.00
8.00	0	0	8.00
9.00	44,786	44,786	9.00
10.00	1,066	1,066	10.00
11.00	1,375	1,375	11.00
12.00	1,066	1,066	12.00
13.00	295,781	295,781	13.00
14.00	0	158,535	14.00
15.00	1,116	1,116	15.00
16.00	133	133	16.00
17.00	22,375	22,375	17.00
18.00	1,980	1,980	18.00
200.00	687,830	10,072,207	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	11,746,458	11,746,458			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	10,413,369		10,413,369		2.00
4.00 00400	EMPLOYEE BENEFITS	25,534,393	215,708	97,088	25,847,189	4.00
5.01 00510	NONPATIENT TELEPHONES	371,897	5,103	152,509	59,217	588,726
5.02 00511	DATA PROCESSING	6,639,379	387,665	374,544	963,454	19,050
5.03 00512	PURCHASING RECEIVING AND STORES	1,359,601	302,426	268,253	339,204	9,071
5.04 00513	ADMINISTRATIVE	1,467,824	22,328	69,550	342,230	10,432
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	3,338,000	57,319	139,145	481,249	22,678
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	29,370,536	479,364	362,198	1,448,711	78,920
7.00 00700	OPERATION OF PLANT	5,565,312	5,734,120	392,771	697,645	14,968
8.00 00800	LAUNDRY & LINEN SERVICE	631,074	10,920	0	21,879	0
9.00 00900	HOUSEKEEPING	1,871,679	78,480	86,149	519,590	3,629
10.00 01000	DIETARY	1,000,165	134,702	58,799	215,807	1,814
11.00 01100	CAFETERIA	574,127	105,477	100,981	370,466	2,721
13.00 01300	NURSING ADMINISTRATION	2,972,485	167,550	140,579	1,011,459	9,071
14.00 01400	CENTRAL SERVICES & SUPPLY	603,954	132,560	91,217	126,293	4,536
15.00 01500	PHARMACY	3,782,899	85,343	495,282	1,127,551	11,339
16.00 01600	MEDICAL RECORDS & LIBRARY	1,267,159	122,005	145,649	269,906	15,875
17.00 01700	SOCIAL SERVICE	399,209	5,260	14,654	138,262	1,361
23.00 02300	PARAMEDICAL PRGM - (SPECIFY)	0	0	0	0	0
23.01 02301	XRAY EDUCATION	134,466	10,729	4,878	52,686	907
23.02 02302	PHARMACY RESIDENCY PROG	121,559	3,675	0	41,705	907
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	15,721,911	1,326,625	912,526	5,085,122	102,050
31.00 03100	INTENSIVE CARE UNIT	2,341,748	190,871	173,307	707,724	15,875
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I/P	0	0	0	0	0
41.00 04100	SUBPROVIDER - I/R	1,431,244	193,066	98,207	466,632	10,432
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	644,875	10,154	10,329	223,502	454
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	9,190,406	542,414	1,311,366	2,003,688	48,531
51.00 05100	RECOVERY ROOM	975,789	55,717	47,568	289,272	7,257
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	332,014	2,073	138,786	25,177	907
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,950,920	139,788	434,166	578,223	15,421
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	893,878	58,939	426,417	116,079	3,175
54.02 05404	ULTRA SOUND	550,955	26,195	92,938	164,874	1,361
54.03 05405	MAMMOGRAPHY	1,049,664	4,755	244,310	230,088	6,350
55.00 05500	RADIOLOGY-THERAPEUTIC	1,294,368	137,646	443,717	352,665	6,803
57.00 05700	CT SCAN	851,491	17,852	381,440	197,402	3,175
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	405,929	15,675	186,453	86,742	907
59.00 05900	CARDIAC CATHETERIZATION	1,937,763	182,860	726,276	476,332	16,782
60.00 06000	LABORATORY	6,493,975	186,744	439,886	1,179,195	27,214
60.01 06001	LABORATORY-PATHOLOGICAL	826,198	21,109	81,592	126,040	3,175
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	915,129	9,126	17,446	25,367	1,361
65.00 06500	RESPIRATORY THERAPY	1,933,267	107,479	193,830	590,123	12,246
66.00 06600	PHYSICAL THERAPY	3,255,717	3,954	224,553	990,772	22,678
67.00 06700	OCCUPATIONAL THERAPY	1,071,046	3,849	40,471	329,558	4,536
68.00 06800	SPEECH PATHOLOGY	560,326	0	33,640	185,683	4,082
69.00 06900	ELECTROCARDIOLOGY	495,446	24,349	170,168	157,476	8,164
70.00 07000	ELECTROENCEPHALOGRAPHY	672,931	0	34,845	196,213	9,978
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,723,325	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	8,877,010	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	9,957,618	0	0	0	0
74.00 07400	RENAL DIALYSIS	354,621	0	0	0	0
76.00 03021	CARDIAC REHABILITATION	88,720	12,436	13,942	28,743	1,361
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	615,083	75,589	35,683	174,195	10,886
90.01 09001	DIABETES CENTER	129,334	10,886	7,287	26,055	454
90.02 09002	NEUROPSYCH	56,555	1,620	1,692	17,441	907
90.03 09003	WOUND CENTER	1,227,283	0	27,872	125,784	2,721
90.04 09004	HYPERBARIC OXYGEN THERAPY	230,616	0	3,097	189	454

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
91.00 09100 EMERGENCY	5,207,350	184,810	224,948	1,550,646	19,050	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	1,320,446	91,752	177,071	804,258	2,268	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	199,750,496	11,699,067	10,350,075	25,738,574	578,294	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,627	359	0	907	190.00
194.00 07950 WELLNESS COMMUNITY	256,060	0	4,371	53,286	1,814	194.00
194.01 07951 BUILDING RENTALS	60,250	0	64	0	0	194.01
194.02 07952 HOSPICE	51,830	0	0	0	0	194.02
194.03 07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954 SPEECH - HEARING AIDS	140,590	0	0	0	0	194.04
194.05 07955 NONALLOWABLE MARKETING	1,187,910	0	0	0	0	194.05
194.06 07956 CRH FOUNDATION	79	13,951	17,064	0	3,629	194.06
194.07 07957 HEALTHY COMMUNITIES	177,105	20,813	41,436	55,329	4,082	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	201,624,320	11,746,458	10,413,369	25,847,189	588,726	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B Part I Date/Time Prepared: 5/30/2013 1:44 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING	8,384,092				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	2,278,555			5.03
5.04	00513	ADMINITTING	0	2,981	1,915,345		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,605,554	3,436	0	5,647,381	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	280,029	4,219	0	0	32,023,977
7.00	00700	OPERATION OF PLANT	0	318	0	0	12,405,134
8.00	00800	LAUNDRY & LINEN SERVICE	0	62	0	0	663,935
9.00	00900	HOUSEKEEPING	0	30,570	0	0	2,590,097
10.00	01000	DIETARY	0	963	0	0	1,412,250
11.00	01100	CAFETERIA	0	1,653	0	0	1,155,425
13.00	01300	NURSING ADMINISTRATION	3,852,490	1,212	0	0	8,154,846
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,722	0	0	960,282
15.00	01500	PHARMACY	244,815	29,090	0	0	5,776,319
16.00	01600	MEDICAL RECORDS & LIBRARY	416,689	3,905	0	0	2,241,188
17.00	01700	SOCIAL SERVICE	0	0	0	0	558,746
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	0	10	0	0	203,676
23.02	02302	PHARMACY RESIDENCY PROG	0	0	0	0	167,846
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	227,316	235,204	693,421	24,304,175
31.00	03100	INTENSIVE CARE UNIT	0	44,968	36,941	108,908	3,620,342
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	12,699	21,398	63,086	2,296,764
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	124	13,181	38,860	941,479
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	268,429	283,984	837,849	14,486,667
51.00	05100	RECOVERY ROOM	0	6,779	21,061	62,093	1,465,536
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	45,223	31,534	92,967	668,681
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,625	20,960	61,792	3,209,895
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	611	27,242	80,313	1,606,654
54.02	05404	ULTRA SOUND	0	1,588	19,022	56,080	913,013
54.03	05405	MAMMOGRAPHY	0	1,329	11,856	34,953	1,583,305
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,312	40,912	120,615	2,398,038
57.00	05700	CT SCAN	0	2,742	72,930	215,010	1,742,042
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	684	28,603	84,327	809,320
59.00	05900	CARDIAC CATHETERIZATION	0	23,766	66,322	195,529	3,625,630
60.00	06000	LABORATORY	1,919,119	103,009	138,087	407,104	10,894,333
60.01	06001	LABORATORY-PATHOLOGICAL	0	6,912	19,621	57,845	1,142,492
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	639	10,497	30,946	1,010,511
65.00	06500	RESPIRATORY THERAPY	0	20,368	54,474	160,597	3,072,384
66.00	06600	PHYSICAL THERAPY	0	3,894	47,677	140,559	4,689,804
67.00	06700	OCCUPATIONAL THERAPY	0	2,500	15,587	45,952	1,513,499
68.00	06800	SPEECH PATHOLOGY	0	349	6,675	19,679	810,434
69.00	06900	ELECTROCARDIOLOGY	0	3,419	35,990	106,106	1,001,118
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,442	25,895	76,344	1,018,648
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,036,342	72,087	212,525	8,044,279
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	109,821	74,015	218,210	9,279,056
73.00	07300	DRUGS CHARGED TO PATIENTS	0	103,751	203,595	600,234	10,865,198
74.00	07400	RENAL DIALYSIS	0	5	4,835	14,255	373,716
76.00	03021	CARDIAC REHABILITATION	0	505	2,951	8,701	157,359
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	11,835	15,311	45,140	983,722
90.01	09001	DIABETES CENTER	0	127	468	1,379	175,990
90.02	09002	NEUROPSYCH	0	18	612	1,806	80,651
90.03	09003	WOUND CENTER	0	13,357	20,242	59,676	1,476,935
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	1,484	5,960	17,573	259,373
91.00	09100	EMERGENCY	65,396	103,587	204,656	603,360	8,163,803
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	13,476	23,857	70,335	2,503,463

