

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: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 11:12 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/30/2013 Time: 11:12 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL SOUTH (150128) 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				
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	434,842	-36,284	1,989,164	7,626,211	1.00
2.00	Subprovider - IPF	0	0	0	0	0	2.00
3.00	Subprovider - IRF	0	0	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	434,842	-36,284	1,989,164	7,626,211	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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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.

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Encryption Information
 ECR: Date: 5/30/2013 Time: 11:12 am
 4x5TZRH3aVMUI QJck6: enffHX. Ss0
 idXgc0m7c7Re: h1nqoknQVbXXB. 4ZD
 M7rT103JTz0h2cbp
 PI: Date: 5/30/2013 Time: 11:12 am
 FjrnqlMB9GJVEjzNBoxkR01r0ljz0
 2n0yD04Ebf35lGLZSAk3dfuxnz7Qco
 64Fn0WdefR0i ZHWT

(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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	434,842	-36,284	1,989,164	7,626,211	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	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	434,842	-36,284	1,989,164	7,626,211	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 11:11 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 1402 E COUNTY LINE ROAD SOUTH	PO Box:	Zip Code: 46227		County: MARION				1.00
2.00	City: INDIANAPOLIS	State: IN							2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COMMUNITY HOSPITAL SOUTH	150128	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									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)	2		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	

24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	978	703	0	0	2,954	0	24.00
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25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00
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						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: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 11:11 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					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
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150128

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

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2013 11:11 am

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

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		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: 150128			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 11:11 am	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							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)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 11:11 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/08/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 11:11 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RONALD	HELMS		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	RHELMS@COMMUNITY.COM	317-355-5501		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	05/08/2013	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	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/30/2013 11:11 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
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	
CRITICAL ACCESS HOSPITALS					
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	
RCE DISALLOWANCE					
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
PASS THROUGH COST					
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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 11:11 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	98	35,868	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)		98	35,868	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		134	49,044	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		134				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
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	8,242	1,746	20,784			1.00
2.00 HMO	3,771	2,889				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,242	1,746	20,784			7.00
8.00 INTENSIVE CARE UNIT	4,021	0	8,046			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		0	3,787			13.00
14.00 Total (see instructions)	12,263	1,746	32,617	0.00	724.95	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 11:11 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	724.95	27.00
28.00	Observation Bed Days		225	2,030			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	3,049	932	8,356	1.00
2.00	HMO			909			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	3,049	932	8,356	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part II Date/Time Prepared: 5/30/2013 11:11 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	45,502,650	-1,762	45,500,888	1,507,806.00	30.18
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
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)		1,227,129	60,506	1,287,635	5,000.00	257.53
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		3,603,578	0	3,603,578	56,621.00	63.64
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		2,120,379	0	2,120,379	28,380.00	74.71
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		17,356,140	0	17,356,140		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		314,332	0	314,332		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		139,450	0	139,450		
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		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	228,647	0	228,647	6,545.00	34.93
27.00	Administrative & General	5.00	-121,564	1,782,474	1,660,910	0.00	0.00
28.00	Administrative & General under contract (see inst.)		1,781,948	0	1,781,948	15,958.00	111.66
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,259,133	-45,164	1,213,969	64,215.00	18.90
31.00	Laundry & Linen Service	8.00	5,586	-2,305	3,281	0.00	0.00
32.00	Housekeeping	9.00	745,825	-30,554	715,271	60,434.00	11.84
33.00	Housekeeping under contract (see instructions)		274,262	0	274,262	7,280.00	37.67
34.00	Dietary	10.00	1,139,431	-747,511	391,920	0.00	0.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	685,953	685,953	40,313.00	17.02
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	28,659	0	28,659	0.00	0.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	268,362	-8,248	260,114	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 11:11 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,135,949	-59,101	1,076,848	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2013 11:11 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	47,558,860	-1,762	47,557,098	1,531,044.00	31.06	1.00
2.00	Excluded area salaries (see instructions)	1,227,129	60,506	1,287,635	5,000.00	257.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,331,731	-62,268	46,269,463	1,526,044.00	30.32	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,723,957	0	5,723,957	85,001.00	67.34	4.00
5.00	Subtotal wage-related costs (see inst.)	17,356,140	0	17,356,140	0.00	37.51	5.00
6.00	Total (sum of lines 3 thru 5)	69,411,828	-62,268	69,349,560	1,611,045.00	43.05	6.00
7.00	Total overhead cost (see instructions)	6,746,238	1,575,544	8,321,782	194,745.00	42.73	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 11:11 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,349,094 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,064,168 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			36,708 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			9,807,855 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			116,549 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			152,563 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)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			85,158 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,159,102 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			38,726 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			17,809,923 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150128