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,384,092	2,264,176	1,914,242	5,644,129	199,502,030	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	13,893	190.00
194.00	07950	WELLNESS COMMUNITY	0	151	0	0	315,682	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	60,314	194.01
194.02	07952	HOSPICE	0	14,135	0	0	65,965	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	1,103	3,252	144,945	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,187,910	194.05
194.06	07956	CRH FOUNDATION	0	78	0	0	34,801	194.06
194.07	07957	HEALTHY COMMUNITIES	0	15	0	0	298,780	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,384,092	2,278,555	1,915,345	5,647,381	201,624,320	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B  
Part I  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	32,023,977				5.06
7.00	00700	OPERATION OF PLANT	2,342,337	14,747,471			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	125,364	35,454	824,753		8.00
9.00	00900	HOUSEKEEPING	489,062	254,795	0	3,333,954	9.00
10.00	01000	DIETARY	266,661	437,325	0	25,791	2,142,027
11.00	01100	CAFETERIA	218,167	342,441	0	44,662	0
13.00	01300	NURSING ADMINISTRATION	1,539,798	543,970	0	5,661	0
14.00	01400	CENTRAL SERVICES & SUPPLY	181,320	430,370	0	18,871	0
15.00	01500	PHARMACY	1,090,685	277,074	0	44,662	0
16.00	01600	MEDICAL RECORDS & LIBRARY	423,181	396,103	0	0	0
17.00	01700	SOCIAL SERVICE	105,502	17,077	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	38,458	34,832	0	7,549	0
23.02	02302	PHARMACY RESIDENCY PROG	31,693	11,931	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,589,156	4,307,032	313,934	1,227,275	1,734,919
31.00	03100	INTENSIVE CARE UNIT	683,593	619,685	38,648	71,711	157,160
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	433,675	626,810	45,604	168,585	215,758
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	177,770	32,966	10,605	1,258	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,735,372	1,761,004	158,381	516,448	9,734
51.00	05100	RECOVERY ROOM	276,723	180,890	25,293	42,146	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	126,260	6,729	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	606,092	453,836	78,345	98,131	628
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	303,368	191,351	0	74,857	0
54.02	05404	ULTRA SOUND	172,395	85,045	0	21,388	0
54.03	05405	MAMMOGRAPHY	298,960	15,437	5,220	64,792	0
55.00	05500	RADIOLOGY-THERAPEUTIC	452,798	446,881	6,482	52,840	2,572
57.00	05700	CT SCAN	328,932	57,959	0	8,807	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	152,816	50,891	0	8,807	4,275
59.00	05900	CARDIAC CATHETERIZATION	684,591	593,674	3,914	80,518	0
60.00	06000	LABORATORY	2,057,068	606,284	0	50,324	0
60.01	06001	LABORATORY-PATHOLOGICAL	215,725	68,533	0	3,774	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	190,805	29,630	0	2,516	0
65.00	06500	RESPIRATORY THERAPY	580,128	348,944	0	84,292	0
66.00	06600	PHYSICAL THERAPY	885,529	12,836	18,126	0	0
67.00	06700	OCCUPATIONAL THERAPY	285,779	12,497	7,676	0	0
68.00	06800	SPEECH PATHOLOGY	153,026	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	189,031	79,051	0	18,871	0
70.00	07000	ELECTROENCEPHALOGRAPHY	192,341	0	16,693	128,955	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,518,921	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,752,071	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,051,567	0	0	0	0
74.00	07400	RENAL DIALYSIS	70,565	0	0	0	0
76.00	03021	CARDIAC REHABILITATION	29,713	40,374	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	185,746	245,409	29,419	45,920	11,703
90.01	09001	DIABETES CENTER	33,230	35,341	0	1,258	0
90.02	09002	NEUROPSYCH	15,229	5,259	0	0	0
90.03	09003	WOUND CENTER	278,875	0	4,400	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	48,975	0	489	0	0
91.00	09100	EMERGENCY	1,541,489	600,007	61,524	387,494	5,278
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	472,704	297,883	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,623,246	14,593,610	824,753	3,308,163	2,142,027	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,623	40,996	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	59,607	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	11,388	0	0	0	0	194.01
194.02	07952	HOSPICE	12,456	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	27,369	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	224,301	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	6,571	45,293	0	23,275	0	194.06
194.07	07957	HEALTHY COMMUNITIES	56,416	67,572	0	2,516	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	32,023,977	14,747,471	824,753	3,333,954	2,142,027	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150112		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/30/2013 1:44 pm		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING RECEIVING AND STORES					5.03	
5.04	00513	ADMITTING					5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA	1,760,695				11.00	
13.00	01300	NURSING ADMINISTRATION	65,084	10,309,359			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	17,127	161,949	1,769,919		14.00	
15.00	01500	PHARMACY	68,510	0	0	7,257,250	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	56,520	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	10,276	0	0	0	17.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
23.01	02301	XRAY EDUCATION	3,425	0	0	0	23.01	
23.02	02302	PHARMACY RESIDENCY PROG	3,425	0	0	0	23.02	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	474,428	4,546,671	98,698	14,574	849,076	30.00
31.00	03100	INTENSIVE CARE UNIT	51,382	489,920	0	3,593	76,276	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	41,106	397,372	0	199	104,777	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	15,415	153,388	1,131	4	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	160,997	1,536,672	1,487,400	23,882	669,517	50.00
51.00	05100	RECOVERY ROOM	22,266	212,984	0	205	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,713	14,342	0	65,529	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,244	0	4,949	17,467	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	6,851	0	141	20,788	0	54.01
54.02	05404	ULTRA SOUND	8,564	0	0	3,050	0	54.02
54.03	05405	MAMMOGRAPHY	20,553	190,680	1,980	97	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	18,840	187,309	0	15	26,737	55.00
57.00	05700	CT SCAN	13,702	0	0	348	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,138	0	0	923	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,829	292,915	16,261	5,105	171,010	59.00
60.00	06000	LABORATORY	126,743	0	0	513	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	11,989	0	0	274	219,055	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,713	0	0	3	0	62.00
65.00	06500	RESPIRATORY THERAPY	49,669	479,831	36,906	4,099	224,349	65.00
66.00	06600	PHYSICAL THERAPY	78,786	0	24,604	1,976	172,096	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,127	0	0	434	51,846	67.00
68.00	06800	SPEECH PATHOLOGY	11,989	0	0	0	21,037	68.00
69.00	06900	ELECTROCARDIOLOGY	11,989	107,780	0	2,749	194,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,415	0	52,318	12	175,217	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,067,345	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	157	0	74.00
76.00	03021	CARDIAC REHABILITATION	1,713	23,612	0	6	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	15,415	149,710	0	261	147,123	90.00
90.01	09001	DIABETES CENTER	1,713	15,366	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	14,115	90.02
90.03	09003	WOUND CENTER	10,276	0	42,986	11,382	0	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	1,713	0	0	1,265	0	90.04
91.00	09100	EMERGENCY	140,445	1,348,858	2,545	2,458	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	107,903	0	0	8,344	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B  
Part I  
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5/30/2013 1:44 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,746,993	10,309,359	1,769,919	7,257,057	3,116,992	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	6,851	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	193	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	6,851	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,760,695	10,309,359	1,769,919	7,257,250	3,116,992	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	691,601				17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	XRAY EDUCATION	0	0	287,940		23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	0	0	214,895	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	252,434	0	0	42,712,372	30.00
31.00	03100	INTENSIVE CARE UNIT	25,589	0	0	5,837,899	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	312,605	0	0	4,643,255	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,334,016	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	23,546,074	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,226,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	883,254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	287,940	4,803,527	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	2,204,010	54.01
54.02	05404	ULTRA SOUND	0	0	0	1,203,455	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	2,181,024	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	32,505	0	0	3,625,017	55.00
57.00	05700	CT SCAN	0	0	0	2,151,790	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,032,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,504,447	59.00
60.00	06000	LABORATORY	0	0	0	13,735,265	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	1,661,842	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,235,178	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,880,602	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,883,757	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,888,858	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	996,486	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,605,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,599,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,563,200	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,031,127	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	214,895	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	444,438	74.00
76.00	03021	CARDIAC REHABILITATION	2,075	0	0	254,852	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	54,636	0	0	1,869,064	90.00
90.01	09001	DIABETES CENTER	0	0	0	262,898	90.01
90.02	09002	NEUROPSYCH	0	0	0	115,254	90.02
90.03	09003	WOUND CENTER	0	0	0	1,824,854	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	311,815	90.04
91.00	09100	EMERGENCY	11,757	0	0	12,265,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	3,390,297	95.00
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
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Cost Center Description			SOCI AL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	691,601	0	287,940	214,895	198,907,752	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	57,512	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	382,140	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	71,702	194.01
194.02	07952	HOSPICE	0	0	0	0	78,614	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	172,314	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,412,211	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	109,940	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	432,135	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	691,601	0	287,940	214,895	201,624,320	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	42,712,372	30.00
31.00	03100	INTENSIVE CARE UNIT	5,837,899	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	4,643,255	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,334,016	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	23,546,074	50.00
51.00	05100	RECOVERY ROOM	2,226,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	883,254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,803,527	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	2,204,010	54.01
54.02	05404	ULTRA SOUND	1,203,455	54.02
54.03	05405	MAMMOGRAPHY	2,181,024	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,625,017	55.00
57.00	05700	CT SCAN	2,151,790	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,032,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,504,447	59.00
60.00	06000	LABORATORY	13,735,265	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,661,842	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,235,178	62.00
65.00	06500	RESPIRATORY THERAPY	4,880,602	65.00
66.00	06600	PHYSICAL THERAPY	5,883,757	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,888,858	67.00
68.00	06800	SPEECH PATHOLOGY	996,486	68.00
69.00	06900	ELECTROCARDIOLOGY	1,605,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,599,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,563,200	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,031,127	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,199,005	73.00
74.00	07400	RENAL DIALYSIS	444,438	74.00
76.00	03021	CARDIAC REHABILITATION	254,852	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	1,869,064	90.00
90.01	09001	DIABETES CENTER	262,898	90.01
90.02	09002	NEUROPSYCH	115,254	90.02
90.03	09003	WOUND CENTER	1,824,854	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	311,815	90.04
91.00	09100	EMERGENCY	12,265,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	3,390,297	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	198,907,752	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,512	190.00
194.00	07950	WELLNESS COMMUNITY	0	382,140	194.00
194.01	07951	BUILDING RENTALS	0	71,702	194.01
194.02	07952	HOSPICE	0	78,614	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	172,314	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,412,211	194.05
194.06	07956	CRH FOUNDATION	0	109,940	194.06
194.07	07957	HEALTHY COMMUNITIES	0	432,135	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	201,624,320	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

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Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	19,841	215,708	97,088	332,637	4.00
5.01 00510	NONPATIENT TELEPHONES	0	5,103	152,509	157,612	5.01
5.02 00511	DATA PROCESSING	44,501	387,665	374,544	806,710	5.02
5.03 00512	PURCHASING RECEIVING AND STORES	9,515	302,426	268,253	580,194	5.03
5.04 00513	ADMITTING	1,813	22,328	69,550	93,691	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	525	57,319	139,145	196,989	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	127,863	479,364	362,198	969,425	5.06
7.00 00700	OPERATION OF PLANT	147,929	5,734,120	392,771	6,274,820	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	10,920	0	10,920	8.00
9.00 00900	HOUSEKEEPING	842	78,480	86,149	165,471	9.00
10.00 01000	DIETARY	859	134,702	58,799	194,360	10.00
11.00 01100	CAFETERIA	1,474	105,477	100,981	207,932	11.00
13.00 01300	NURSING ADMINISTRATION	982	167,550	140,579	309,111	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	336	132,560	91,217	224,113	14.00
15.00 01500	PHARMACY	5,264	85,343	495,282	585,889	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,376	122,005	145,649	269,030	16.00
17.00 01700	SOCIAL SERVICE	658	5,260	14,654	20,572	17.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	0	10,729	4,878	15,607	23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	3,675	0	3,675	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	201,857	1,326,625	912,526	2,441,008	30.00
31.00 03100	INTENSIVE CARE UNIT	25,121	190,871	173,307	389,299	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	10,576	193,066	98,207	301,849	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	270	10,154	10,329	20,753	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	355,027	542,414	1,311,366	2,208,807	50.00
51.00 05100	RECOVERY ROOM	740	55,717	47,568	104,025	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	615	2,073	138,786	141,474	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,120	139,788	434,166	580,074	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	18,231	58,939	426,417	503,587	54.01
54.02 05404	ULTRA SOUND	149	26,195	92,938	119,282	54.02
54.03 05405	MAMMOGRAPHY	148,446	4,755	244,310	397,511	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	1,761	137,646	443,717	583,124	55.00
57.00 05700	CT SCAN	589	17,852	381,440	399,881	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	117	15,675	186,453	202,245	58.00
59.00 05900	CARDIAC CATHETERIZATION	44,443	182,860	726,276	953,579	59.00
60.00 06000	LABORATORY	23,023	186,744	439,886	649,653	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	0	21,109	81,592	102,701	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	43	9,126	17,446	26,615	62.00
65.00 06500	RESPIRATORY THERAPY	8,023	107,479	193,830	309,332	65.00
66.00 06600	PHYSICAL THERAPY	336,822	3,954	224,553	565,329	66.00
67.00 06700	OCCUPATIONAL THERAPY	61,574	3,849	40,471	105,894	67.00
68.00 06800	SPEECH PATHOLOGY	648	0	33,640	34,288	68.00
69.00 06900	ELECTROCARDIOLOGY	4,821	24,349	170,168	199,338	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	7,539	0	34,845	42,384	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03021	CARDIAC REHABILITATION	571	12,436	13,942	26,949	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	37	75,589	35,683	111,309	90.00
90.01 09001	DIABETES CENTER	43	10,886	7,287	18,216	90.01
90.02 09002	NEUROPSYCH	6	1,620	1,692	3,318	90.02
90.03 09003	WOUND CENTER	1,667	0	27,872	29,539	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	203,702	0	3,097	206,799	90.04
91.00 09100	EMERGENCY	13,972	184,810	224,948	423,730	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	60,063	91,752	177,071	328,886	10,351	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,900,394	11,699,067	10,350,075	23,949,536	331,239	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,627	359	12,986	0	190.00
194.00 07950 WELLNESS COMMUNITY	17,599	0	4,371	21,970	686	194.00
194.01 07951 BUILDING RENTALS	27,406	0	64	27,470	0	194.01
194.02 07952 HOSPICE	0	0	0	0	0	194.02
194.03 07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954 SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05 07955 NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06 07956 CRH FOUNDATION	0	13,951	17,064	31,015	0	194.06
194.07 07957 HEALTHY COMMUNITIES	0	20,813	41,436	62,249	712	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	1,945,399	11,746,458	10,413,369	24,105,226	332,637	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150112		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 1:44 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	158,374					5.01
5.02	00511	DATA PROCESSING	5,125	824,235				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	2,440	0	587,000			5.03
5.04	00513	ADMINITTING	2,806	0	768	101,670		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	6,101	157,841	885	0	368,010	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	21,230	27,529	1,087	0	0	5.06
7.00	00700	OPERATION OF PLANT	4,026	0	82	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	16	0	0	8.00
9.00	00900	HOUSEKEEPING	976	0	7,875	0	0	9.00
10.00	01000	DIETARY	488	0	248	0	0	10.00
11.00	01100	CAFETERIA	732	0	426	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,440	378,737	312	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,220	0	444	0	0	14.00
15.00	01500	PHARMACY	3,050	24,068	7,494	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,270	40,964	1,006	0	0	16.00
17.00	01700	SOCIAL SERVICE	366	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	244	0	3	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	244	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	27,459	0	58,561	12,462	45,188	30.00
31.00	03100	INTENSIVE CARE UNIT	4,270	0	11,585	1,957	7,097	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,806	0	3,272	1,134	4,111	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	122	0	32	698	2,532	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,055	0	69,153	15,237	54,586	50.00
51.00	05100	RECOVERY ROOM	1,952	0	1,746	1,116	4,046	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	244	0	11,650	1,671	6,058	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,148	0	2,222	1,111	4,027	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	854	0	157	1,443	5,234	54.01
54.02	05404	ULTRA SOUND	366	0	409	1,008	3,655	54.02
54.03	05405	MAMMOGRAPHY	1,708	0	342	628	2,278	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,830	0	338	2,168	7,860	55.00
57.00	05700	CT SCAN	854	0	706	3,864	14,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	244	0	176	1,515	5,495	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,515	0	6,122	3,514	12,742	59.00
60.00	06000	LABORATORY	7,321	188,667	26,537	7,316	26,530	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	854	0	1,781	1,040	3,770	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	366	0	165	556	2,017	62.00
65.00	06500	RESPIRATORY THERAPY	3,294	0	5,247	2,886	10,466	65.00
66.00	06600	PHYSICAL THERAPY	6,101	0	1,003	2,526	9,160	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,220	0	644	826	2,995	67.00
68.00	06800	SPEECH PATHOLOGY	1,098	0	90	354	1,282	68.00
69.00	06900	ELECTROCARDIOLOGY	2,196	0	881	1,907	6,915	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,684	0	629	1,372	4,975	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	266,982	3,819	13,850	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	28,292	3,922	14,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	26,728	10,787	39,115	73.00
74.00	07400	RENAL DIALYSIS	0	0	1	256	929	74.00
76.00	03021	CARDIAC REHABILITATION	366	0	130	156	567	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,928	0	3,049	811	2,942	90.00
90.01	09001	DIABETES CENTER	122	0	33	25	90	90.01
90.02	09002	NEUROPSYCH	244	0	5	32	118	90.02
90.03	09003	WOUND CENTER	732	0	3,441	1,072	3,889	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	122	0	382	316	1,145	90.04
91.00	09100	EMERGENCY	5,125	6,429	26,686	10,843	39,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	610	0	3,472	1,264	4,584	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	155,568	824,235	583,295	101,612	367,798	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	244	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	488	0	39	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	3,642	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	58	212	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	976	0	20	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,098	0	4	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	158,374	824,235	587,000	101,670	368,010	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150112		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 1:44 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,037,916					5.06
7.00	00700	OPERATION OF PLANT	75,919	6,363,826				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,063	15,299	30,580			8.00
9.00	00900	HOUSEKEEPING	15,851	109,949	0	306,809		9.00
10.00	01000	DIETARY	8,643	188,714	0	2,373	397,604	10.00
11.00	01100	CAFETERIA	7,071	147,770	0	4,110	0	11.00
13.00	01300	NURSING ADMINISTRATION	49,908	234,734	0	521	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,877	185,713	0	1,737	0	14.00
15.00	01500	PHARMACY	35,351	119,563	0	4,110	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,716	170,926	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,420	7,369	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	1,246	15,031	0	695	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	1,027	5,149	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	148,705	1,858,569	11,640	112,939	322,036	30.00
31.00	03100	INTENSIVE CARE UNIT	22,156	267,406	1,433	6,599	29,172	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	14,056	270,481	1,691	15,514	40,049	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,762	14,226	393	116	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	88,658	759,908	5,872	47,526	1,807	50.00
51.00	05100	RECOVERY ROOM	8,969	78,058	938	3,879	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,092	2,904	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,645	195,839	2,905	9,031	117	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	9,833	82,572	0	6,889	0	54.01
54.02	05404	ULTRA SOUND	5,588	36,699	0	1,968	0	54.02
54.03	05405	MAMMOGRAPHY	9,690	6,661	194	5,963	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	14,676	192,838	240	4,863	477	55.00
57.00	05700	CT SCAN	10,661	25,011	0	810	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,953	21,961	0	810	794	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,189	256,182	145	7,410	0	59.00
60.00	06000	LABORATORY	66,673	261,623	0	4,631	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	6,992	29,574	0	347	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,184	12,786	0	232	0	62.00
65.00	06500	RESPIRATORY THERAPY	18,803	150,576	0	7,757	0	65.00
66.00	06600	PHYSICAL THERAPY	28,702	5,539	672	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,263	5,393	285	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,960	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,127	34,112	0	1,737	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,234	0	619	11,867	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	49,231	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,788	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,495	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,287	0	0	0	0	74.00
76.00	03021	CARDIAC REHABILITATION	963	17,422	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	6,020	105,899	1,091	4,226	2,172	90.00
90.01	09001	DIABETES CENTER	1,077	15,250	0	116	0	90.01
90.02	09002	NEUROPSYCH	494	2,269	0	0	0	90.02
90.03	09003	WOUND CENTER	9,039	0	163	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	1,587	0	18	0	0	90.04
91.00	09100	EMERGENCY	49,962	258,915	2,281	35,659	980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	15,321	128,542	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,024,927	6,297,432	30,580	304,435	397,604	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85	17,690	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	1,932	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	369	0	0	0	0	194.01
194.02	07952	HOSPICE	404	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	887	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	7,270	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	213	19,545	0	2,142	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,829	29,159	0	232	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,037,916	6,363,826	30,580	306,809	397,604	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150112		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 1:44 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	372,809					11.00
13.00	01300	13,781	1,002,562				13.00
14.00	01400	3,627	15,749	440,105			14.00
15.00	01500	14,506	0	0	808,543		15.00
16.00	01600	11,968	0	0	0	515,354	16.00
17.00	01700	2,176	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	725	0	0	0	0	23.01
23.02	02302	725	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	100,449	442,156	24,542	1,624	140,383	30.00
31.00	03100	10,880	47,644	0	400	12,611	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	8,704	38,643	0	22	17,324	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,264	14,917	281	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	34,090	149,438	369,855	2,661	110,696	50.00
51.00	05100	4,715	20,712	0	23	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	363	1,395	0	7,301	0	53.00
54.00	05400	9,792	0	1,231	1,946	0	54.00
54.01	05402	1,451	0	35	2,316	0	54.01
54.02	05404	1,813	0	0	340	0	54.02
54.03	05405	4,352	18,543	492	11	0	54.03
55.00	05500	3,989	18,215	0	2	4,421	55.00
57.00	05700	2,901	0	0	39	0	57.00
58.00	05800	1,088	0	0	103	0	58.00
59.00	05900	6,528	28,485	4,043	569	28,274	59.00
60.00	06000	26,836	0	0	57	0	60.00
60.01	06001	2,539	0	0	31	36,218	60.01
62.00	06200	363	0	0	0	0	62.00
65.00	06500	10,517	46,662	9,177	457	37,093	65.00
66.00	06600	16,682	0	6,118	220	28,454	66.00
67.00	06700	3,627	0	0	48	8,572	67.00
68.00	06800	2,539	0	0	0	3,478	68.00
69.00	06900	2,539	10,481	0	306	32,201	69.00
70.00	07000	3,264	0	13,009	1	28,970	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	787,385	0	73.00
74.00	07400	0	0	0	17	0	74.00
76.00	03021	363	2,296	0	1	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	3,264	14,559	0	29	24,325	90.00
90.01	09001	363	1,494	0	0	0	90.01
90.02	09002	0	0	0	0	2,334	90.02
90.03	09003	2,176	0	10,689	1,268	0	90.03
90.04	09004	363	0	0	141	0	90.04
91.00	09100	29,738	131,173	633	274	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	22,847	0	0	930	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B  
Part II  
Date/Time Prepared:  
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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	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	369,907	1,002,562	440,105	808,522	515,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	1,451	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	21	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,451	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	372,809	1,002,562	440,105	808,543	515,354	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 1:44 pm		
Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal
		17.00	23.00	23.01	23.02	24.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00511	DATA PROCESSING				5.02
5.03	00512	PURCHASING RECEIVING AND STORES				5.03
5.04	00513	ADMITTING				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	35,682			17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	XRAY EDUCATION	0	34,229		23.01
23.02	02302	PHARMACY RESIDENCY PROG	0		11,357	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	13,024			5,826,166
31.00	03100	INTENSIVE CARE UNIT	1,320			822,938
32.00	03200	CORONARY CARE UNIT	0			0
33.00	03300	BURN INTENSIVE CARE UNIT	0			0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0
40.00	04000	SUBPROVIDER - IPF	0			0
41.00	04100	SUBPROVIDER - IRF	16,128			741,790
42.00	04200	SUBPROVIDER	0			0
43.00	04300	NURSERY	0			65,973
44.00	04400	SKILLED NURSING FACILITY	0			0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0			3,957,137
51.00	05100	RECOVERY ROOM	0			233,902
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0
53.00	05300	ANESTHESIOLOGY	0			177,476
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			839,530
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0			615,865
54.02	05404	ULTRA SOUND	0			173,250
54.03	05405	MAMMOGRAPHY	0			451,334
55.00	05500	RADIOLOGY-THERAPEUTIC	1,677			841,257
57.00	05700	CT SCAN	0			461,279
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			240,500