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC	0	0	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: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 11:11 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.271457		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		5,061,696		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		43,234,935		6.00	
7.00	Medicaid cost (line 1 times line 6)		11,736,426		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)		6,674,730		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)		6,674,730		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		14,947,824	3,154,324	18,102,148	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		4,057,691	856,263	4,913,954	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		4,057,691	856,263	4,913,954	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				9,574,984	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				200,887	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				9,374,097	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				2,544,664	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				7,458,618	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				14,133,348	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150128		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,789,347	4,789,347	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,843,183	8,843,183	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	228,647	10,536,093	10,764,740	-12	10,764,728	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-121,564	47,601,902	47,480,338	-5,242,106	42,238,232	5.00
7.00	00700	OPERATION OF PLANT	1,259,133	2,170,981	3,430,114	972,467	4,402,581	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,586	447,278	452,864	-2,305	450,559	8.00
9.00	00900	HOUSEKEEPING	745,825	672,812	1,418,637	-66,576	1,352,061	9.00
10.00	01000	DIETARY	1,139,431	445,416	1,584,847	-861,611	723,236	10.00
11.00	01100	CAFETERIA	0	0	0	724,593	724,593	11.00
13.00	01300	NURSING ADMINISTRATION	28,659	1,222,119	1,250,778	0	1,250,778	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	268,362	1,708,769	1,977,131	-8,248	1,968,883	16.00
17.00	01700	SOCIAL SERVICE	1,135,949	545,497	1,681,446	-61,541	1,619,905	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	897,404	96,753	994,157	-69,541	924,616	19.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	211,933	146,246	358,179	126,471	484,650	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	47,926	47,926	34,478	82,404	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,867,561	3,216,686	16,084,247	-5,161,989	10,922,258	30.00
31.00	03100	INTENSIVE CARE UNIT	4,953,240	1,086,807	6,040,047	-475,179	5,564,868	31.00
43.00	04300	NURSERY	0	0	0	1,553,538	1,553,538	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,122,290	15,388,903	17,511,193	-13,795,891	3,715,302	50.00
51.00	05100	RECOVERY ROOM	2,501,478	543,550	3,045,028	-124,025	2,921,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,501,367	2,501,367	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,126,546	3,029,478	5,156,024	-1,862,722	3,293,302	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	275,403	940,426	1,215,829	-321,073	894,756	55.00
57.00	05700	CT SCAN	536,509	726,161	1,262,670	93,795	1,356,465	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	208,259	256,217	464,476	-47,032	417,444	58.00
59.00	05900	CARDIAC CATHETERIZATION	818,551	4,315,342	5,133,893	-3,891,958	1,241,935	59.00
60.00	06000	LABORATORY	0	4,273,096	4,273,096	-2,236	4,270,860	60.00
64.00	06400	INTRAVENOUS THERAPY	0	39,259	39,259	-39,259	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,527,910	350,497	1,878,407	-186,376	1,692,031	65.00
66.00	06600	PHYSICAL THERAPY	1,851,141	466,584	2,317,725	-797,744	1,519,981	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	525,926	525,926	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	71,772	71,772	68.00
69.00	06900	ELECTROCARDIOLOGY	383,475	1,063,724	1,447,199	-30,531	1,416,668	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	524,850	571,561	1,096,411	-250,983	845,428	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,428,298	1,428,298	4,822,962	6,251,260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	657,208	657,208	10,503,985	11,161,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,947,132	4,626,124	6,573,256	-398,184	6,175,072	73.00
74.00	07400	RENAL DIALYSIS	0	314,579	314,579	-5,379	309,200	74.00
76.00	03020	ENDOSCOPY	393,339	445,861	839,200	-267,087	572,113	76.00
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03485	IMAGING CENTER	631,108	922,166	1,553,274	-577,596	975,678	76.06