59.00	05900	CARDIAC CATHETERIZATION	0			1,340,428
60.00	06000	LABORATORY	0			1,281,021
60.01	06001	LABORATORY-PATHOLOGICAL	0			187,469
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0			49,610
65.00	06500	RESPIRATORY THERAPY	0			619,862
66.00	06600	PHYSICAL THERAPY	0			683,258
67.00	06700	OCCUPATIONAL THERAPY	0			143,009
68.00	06800	SPEECH PATHOLOGY	0			50,479
69.00	06900	ELECTROCARDIOLOGY	0			300,767
70.00	07000	ELECTROENCEPHALOGRAPHY	0			118,533
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			333,882
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0			103,222
73.00	07300	DRUGS CHARGED TO PATIENTS	0			930,510
74.00	07400	RENAL DIALYSIS	0			3,490
76.00	03021	CARDIAC REHABILITATION	107			49,690
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0			0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0
90.00	09000	CLINIC	2,819			287,685
90.01	09001	DIABETES CENTER	0			37,121
90.02	09002	NEUROPSYCH	0			9,038
90.03	09003	WOUND CENTER	0			63,627
90.04	09004	HYPERBARIC OXYGEN THERAPY	0			210,875
91.00	09100	EMERGENCY	607			1,042,311
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0			516,807
99.10	09910	CORF	0			0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B  
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Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
101.00	10100	HOME HEALTH AGENCY	0				0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0				0	109.00
110.00	11000	INTESTINAL ACQUISITION	0				0	110.00
111.00	11100	ISLET ACQUISITION	0				0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,682	0	0	0	23,811,091	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				31,005	190.00
194.00	07950	WELLNESS COMMUNITY	0				26,566	194.00
194.01	07951	BUILDING RENTALS	0				27,839	194.01
194.02	07952	HOSPICE	0				4,067	194.02
194.03	07953	OUTREACH CLINICS	0				0	194.03
194.04	07954	SPEECH - HEARING AIDS	0				1,157	194.04
194.05	07955	NONALLOWABLE MARKETING	0				7,270	194.05
194.06	07956	CRH FOUNDATION	0				53,911	194.06
194.07	07957	HEALTHY COMMUNITIES	0				96,734	194.07
200.00		Cross Foot Adjustments	0	0	34,229	11,357	45,586	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	35,682	0	34,229	11,357	24,105,226	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	5,826,166	30.00
31.00	03100	INTENSIVE CARE UNIT	822,938	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	741,790	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	65,973	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	3,957,137	50.00
51.00	05100	RECOVERY ROOM	233,902	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	177,476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	839,530	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	615,865	54.01
54.02	05404	ULTRA SOUND	173,250	54.02
54.03	05405	MAMMOGRAPHY	451,334	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	841,257	55.00
57.00	05700	CT SCAN	461,279	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	240,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,340,428	59.00
60.00	06000	LABORATORY	1,281,021	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	187,469	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,610	62.00
65.00	06500	RESPIRATORY THERAPY	619,862	65.00
66.00	06600	PHYSICAL THERAPY	683,258	66.00
67.00	06700	OCCUPATIONAL THERAPY	143,009	67.00
68.00	06800	SPEECH PATHOLOGY	50,479	68.00
69.00	06900	ELECTROCARDIOLOGY	300,767	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,533	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	333,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	103,222	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	930,510	73.00
74.00	07400	RENAL DIALYSIS	3,490	74.00
76.00	03021	CARDIAC REHABILITATION	49,690	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	287,685	90.00
90.01	09001	DIABETES CENTER	37,121	90.01
90.02	09002	NEUROPSYCH	9,038	90.02
90.03	09003	WOUND CENTER	63,627	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	210,875	90.04
91.00	09100	EMERGENCY	1,042,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	516,807	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	23,811,091	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,005	190.00
194.00	07950	WELLNESS COMMUNITY	0	26,566	194.00
194.01	07951	BUILDING RENTALS	0	27,839	194.01
194.02	07952	HOSPICE	0	4,067	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	1,157	194.04
194.05	07955	NONALLOWABLE MARKETING	0	7,270	194.05
194.06	07956	CRH FOUNDATION	0	53,911	194.06
194.07	07957	HEALTHY COMMUNITIES	0	96,734	194.07
200.00		Cross Foot Adjustments	0	45,586	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	24,105,226	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SAL)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP COST)	
		NEW BLDG & FIXT (SQ FEET)	NEW MVBLE EQUIP (DEPR)				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	674,430				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		10,301,509			2.00
4.00	00400	EMPLOYEE BENEFITS	12,385	96,045	73,064,433		4.00
5.01	00510	NONPATIENT TELEPHONES	293	150,871	167,394	1,298	5.01
5.02	00511	DATA PROCESSING	22,258	370,521	2,723,476	42	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	17,364	265,371	958,857	20	5.03
5.04	00513	ADMITTING	1,282	68,803	967,411	23	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	3,291	137,650	1,360,387	50	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	27,523	358,307	4,095,192	174	5.06
7.00	00700	OPERATION OF PLANT	329,228	388,552	1,972,092	33	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	627	0	61,848	0	8.00
9.00	00900	HOUSEKEEPING	4,506	85,224	1,468,769	8	9.00
10.00	01000	DIETARY	7,734	58,167	610,040	4	10.00
11.00	01100	CAFETERIA	6,056	99,896	1,047,226	6	11.00
13.00	01300	NURSING ADMINISTRATION	9,620	139,069	2,859,174	20	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,611	90,237	357,003	10	14.00
15.00	01500	PHARMACY	4,900	489,962	3,187,342	25	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,005	144,084	762,965	35	16.00
17.00	01700	SOCIAL SERVICE	302	14,497	390,838	3	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	616	4,826	148,932	2	23.01
23.02	02302	PHARMACY RESIDENCY PROG	211	0	117,890	2	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	76,169	902,723	14,374,575	225	30.00
31.00	03100	INTENSIVE CARE UNIT	10,959	171,445	2,000,581	35	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	11,085	97,152	1,319,067	23	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	583	10,218	631,793	1	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	31,143	1,297,279	5,663,991	107	50.00
51.00	05100	RECOVERY ROOM	3,199	47,057	817,708	16	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	119	137,295	71,170	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,026	429,502	1,634,510	34	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,384	421,836	328,131	7	54.01
54.02	05404	ULTRA SOUND	1,504	91,940	466,064	3	54.02
54.03	05405	MAMMOGRAPHY	273	241,686	650,410	14	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	7,903	438,950	996,907	15	55.00
57.00	05700	CT SCAN	1,025	377,342	558,012	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	900	184,450	245,200	2	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,499	718,474	1,346,486	37	59.00
60.00	06000	LABORATORY	10,722	435,161	3,333,330	60	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,212	80,716	356,287	7	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	524	17,259	71,706	3	62.00
65.00	06500	RESPIRATORY THERAPY	6,171	191,748	1,668,151	27	65.00
66.00	06600	PHYSICAL THERAPY	227	222,141	2,800,697	50	66.00
67.00	06700	OCCUPATIONAL THERAPY	221	40,036	931,590	10	67.00
68.00	06800	SPEECH PATHOLOGY	0	33,279	524,886	9	68.00
69.00	06900	ELECTROCARDIOLOGY	1,398	168,340	445,150	18	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34,471	554,651	22	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03021	CARDIAC REHABILITATION	714	13,792	81,249	3	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	4,340	35,300	492,412	24	90.00
90.01	09001	DIABETES CENTER	625	7,209	73,652	1	90.01
90.02	09002	NEUROPSYCH	93	1,674	49,302	2	90.02
90.03	09003	WOUND CENTER	0	27,573	355,563	6	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	3,064	533	1	90.04
91.00	09100	EMERGENCY	10,611	222,532	4,383,339	42	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SAL)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP COST)	
	NEW BLDG & FIXT (SQ FEET)	NEW MVBLE EQUIP (DEPR)							
	1.00	2.00	4.00	5.01	5.02				
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	5,268	175,169	2,273,463	5	0	95.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	671,709	10,238,895	72,757,402	1,275	10,000	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	355	0	2	0	190.00	
194.00	07950	WELLNESS COMMUNITY	0	4,324	150,627	4	0	194.00	
194.01	07951	BUILDING RENTALS	0	63	0	0	0	194.01	
194.02	07952	HOSPICE	0	0	0	0	0	194.02	
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03	
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04	
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05	
194.06	07956	CRH FOUNDATION	801	16,881	0	8	0	194.06	
194.07	07957	HEALTHY COMMUNITIES	1,195	40,991	156,404	9	0	194.07	
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)	11,746,458	10,413,369	25,847,189	588,726	8,384,092	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	17.416868	1.010859	0.353759	453.563945	838.409200	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			332,637	158,374	824,235	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.004553	122.013867	82.423500	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00511 DATA PROCESSING						5.02
5.03	00512 PURCHASING RECEIVING AND STORES	7,018,341					5.03
5.04	00513 ADMITTING	9,181	441,271,303				5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE	10,584	0	441,271,303			5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	12,995	0	0	-32,023,977	169,600,343	5.06
7.00	00700 OPERATION OF PLANT	980	0	0	0	12,405,134	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	191	0	0	0	663,935	8.00
9.00	00900 HOUSEKEEPING	94,161	0	0	0	2,590,097	9.00
10.00	01000 DIETARY	2,965	0	0	0	1,412,250	10.00
11.00	01100 CAFETERIA	5,091	0	0	0	1,155,425	11.00
13.00	01300 NURSING ADMINISTRATION	3,733	0	0	0	8,154,846	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	5,305	0	0	0	960,282	14.00
15.00	01500 PHARMACY	89,601	0	0	0	5,776,319	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	12,028	0	0	0	2,241,188	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	558,746	17.00
23.00	02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301 XRAY EDUCATION	31	0	0	0	203,676	23.01
23.02	02302 PHARMACY RESIDENCY PROG	0	0	0	0	167,846	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	700,174	54,182,000	54,182,000	0	24,304,175	30.00
31.00	03100 INTENSIVE CARE UNIT	138,508	8,509,739	8,509,739	0	3,620,342	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	39,115	4,929,326	4,929,326	0	2,296,764	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	383	3,036,433	3,036,433	0	941,479	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	826,808	65,467,997	65,467,997	0	14,486,667	50.00
51.00	05100 RECOVERY ROOM	20,881	4,851,738	4,851,738	0	1,465,536	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	139,294	7,264,198	7,264,198	0	668,681	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	26,567	4,828,292	4,828,292	0	3,209,895	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	1,883	6,275,406	6,275,406	0	1,606,654	54.01
54.02	05404 ULTRA SOUND	4,892	4,381,917	4,381,917	0	913,013	54.02
54.03	05405 MAMMOGRAPHY	4,094	2,731,139	2,731,139	0	1,583,305	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	4,040	9,424,501	9,424,501	0	2,398,038	55.00
57.00	05700 CT SCAN	8,445	16,800,312	16,800,312	0	1,742,042	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,108	6,589,051	6,589,051	0	809,320	58.00
59.00	05900 CARDIAC CATHETERIZATION	73,202	15,278,122	15,278,122	0	3,625,630	59.00
60.00	06000 LABORATORY	317,287	31,809,969	31,809,969	0	10,894,333	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	21,289	4,519,825	4,519,825	0	1,142,492	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,967	2,418,024	2,418,024	0	1,010,511	62.00
65.00	06500 RESPIRATORY THERAPY	62,737	12,548,629	12,548,629	0	3,072,384	65.00
66.00	06600 PHYSICAL THERAPY	11,995	10,982,917	10,982,917	0	4,689,804	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,699	3,590,556	3,590,556	0	1,513,499	67.00
68.00	06800 SPEECH PATHOLOGY	1,076	1,537,684	1,537,684	0	810,434	68.00
69.00	06900 ELECTROCARDIOLOGY	10,532	8,290,813	8,290,813	0	1,001,118	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	7,521	5,965,282	5,965,282	0	1,018,648	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,192,106	16,606,135	16,606,135	0	8,044,279	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	338,268	17,050,295	17,050,295	0	9,279,056	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	319,572	46,900,582	46,900,582	0	10,865,198	73.00
74.00	07400 RENAL DIALYSIS	16	1,113,874	1,113,874	0	373,716	74.00
76.00	03021 CARDIAC REHABILITATION	1,555	679,877	679,877	0	157,359	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	36,455	3,527,143	3,527,143	0	983,722	90.00
90.01	09001 DIABETES CENTER	391	107,720	107,720	0	175,990	90.01
90.02	09002 NEUROPSYCH	56	141,084	141,084	0	80,651	90.02
90.03	09003 WOUND CENTER	41,143	4,662,928	4,662,928	0	1,476,935	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	4,572	1,373,069	1,373,069	0	259,373	90.04
91.00	09100 EMERGENCY	319,066	47,144,839	47,144,839	0	8,163,803	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMINISTRATIVE (REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	41,509	5,495,816	5,495,816	0	2,503,463	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,974,052	441,017,232	441,017,232	-32,023,977	167,478,053	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	13,893	190.00
194.00	07950	WELLNESS COMMUNITY	465	0	0	0	315,682	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	60,314	194.01
194.02	07952	HOSPICE	43,539	0	0	0	65,965	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	254,071	254,071	0	144,945	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,187,910	194.05
194.06	07956	CRH FOUNDATION	239	0	0	0	34,801	194.06
194.07	07957	HEALTHY COMMUNITIES	46	0	0	0	298,780	194.07
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)	2,278,555	1,915,345	5,647,381		32,023,977	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.324657	0.004341	0.012798		0.188820	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	587,000	101,670	368,010		1,037,916	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.083638	0.000230	0.000834		0.006120	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700	260,806					7.00
8.00	00800		1,072,705				8.00
9.00	00900	4,506	0	5,300			9.00
10.00	01000	7,734	0	41	177,362		10.00
11.00	01100	6,056	0	71	0	1,028	11.00
13.00	01300	9,620	0	9	0	38	13.00
14.00	01400	7,611	0	30	0	10	14.00
15.00	01500	4,900	0	71	0	40	15.00
16.00	01600	7,005	0	0	0	33	16.00
17.00	01700	302	0	0	0	6	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	616	0	12	0	2	23.01
23.02	02302	211	0	0	0	2	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	76,169	408,315	1,951	143,653	277	30.00
31.00	03100	10,959	50,267	114	13,013	30	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	11,085	59,314	268	17,865	24	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	583	13,793	2	0	9	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	31,143	205,996	821	806	94	50.00
51.00	05100	3,199	32,897	67	0	13	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	119	0	0	0	1	53.00
54.00	05400	8,026	101,899	156	52	27	54.00
54.01	05402	3,384	0	119	0	4	54.01
54.02	05404	1,504	0	34	0	5	54.02
54.03	05405	273	6,789	103	0	12	54.03
55.00	05500	7,903	8,431	84	213	11	55.00
57.00	05700	1,025	0	14	0	8	57.00
58.00	05800	900	0	14	354	3	58.00
59.00	05900	10,499	5,091	128	0	18	59.00
60.00	06000	10,722	0	80	0	74	60.00
60.01	06001	1,212	0	6	0	7	60.01
62.00	06200	524	0	4	0	1	62.00
65.00	06500	6,171	0	134	0	29	65.00
66.00	06600	227	23,575	0	0	46	66.00
67.00	06700	221	9,984	0	0	10	67.00
68.00	06800	0	0	0	0	7	68.00
69.00	06900	1,398	0	30	0	7	69.00
70.00	07000	0	21,711	205	0	9	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
74.00	07400	0	0	0	0	0	74.00
76.00	03021	714	0	0	0	1	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	4,340	38,264	73	969	9	90.00
90.01	09001	625	0	2	0	1	90.01
90.02	09002	93	0	0	0	0	90.02
90.03	09003	0	5,723	0	0	6	90.03
90.04	09004	0	636	0	0	1	90.04
91.00	09100	10,611	80,020	616	437	82	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	5,268	0	0	0	63	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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Worksheet B-1

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Cost Center Description			OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	258,085	1,072,705	5,259	177,362	1,020	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	4	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	801	0	37	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,195	0	4	0	4	194.07
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)	14,747,471	824,753	3,333,954	2,142,027	1,760,695	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	56.545750	0.768854	629.047925	12.077147	1,712.738327	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,363,826	30,580	306,809	397,604	372,809	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	24.400612	0.028507	57.888491	2.241765	362.654669	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,308,998					13.00
14.00	01400	20,563	12,517				14.00
15.00	01500	0	0	9,896,014			15.00
16.00	01600	0	0	0	22,966		16.00
17.00	01700	0	0	0	0	1,000	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	577,299	698	19,873	6,256	365	30.00
31.00	03100	62,206	0	4,900	562	37	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	50,455	0	272	772	452	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	19,476	8	6	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	195,114	10,519	32,566	4,933	0	50.00
51.00	05100	27,043	0	280	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	1,821	0	89,356	0	0	53.00
54.00	05400	0	35	23,818	0	0	54.00
54.01	05402	0	1	28,346	0	0	54.01
54.02	05404	0	0	4,159	0	0	54.02
54.03	05405	24,211	14	132	0	0	54.03
55.00	05500	23,783	0	21	197	47	55.00
57.00	05700	0	0	474	0	0	57.00
58.00	05800	0	0	1,259	0	0	58.00
59.00	05900	37,192	115	6,961	1,260	0	59.00
60.00	06000	0	0	700	0	0	60.00
60.01	06001	0	0	374	1,614	0	60.01
62.00	06200	0	0	4	0	0	62.00
65.00	06500	60,925	261	5,590	1,653	0	65.00
66.00	06600	0	174	2,695	1,268	0	66.00
67.00	06700	0	0	592	382	0	67.00
68.00	06800	0	0	0	155	0	68.00
69.00	06900	13,685	0	3,748	1,435	0	69.00
70.00	07000	0	370	17	1,291	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	9,637,055	0	0	73.00
74.00	07400	0	0	214	0	0	74.00
76.00	03021	2,998	0	8	0	3	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	19,009	0	356	1,084	79	90.00
90.01	09001	1,951	0	0	0	0	90.01
90.02	09002	0	0	0	104	0	90.02
90.03	09003	0	304	15,520	0	0	90.03
90.04	09004	0	0	1,725	0	0	90.04
91.00	09100	171,267	18	3,352	0	17	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)		
		(NURS HRS) 13.00	(STER SUP) 14.00	(DRG COST) 15.00	(TIME SPT) 16.00	(TIME SPT) 17.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	11,378	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,308,998	12,517	9,895,751	22,966	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	263	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
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)	10,309,359	1,769,919	7,257,250	3,116,992	691,601	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.875764	141.401214	0.733351	135.722024	691.601000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,002,562	440,105	808,543	515,354	35,682	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.765900	35.160582	0.081704	22.439868	35.682000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		PARAMED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.01	00510	NONPATIENT TELEPHONES			5.01
5.02	00511	DATA PROCESSING			5.02
5.03	00512	PURCHASING RECEIVING AND STORES			5.03
5.04	00513	ADMINISTRATIVE			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0		23.00
23.01	02301	XRAY EDUCATION	0	100	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	0	100
23.02	02302	PHARMACY RESIDENCY PROG	0	0	100
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	100	0
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0
54.02	05404	ULTRASOUND	0	0	0
54.03	05405	MAMMOGRAPHY	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0
57.00	05700	CT SCAN	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	0	0	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100
74.00	07400	RENAL DIALYSIS	0	0	0
76.00	03021	CARDIAC REHABILITATION	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00	09000	CLINIC	0	0	0
90.01	09001	DIABETES CENTER	0	0	0
90.02	09002	NEUROPSYCH	0	0	0
90.03	09003	WOUND CENTER	0	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0
91.00	09100	EMERGENCY	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)		
		23.00	23.01	23.02		
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	194.07
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)	0	287,940	214,895	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,879.400000	2,148.950000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	34,229	11,357	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	342.290000	113.570000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	42,712,372		42,712,372	23,075	42,735,447	30.00
31.00	03100 INTENSIVE CARE UNIT	5,837,899		5,837,899	6,335	5,844,234	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	4,643,255		4,643,255	0	4,643,255	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,334,016		1,334,016	0	1,334,016	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	23,546,074		23,546,074	74,047	23,620,121	50.00
51.00	05100 RECOVERY ROOM	2,226,043		2,226,043	0	2,226,043	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	883,254		883,254	23,729	906,983	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,803,527		4,803,527	0	4,803,527	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	2,204,010		2,204,010	0	2,204,010	54.01
54.02	05404 ULTRASOUND	1,203,455		1,203,455	0	1,203,455	54.02
54.03	05405 MAMMOGRAPHY	2,181,024		2,181,024	0	2,181,024	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	3,625,017		3,625,017	98,114	3,723,131	55.00
57.00	05700 CT SCAN	2,151,790		2,151,790	0	2,151,790	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,032,170		1,032,170	0	1,032,170	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,504,447		5,504,447	1,066	5,505,513	59.00
60.00	06000 LABORATORY	13,735,265		13,735,265	0	13,735,265	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	1,661,842		1,661,842	0	1,661,842	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,235,178		1,235,178	0	1,235,178	62.00
65.00	06500 RESPIRATORY THERAPY	4,880,602	0	4,880,602	44,786	4,925,388	65.00
66.00	06600 PHYSICAL THERAPY	5,883,757	0	5,883,757	0	5,883,757	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,888,858	0	1,888,858	0	1,888,858	67.00
68.00	06800 SPEECH PATHOLOGY	996,486	0	996,486	0	996,486	68.00
69.00	06900 ELECTROCARDIOLOGY	1,605,350		1,605,350	1,066	1,606,416	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,599,599		1,599,599	1,375	1,600,974	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,563,200		9,563,200	0	9,563,200	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	11,031,127		11,031,127	0	11,031,127	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,199,005		20,199,005	0	20,199,005	73.00
74.00	07400 RENAL DIALYSIS	444,438		444,438	0	444,438	74.00
76.00	03021 CARDIAC REHABILITATION	254,852		254,852	0	254,852	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	1,869,064		1,869,064	295,781	2,164,845	90.00
90.01	09001 DIABETES CENTER	262,898		262,898	0	262,898	90.01
90.02	09002 NEUROPSYCH	115,254		115,254	0	115,254	90.02
90.03	09003 WOUND CENTER	1,824,854		1,824,854	1,116	1,825,970	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	311,815		311,815	133	311,948	90.04
91.00	09100 EMERGENCY	12,265,658		12,265,658	22,375	12,288,033	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,711,133		3,711,133	0	3,711,133	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	3,390,297		3,390,297	1,980	3,392,277	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	202,618,885	0	202,618,885	594,978	203,213,863	200.00
201.00	Less Observation Beds	3,711,133		3,711,133	0	3,711,133	201.00
202.00	Total (see instructions)	198,907,752	0	198,907,752	594,978	199,502,730	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	48,600,638		48,600,638		30.00
31.00	03100	INTENSIVE CARE UNIT	8,502,431		8,502,431		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	4,929,326		4,929,326		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,036,087		3,036,087		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	21,728,656	43,739,341	65,467,997	0.359658	50.00
51.00	05100	RECOVERY ROOM	1,675,775	3,175,963	4,851,738	0.458814	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,063,699	4,200,499	7,264,198	0.121590	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,532,235	3,296,057	4,828,292	0.994871	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,246,669	5,028,737	6,275,406	0.351214	54.01
54.02	05404	ULTRA SOUND	899,630	3,482,287	4,381,917	0.274641	54.02
54.03	05405	MAMMOGRAPHY	0	2,731,139	2,731,139	0.798577	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	192,473	9,232,028	9,424,501	0.384638	55.00
57.00	05700	CT SCAN	3,441,481	13,358,831	16,800,312	0.128081	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,511,154	5,077,897	6,589,051	0.156649	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,895,636	6,382,486	15,278,122	0.360283	59.00
60.00	06000	LABORATORY	9,337,538	22,472,431	31,809,969	0.431791	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	499,291	4,020,534	4,519,825	0.367678	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,668,114	749,910	2,418,024	0.510821	62.00
65.00	06500	RESPIRATORY THERAPY	10,673,133	1,875,496	12,548,629	0.388935	65.00
66.00	06600	PHYSICAL THERAPY	2,936,684	8,046,233	10,982,917	0.535719	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,892,599	1,697,957	3,590,556	0.526063	67.00
68.00	06800	SPEECH PATHOLOGY	719,370	818,314	1,537,684	0.648043	68.00
69.00	06900	ELECTROCARDIOLOGY	3,531,728	4,759,085	8,290,813	0.193630	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	283,088	5,682,194	5,965,282	0.268151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,957,928	8,648,207	16,606,135	0.575884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,604,302	5,445,993	17,050,295	0.646976	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,112,954	24,787,628	46,900,582	0.430677	73.00
74.00	07400	RENAL DIALYSIS	1,113,874	0	1,113,874	0.399002	74.00
76.00	03021	CARDIAC REHABILITATION	27,690	652,187	679,877	0.374850	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	26,265	3,500,878	3,527,143	0.529909	90.00
90.01	09001	DIABETES CENTER	0	107,720	107,720	2.440568	90.01
90.02	09002	NEUROPSYCH	1,512	139,572	141,084	0.816918	90.02
90.03	09003	WOUND CENTER	65,516	4,597,412	4,662,928	0.391354	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	17,160	1,355,909	1,373,069	0.227093	90.04
91.00	09100	EMERGENCY	10,605,446	36,539,393	47,144,839	0.260170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,589,016	6,589,016	0.563230	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	5,495,816	5,495,816	0.616887	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	194,330,082	247,687,150	442,017,232		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	194,330,082	247,687,150	442,017,232		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.360789	50.00
51.00	05100	RECOVERY ROOM	0.458814	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.124857	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.994871	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.351214	54.01
54.02	05404	ULTRASOUND	0.274641	54.02
54.03	05405	MAMMOGRAPHY	0.798577	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.395048	55.00
57.00	05700	CT SCAN	0.128080	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156649	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360353	59.00
60.00	06000	LABORATORY	0.431791	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.367678	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.510821	62.00
65.00	06500	RESPIRATORY THERAPY	0.392504	65.00
66.00	06600	PHYSICAL THERAPY	0.535719	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.526063	67.00
68.00	06800	SPEECH PATHOLOGY	0.648043	68.00
69.00	06900	ELECTROCARDIOLOGY	0.193759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.268382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.646976	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.430677	73.00
74.00	07400	RENAL DIALYSIS	0.399002	74.00
76.00	03021	CARDIAC REHABILITATION	0.374850	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	0.613767	90.00
90.01	09001	DIABETES CENTER	2.440568	90.01
90.02	09002	NEUROPSYCH	0.816918	90.02
90.03	09003	WOUND CENTER	0.391593	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.227190	90.04
91.00	09100	EMERGENCY	0.260644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.563230	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0.617247	95.00
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
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 ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 150112		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/30/2013 1:44 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,826,166	0	5,826,166	32,013	181.99	30.00
31.00	03100	INTENSIVE CARE UNIT	822,938		822,938	2,680	307.07	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	04100	SUBPROVIDER - IRF	741,790	0	741,790	3,680	201.57	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300	NURSERY	65,973		65,973	3,442	19.17	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00		Total (lines 30-199)	7,456,867		7,456,867	41,815		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	14,535	2,645,225	30.00
31.00	03100 INTENSIVE CARE UNIT	1,353	415,466	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	2,288	461,192	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	18,176	3,521,883	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 1:44 pm		
Title XVIII			Hospital		PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,957,137	65,467,997	0.060444	10,214,316	617,394	50.00
51.00	05100 RECOVERY ROOM	233,902	4,851,738	0.048210	825,966	39,820	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	177,476	7,264,198	0.024432	1,381,097	33,743	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	839,530	4,828,292	0.173877	890,492	154,836	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	615,865	6,275,406	0.098139	690,604	67,775	54.01
54.02	05404 ULTRASOUND	173,250	4,381,917	0.039537	484,887	19,171	54.02
54.03	05405 MAMMOGRAPHY	451,334	2,731,139	0.165255	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	841,257	9,424,501	0.089263	133,757	11,940	55.00
57.00	05700 CT SCAN	461,279	16,800,312	0.027457	2,042,288	56,075	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	240,500	6,589,051	0.036500	815,862	29,779	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,340,428	15,278,122	0.087735	4,001,082	351,035	59.00
60.00	06000 LABORATORY	1,281,021	31,809,969	0.040271	4,831,737	194,579	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	187,469	4,519,825	0.041477	261,563	10,849	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	49,610	2,418,024	0.020517	969,168	19,884	62.00
65.00	06500 RESPIRATORY THERAPY	619,862	12,548,629	0.049397	6,607,215	326,377	65.00
66.00	06600 PHYSICAL THERAPY	683,258	10,982,917	0.062211	1,194,097	74,286	66.00
67.00	06700 OCCUPATIONAL THERAPY	143,009	3,590,556	0.039829	395,535	15,754	67.00
68.00	06800 SPEECH PATHOLOGY	50,479	1,537,684	0.032828	135,148	4,437	68.00
69.00	06900 ELECTROCARDIOLOGY	300,767	8,290,813	0.036277	2,124,769	77,080	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	118,533	5,965,282	0.019870	160,054	3,180	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	333,882	16,606,135	0.020106	3,197,725	64,293	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	103,222	17,050,295	0.006054	6,597,367	39,940	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	930,510	46,900,582	0.019840	11,525,823	228,672	73.00
74.00	07400 RENAL DIALYSIS	3,490	1,113,874	0.003133	723,000	2,265	74.00
76.00	03021 CARDIAC REHABILITATION	49,690	679,877	0.073087	11,627	850	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	287,685	3,527,143	0.081563	7,792	636	90.00
90.01	09001 DIABETES CENTER	37,121	107,720	0.344606	0	0	90.01
90.02	09002 NEUROPSYCH	9,038	141,084	0.064061	1,008	65	90.02
90.03	09003 WOUND CENTER	63,627	4,662,928	0.013645	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	210,875	1,373,069	0.153579	15,444	2,372	90.04
91.00	09100 EMERGENCY	1,042,311	47,144,839	0.022109	6,142,646	135,808	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	505,942	6,589,016	0.076786	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	16,343,359	371,452,934		66,382,069	2,582,895	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150112		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/30/2013 1:44 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
						4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	32,013	0.00	14,535	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,680	0.00	1,353	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	3,680	0.00	2,288	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 04300 NURSERY	3,442	0.00	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00 Total (lines 30-199)	41,815		18,176	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 1:44 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 04000 SUBPROVIDER - IPF	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	0	0		41.00
42.00 04200 SUBPROVIDER	0	0		42.00
43.00 04300 NURSERY	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	287,940	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	214,895	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03021	CARDIAC REHABILITATION	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	502,835	0	95.00
200.00		Total (lines 50-199)	0	0	502,835	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:44 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	65,467,997	0.000000	0.000000	10,214,316	50.00
51.00	05100 RECOVERY ROOM	0	4,851,738	0.000000	0.000000	825,966	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,264,198	0.000000	0.000000	1,381,097	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	287,940	4,828,292	0.059636	0.059636	890,492	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	6,275,406	0.000000	0.000000	690,604	54.01
54.02	05404 ULTRASOUND	0	4,381,917	0.000000	0.000000	484,887	54.02
54.03	05405 MAMMOGRAPHY	0	2,731,139	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,424,501	0.000000	0.000000	133,757	55.00
57.00	05700 CT SCAN	0	16,800,312	0.000000	0.000000	2,042,288	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,589,051	0.000000	0.000000	815,862	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,278,122	0.000000	0.000000	4,001,082	59.00
60.00	06000 LABORATORY	0	31,809,969	0.000000	0.000000	4,831,737	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	4,519,825	0.000000	0.000000	261,563	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,418,024	0.000000	0.000000	969,168	62.00
65.00	06500 RESPIRATORY THERAPY	0	12,548,629	0.000000	0.000000	6,607,215	65.00
66.00	06600 PHYSICAL THERAPY	0	10,982,917	0.000000	0.000000	1,194,097	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,590,556	0.000000	0.000000	395,535	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,537,684	0.000000	0.000000	135,148	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,290,813	0.000000	0.000000	2,124,769	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,965,282	0.000000	0.000000	160,054	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,606,135	0.000000	0.000000	3,197,725	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,050,295	0.000000	0.000000	6,597,367	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	214,895	46,900,582	0.004582	0.004582	11,525,823	73.00
74.00	07400 RENAL DIALYSIS	0	1,113,874	0.000000	0.000000	723,000	74.00
76.00	03021 CARDIAC REHABILITATION	0	679,877	0.000000	0.000000	11,627	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	3,527,143	0.000000	0.000000	7,792	90.00
90.01	09001 DIABETES CENTER	0	107,720	0.000000	0.000000	0	90.01
90.02	09002 NEUROPSYCH	0	141,084	0.000000	0.000000	1,008	90.02
90.03	09003 WOUND CENTER	0	4,662,928	0.000000	0.000000	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	1,373,069	0.000000	0.000000	15,444	90.04
91.00	09100 EMERGENCY	0	47,144,839	0.000000	0.000000	6,142,646	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,589,016	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	502,835	371,452,934			66,382,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	11,068,992	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	524,360	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	738,565	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,105	874,263	52,138	0	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,851,230	0	0	0	54.01
54.02	05404	ULTRASOUND	0	1,052,103	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	232,894	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,153,789	0	0	0	55.00
57.00	05700	CT SCAN	0	3,876,710	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,429,225	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,428,870	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	1,039,065	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	416,485	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	652,245	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	126,560	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,587,955	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,469,843	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,044,299	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,041,140	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,811	10,948,568	50,166	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03021	CARDIAC REHABILITATION	0	263,963	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,669,995	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	2,761	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	77,616	0	0	0	90.02
90.03	09003	WOUND CENTER	0	2,178,504	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	490,776	0	0	0	90.04
91.00	09100	EMERGENCY	0	7,094,468	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,182,246	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	105,916	62,517,490	102,304	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:44 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0			54.01
54.02	05404 ULTRA SOUND	0	0			54.02
54.03	05405 MAMMOGRAPHY	0	0			54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03021 CARDIAC REHABILITATION	0	0			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETES CENTER	0	0			90.01
90.02	09002 NEUROPSYCH	0	0			90.02
90.03	09003 WOUND CENTER	0	0			90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0			90.04
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.359658	11,068,992	0	0	3,981,052
51.00 05100 RECOVERY ROOM	0.458814	524,360	0	0	240,584
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.121590	738,565	0	0	89,802
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.994871	874,263	0	0	869,779
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.351214	1,851,230	0	0	650,178
54.02 05404 ULTRA SOUND	0.274641	1,052,103	0	0	288,951
54.03 05405 MAMMOGRAPHY	0.798577	232,894	0	0	185,984
55.00 05500 RADIOLOGY-THERAPEUTIC	0.384638	4,153,789	0	0	1,597,705
57.00 05700 CT SCAN	0.128080	3,876,710	0	0	496,529
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.156649	1,429,225	0	0	223,887
59.00 05900 CARDIAC CATHETERIZATION	0.360283	2,428,870	0	0	875,081
60.00 06000 LABORATORY	0.431791	0	0	0	0
60.01 06001 LABORATORY-PATHOLOGICAL	0.367678	1,039,065	0	0	382,041
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.510821	416,485	0	0	212,749
65.00 06500 RESPIRATORY THERAPY	0.388935	652,245	312	0	253,681
66.00 06600 PHYSICAL THERAPY	0.535719	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.526063	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.648043	126,560	300	0	82,016
69.00 06900 ELECTROCARDIOLOGY	0.193630	1,587,955	0	0	307,476
70.00 07000 ELECTROENCEPHALOGRAPHY	0.268151	1,469,843	0	0	394,140
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575884	3,044,299	516	0	1,753,163
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.646976	2,041,140	0	0	1,320,569
73.00 07300 DRUGS CHARGED TO PATIENTS	0.430677	10,948,568	45,853	0	4,715,296
74.00 07400 RENAL DIALYSIS	0.399002	0	0	0	0
76.00 03021 CARDIAC REHABILITATION	0.374850	263,963	0	0	98,947
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.529909	1,669,995	0	0	884,945
90.01 09001 DIABETES CENTER	2.440568	2,761	0	0	6,738
90.02 09002 NEUROPSYCH	0.816918	77,616	0	0	63,406
90.03 09003 WOUND CENTER	0.391354	2,178,504	0	0	852,566
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.227093	490,776	0	0	111,452
91.00 09100 EMERGENCY	0.260170	7,094,468	0	0	1,845,768
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.563230	1,182,246	0	0	665,876
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0.616887		0		
200.00		Subtotal (see instructions)	62,517,490	46,981	23,450,361
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 +/- line 201)	62,517,490	46,981	23,450,361

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRA SOUND	0	0		54.02
54.03 05405 MAMMOGRAPHY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	121	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	194	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	297	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	19,748	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03021 CARDIAC REHABILITATION	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CENTER	0	0		90.01
90.02 09002 NEUROPSYCH	0	0		90.02
90.03 09003 WOUND CENTER	0	0		90.03
90.04 09004 HYPERBARI C OXYGEN THERAPY	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	20,360	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)	20,360	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150112		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 1:44 pm		
		Component CCN: 15T112		Title XVIII		Subprovider - IRF PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,957,137	65,467,997	0.060444	18,597	1,124	50.00
51.00	05100	RECOVERY ROOM	233,902	4,851,738	0.048210	972	47	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	177,476	7,264,198	0.024432	446	11	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	839,530	4,828,292	0.173877	13,194	2,294	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	615,865	6,275,406	0.098139	1,149	113	54.01
54.02	05404	ULTRA SOUND	173,250	4,381,917	0.039537	9,835	389	54.02
54.03	05405	MAMMOGRAPHY	451,334	2,731,139	0.165255	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	841,257	9,424,501	0.089263	0	0	55.00
57.00	05700	CT SCAN	461,279	16,800,312	0.027457	16,911	464	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	240,500	6,589,051	0.036500	4,845	177	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,340,428	15,278,122	0.087735	0	0	59.00
60.00	06000	LABORATORY	1,281,021	31,809,969	0.040271	126,383	5,090	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	187,469	4,519,825	0.041477	1,139	47	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,610	2,418,024	0.020517	13,841	284	62.00
65.00	06500	RESPIRATORY THERAPY	619,862	12,548,629	0.049397	153,246	7,570	65.00
66.00	06600	PHYSICAL THERAPY	683,258	10,982,917	0.062211	714,091	44,424	66.00
67.00	06700	OCCUPATIONAL THERAPY	143,009	3,590,556	0.039829	745,107	29,677	67.00
68.00	06800	SPEECH PATHOLOGY	50,479	1,537,684	0.032828	276,036	9,062	68.00
69.00	06900	ELECTROCARDIOLOGY	300,767	8,290,813	0.036277	19,013	690	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,533	5,965,282	0.019870	4,158	83	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	333,882	16,606,135	0.020106	24,295	488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	103,222	17,050,295	0.006054	10,055	61	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	930,510	46,900,582	0.019840	411,400	8,162	73.00
74.00	07400	RENAL DIALYSIS	3,490	1,113,874	0.003133	26,000	81	74.00
76.00	03021	CARDIAC REHABILITATION	49,690	679,877	0.073087	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	287,685	3,527,143	0.081563	0	0	90.00
90.01	09001	DIABETES CENTER	37,121	107,720	0.344606	0	0	90.01
90.02	09002	NEUROPSYCH	9,038	141,084	0.064061	252	16	90.02
90.03	09003	WOUND CENTER	63,627	4,662,928	0.013645	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	210,875	1,373,069	0.153579	0	0	90.04
91.00	09100	EMERGENCY	1,042,311	47,144,839	0.022109	6,055	134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,589,016	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	15,837,417	371,452,934		2,597,020	110,488	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 1:44 pm

Component CCN: 15T112

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	287,940	287,940	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	214,895	214,895	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03021	CARDIAC REHABILITATION	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	502,835	502,835	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:44 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	65,467,997	0.000000	0.000000	18,597	50.00
51.00	05100 RECOVERY ROOM	0	4,851,738	0.000000	0.000000	972	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,264,198	0.000000	0.000000	446	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	287,940	4,828,292	0.059636	0.059636	13,194	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	6,275,406	0.000000	0.000000	1,149	54.01
54.02	05404 ULTRA SOUND	0	4,381,917	0.000000	0.000000	9,835	54.02
54.03	05405 MAMMOGRAPHY	0	2,731,139	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,424,501	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	16,800,312	0.000000	0.000000	16,911	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,589,051	0.000000	0.000000	4,845	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,278,122	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	31,809,969	0.000000	0.000000	126,383	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	4,519,825	0.000000	0.000000	1,139	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,418,024	0.000000	0.000000	13,841	62.00
65.00	06500 RESPIRATORY THERAPY	0	12,548,629	0.000000	0.000000	153,246	65.00
66.00	06600 PHYSICAL THERAPY	0	10,982,917	0.000000	0.000000	714,091	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,590,556	0.000000	0.000000	745,107	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,537,684	0.000000	0.000000	276,036	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,290,813	0.000000	0.000000	19,013	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,965,282	0.000000	0.000000	4,158	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,606,135	0.000000	0.000000	24,295	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,050,295	0.000000	0.000000	10,055	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	214,895	46,900,582	0.004582	0.004582	411,400	73.00
74.00	07400 RENAL DIALYSIS	0	1,113,874	0.000000	0.000000	26,000	74.00
76.00	03021 CARDIAC REHABILITATION	0	679,877	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	3,527,143	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CENTER	0	107,720	0.000000	0.000000	0	90.01
90.02	09002 NEUROPSYCH	0	141,084	0.000000	0.000000	252	90.02
90.03	09003 WOUND CENTER	0	4,662,928	0.000000	0.000000	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	1,373,069	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	47,144,839	0.000000	0.000000	6,055	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,589,016	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	502,835	371,452,934			2,597,020	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:44 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	787	0	0	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRA SOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,885	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03021 CARDIAC REHABILITATION	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	2,672	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:44 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404 ULTRA SOUND	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03021 CARDIAC REHABILITATION	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	90.02
90.03	09003 WOUND CENTER	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 1:44 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		32,013	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,013	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)		29,233	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		14,535	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,735,447	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		42,735,447	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		48,580,903	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		48,580,903	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.879676	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)		1,661.85	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)		42,735,447	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,334.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,403,353	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)		19,403,353	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2013 1:44 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)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,844,234	2,680	2,180.68	1,353	2,950,460		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					27,019,951		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,373,764		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)					3,060,691		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,688,811		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,749,502		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,624,262		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,780		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,334.94		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,711,133		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150112

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

Worksheet D-1  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		Title XVIII			Hospital	
		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,826,166	42,735,447	0.136331	3,711,133	505,942
91.00	Nursing School cost	0	42,735,447	0.000000	3,711,133	0
92.00	Allied health cost	0	42,735,447	0.000000	3,711,133	0
93.00	All other Medical Education	0	42,735,447	0.000000	3,711,133	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T112		Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,680	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,680	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)		3,680	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,288	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,643,255	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,643,255	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,929,326	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,929,326	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.941965	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)		1,339.49	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)		4,643,255	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,261.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,886,884	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)		2,886,884	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T112				Date/Time Prepared: 5/30/2013 1:44 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					1,316,621		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,203,505		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					461,192		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					113,160		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					574,352		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,629,153		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112 Component CCN: 15T112		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 1:44 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	741,790	4,643,255	0.159756	0	0	90.00
91.00	Nursing School cost	0	4,643,255	0.000000	0	0	91.00
92.00	Allied health cost	0	4,643,255	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,643,255	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 1:44 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		20,648,100	30.00
31.00	03100	INTENSIVE CARE UNIT		4,421,904	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.360789	10,214,316	3,685,213 50.00
51.00	05100	RECOVERY ROOM	0.458814	825,966	378,965 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.124857	1,381,097	172,440 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.994871	890,492	885,925 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.351214	690,604	242,550 54.01
54.02	05404	ULTRA SOUND	0.274641	484,887	133,170 54.02
54.03	05405	MAMMOGRAPHY	0.798577	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.395048	133,757	52,840 55.00
57.00	05700	CT SCAN	0.128080	2,042,288	261,576 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156649	815,862	127,804 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360353	4,001,082	1,441,802 59.00
60.00	06000	LABORATORY	0.431791	4,831,737	2,086,301 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.367678	261,563	96,171 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.510821	969,168	495,071 62.00
65.00	06500	RESPIRATORY THERAPY	0.392504	6,607,215	2,593,358 65.00
66.00	06600	PHYSICAL THERAPY	0.535719	1,194,097	639,700 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.526063	395,535	208,076 67.00
68.00	06800	SPEECH PATHOLOGY	0.648043	135,148	87,582 68.00
69.00	06900	ELECTROCARDIOLOGY	0.193759	2,124,769	411,693 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.268382	160,054	42,956 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575884	3,197,725	1,841,519 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.646976	6,597,367	4,268,338 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.430677	11,525,823	4,963,907 73.00
74.00	07400	RENAL DIALYSIS	0.399002	723,000	288,478 74.00
76.00	03021	CARDIAC REHABILITATION	0.374850	11,627	4,358 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.613767	7,792	4,782 90.00
90.01	09001	DIABETES CENTER	2.440568	0	0 90.01
90.02	09002	NEUROPSYCH	0.816918	1,008	823 90.02
90.03	09003	WOUND CENTER	0.391593	0	0 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.227190	15,444	3,509 90.04
91.00	09100	EMERGENCY	0.260644	6,142,646	1,601,044 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.563230	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		66,382,069	27,019,951 200.00
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)		66,382,069	27,019,951 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T112		Date/Time Prepared: 5/30/2013 1:44 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,050,916	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.360789	18,597	50.00
51.00	05100	RECOVERY ROOM	0.458814	972	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.124857	446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.994871	13,194	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.351214	1,149	54.01
54.02	05404	ULTRA SOUND	0.274641	9,835	54.02
54.03	05405	MAMMOGRAPHY	0.798577	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.395048	0	55.00
57.00	05700	CT SCAN	0.128080	16,911	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156649	4,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360353	0	59.00
60.00	06000	LABORATORY	0.431791	126,383	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.367678	1,139	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.510821	13,841	62.00
65.00	06500	RESPIRATORY THERAPY	0.392504	153,246	65.00
66.00	06600	PHYSICAL THERAPY	0.535719	714,091	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.526063	745,107	67.00
68.00	06800	SPEECH PATHOLOGY	0.648043	276,036	68.00
69.00	06900	ELECTROCARDIOLOGY	0.193759	19,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.268382	4,158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.575884	24,295	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.646976	10,055	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.430677	411,400	73.00
74.00	07400	RENAL DIALYSIS	0.399002	26,000	74.00
76.00	03021	CARDIAC REHABILITATION	0.374850	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.613767	0	90.00
90.01	09001	DIABETES CENTER	2.440568	0	90.01
90.02	09002	NEUROPSYCH	0.816918	252	90.02
90.03	09003	WOUND CENTER	0.391593	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.227190	0	90.04
91.00	09100	EMERGENCY	0.260644	6,055	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.563230	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,597,020	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)		2,597,020	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		30,290,896	1.00
2.00	Outlier payments for discharges. (see instructions)		841,747	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		142.40	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.24	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		20.22	31.00
32.00	Sum of lines 30 and 31		25.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.22	33.00
34.00	Disproportionate share adjustment (see instructions)		3,095,730	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		34,228,373	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		34,228,373	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,778,697	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		23,248	53.00
54.00	Special add-on payments for new technologies		8,614	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			105,916 58.00
59.00	Total (sum of amounts on lines 49 through 58)			37,144,848 59.00
60.00	Primary payer payments			42,428 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			37,102,420 61.00
62.00	Deductibles billed to program beneficiaries			3,329,860 62.00
63.00	Coinurance billed to program beneficiaries			59,522 63.00
64.00	Allowable bad debts (see instructions)			63,883 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			44,718 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-19,050 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			33,757,756 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			767 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			33,758,523 71.00
72.00	Interim payments			34,603,763 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-845,240 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			863,740 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		20,360	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,348,057	2.00
3.00	PPS payments		17,075,286	3.00
4.00	Outlier payment (see instructions)		165,258	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		102,304	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,360	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		46,981	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)		46,981	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		46,981	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		26,621	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)		20,360	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)		17,342,848	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,883,731	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		226	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)		13,479,251	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)		13,479,251	30.00
31.00	Primary payer payments		3,163	31.00
32.00	Subtotal (line 30 minus line 31)		13,476,088	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		143,204	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		100,243	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		43,115	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		13,576,331	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)		13,576,331	40.00
41.00	Interim payments		13,837,595	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)		-261,264	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		87,750	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 1:44 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
112.00	Override of Ancillary service charges (line 12)		0

WORKSHEET OVERRIDE VALUES

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150112

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		34,549,463		13,816,795	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/30/2012	54,300	08/30/2012	20,800	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		54,300		20,800	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)		34,603,763		13,837,595	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		845,240		261,264	6.02
7.00	Total Medicare program liability (see instructions)		33,758,523		13,576,331	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: 150112  
Component CCN: 15T112

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 1:44 pm  
PPS

Title XVIII

Subprovider -  
IRF

		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					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		3,336,261		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,336,261		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		33,234		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,369,495		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		Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,039,348 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0185 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			135,193 3.00
4.00	Outlier Payments			231,083 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.054645 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,405,624 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			701 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,406,325 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,406,325 19.00
20.00	Deductibles			27,744 20.00
21.00	Subtotal (line 19 minus line 20)			3,378,581 21.00
22.00	Coinsurance			10,982 22.00
23.00	Subtotal (line 21 minus line 22)			3,367,599 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			-1,108 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			-776 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-1,108 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,366,823 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,672 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,369,495 32.00
33.00	Interim payments			3,336,261 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			33,234 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			25,620 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			231,083 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 150112

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

Worksheet G

Date/Time Prepared:  
5/30/2013 1:44 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	19,630,929	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	61,039,285	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-28,626,884	0	0	0	6.00
7.00	Inventory	3,179,591	0	0	0	7.00
8.00	Prepaid expenses	2,601,200	0	0	0	8.00
9.00	Other current assets	12,990,217	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)	70,814,338	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,770,052	0	0	0	12.00
13.00	Land improvements	17,257,776	0	0	0	13.00
14.00	Accumulated depreciation	-9,749,244	0	0	0	14.00
15.00	Buildings	171,578,427	0	0	0	15.00
16.00	Accumulated depreciation	-96,160,961	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	7,603,568	0	0	0	19.00
20.00	Accumulated depreciation	-3,377,416	0	0	0	20.00
21.00	Automobiles and trucks	1,775,388	0	0	0	21.00
22.00	Accumulated depreciation	-1,607,671	0	0	0	22.00
23.00	Major movable equipment	115,769,595	0	0	0	23.00
24.00	Accumulated depreciation	-75,358,415	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)	129,501,099	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	15,825,111	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	125,274,869	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	141,099,980	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	341,415,417	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	9,816,154	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,201,918	0	0	0	38.00
39.00	Payroll taxes payable	921,739	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,455,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	19,512,677	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	43,907,488	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	46,421,195	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	767,346	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	47,188,541	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	91,096,029	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	250,319,388				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	250,319,388	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	341,415,417	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150112

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

Worksheet G-1

Date/Time Prepared:  
5/30/2013 1:44 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		239,720,866		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		10,598,522			2.00
3.00	Total (sum of line 1 and line 2)		250,319,388		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		250,319,388		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		250,319,388		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150112

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

Worksheet G-1

Date/Time Prepared:  
5/30/2013 1:44 pm

	Endowment Fund	Plant Fund			
		6.00	7.00		
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: 150112

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2013 1:44 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	48,580,903		48,580,903	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,929,326		4,929,326	3.00
4.00	SUBPROVIDER	0		0	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	0		0	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)	53,510,229		53,510,229	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,502,431		8,502,431	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,502,431		8,502,431	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	62,012,660		62,012,660	17.00
18.00	Ancillary services	118,748,384	206,558,788	325,307,172	18.00
19.00	Outpatient services	10,605,446	36,539,303	47,144,749	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		0	0	22.00
23.00	AMBULANCE SERVICES	4,703	5,491,113	5,495,816	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL II NURSERY	3,036,087	0	3,036,087	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	194,407,280	248,589,204	442,996,484	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		215,677,220		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	PROVISION FOR BAD DEBT	14,559,326			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)		14,559,326		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)		230,236,546		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150112

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

Worksheet G-3

Date/Time Prepared:  
5/30/2013 1:44 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	442,996,484	1.00
2.00	Less contractual allowances and discounts on patients' accounts	211,034,721	2.00
3.00	Net patient revenues (line 1 minus line 2)	231,961,763	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	230,236,546	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,725,217	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	509,920	6.00
7.00	Income from investments	5,674,193	7.00
8.00	Revenues from telephone and telegraph service	31,620	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	112,023	10.00
11.00	Rebates and refunds of expenses	6,438	11.00
12.00	Parking lot receipts	130	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	953,943	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	67,164	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	20,155	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	20,320	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	6,031	20.00
21.00	Rental of vending machines	60	21.00
22.00	Rental of hospital space	95,784	22.00
23.00	Governmental appropriations	1,316,476	23.00
24.00	JOINT VENTURE	119,123	24.00
24.01	EAP REVENUE	41,348	24.01
24.02	WELLNESS REVENUE	264,451	24.02
24.03	EHR GRANT	592,436	24.03
24.04	FLOOD DISASTER GRANTS	587,190	24.04
24.05	UNREALIZED INVESTMENT GAINS	7,521,953	24.05
24.06	CHANGE IN RESTRICTED FUND BALANCES	-835,569	24.06
24.07	OTHER OPERATING INCOME	449,304	24.07
25.00	Total other income (sum of lines 6-24)	17,554,493	25.00
26.00	Total (line 5 plus line 25)	19,279,710	26.00
27.00	LOSS ON DISPOSAL OF ASSET	70,531	27.00
27.01	WRITE OFF OF IMPAIRMENT OF ASSET	5,740,566	27.01
27.02	OTHER NON-OPERATING EXPENSES	2,870,091	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	8,681,188	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,598,522	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150112	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 1:44 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,433,886	1.00
2.00	Capital DRG outlier payments		216,058	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		87.19	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.24	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		20.22	8.00
9.00	Sum of lines 7 and 8		25.46	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.29	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		128,753	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,778,697	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00