76.97	07697	CARDIAC REHABILITATION	154,771	21,996	176,767	-10,088	166,679	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	35,931	35,931	0	35,931	90.01
90.02	04951	HEALTHY HEARTS CLINIC	288,107	74,486	362,593	-4,092	358,501	90.02
90.03	04952	PALLIATIVE CARE	0	114,091	114,091	0	114,091	90.03
90.04	04953	SPINE CENTER	594,837	266,084	860,921	-181,068	679,853	90.04
91.00	09100	EMERGENCY	3,981,582	1,482,350	5,463,932	-446,269	5,017,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150128		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,487,454	112,299,257	156,786,711	375,183	157,161,894	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	19,418	19,418	0	19,418	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	648,169	2,549,747	3,197,916	-352,174	2,845,742	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	367,027	639,088	1,006,115	-23,009	983,106	194.08
200.00		TOTAL (SUM OF LINES 118-199)	45,502,650	115,507,510	161,010,160	0	161,010,160	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	-177,816	4,611,531				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-45,631	8,797,552				2.00
3.00	00300	OTHER CAP REL COSTS	0	0				3.00
4.00	00400	EMPLOYEE BENEFITS	0	10,764,728				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-22,950,924	19,287,308				5.00
7.00	00700	OPERATION OF PLANT	-104,513	4,298,068				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	450,559				8.00
9.00	00900	HOUSEKEEPING	0	1,352,061				9.00
10.00	01000	DIETARY	-79,943	643,293				10.00
11.00	01100	CAFETERIA	-86,905	637,688				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,250,778				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-29,673	1,939,210				16.00
17.00	01700	SOCIAL SERVICE	0	1,619,905				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-924,616	0				19.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	-118,440	366,210				23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	-47,926	34,478				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-14,559	10,907,699				30.00
31.00	03100	INTENSIVE CARE UNIT	77,454	5,642,322				31.00
43.00	04300	NURSERY	0	1,553,538				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	-48,604	3,666,698				50.00
51.00	05100	RECOVERY ROOM	0	2,921,003				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,501,367				52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-296,185	2,997,117				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	894,756				55.00
57.00	05700	CT SCAN	0	1,356,465				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	417,444				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,241,935				59.00
60.00	06000	LABORATORY	-492,358	3,778,502				60.00
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00
65.00	06500	RESPIRATORY THERAPY	-4,807	1,687,224				65.00
66.00	06600	PHYSICAL THERAPY	-37,865	1,482,116				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	525,926				67.00
68.00	06800	SPEECH PATHOLOGY	0	71,772				68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,416,668				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,540	843,888				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-8,224	6,243,036				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,161,193				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,175,072				73.00
74.00	07400	RENAL DIALYSIS	0	309,200				74.00
76.00	03020	ENDOSCOPY	-5,803	566,310				76.00
76.05	03480	ONCOLOGY	0	0				76.05
76.06	03485	IMAGING CENTER	0	975,678				76.06
76.97	07697	CARDIAC REHABILITATION	-5,437	161,242				76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				90.00
90.01	04950	DIABETIC CARE CENTER	-35,931	0				90.01
90.02	04951	HEALTHY HEARTS CLINIC	0	358,501				90.02
90.03	04952	PALLIATIVE CARE	-114,091	0				90.03
90.04	04953	SPIRE CENTER	-1,322	678,531				90.04
91.00	09100	EMERGENCY	-253,126	4,764,537				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
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
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,808,785	131,353,109	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	19,418	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,095	2,847,837	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	983,106	194.08
200.00		TOTAL (SUM OF LINES 118-199)	-25,806,690	135,203,470	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/30/2013 11:11 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
23.00	ALLIED HEALTH-EMS PROGRAM	02300		23.00
23.01	ALLIED HEALTH-RADIOLOGY SCHOOL	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ENDOSCOPY	03020		76.00
76.05	ONCOLOGY	03480		76.05
76.06	IMAGING CENTER	03485		76.06
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	DIABETIC CARE CENTER	04950		90.01
90.02	HEALTHY HEARTS CLINIC	04951		90.02
90.03	PALLIATIVE CARE	04952		90.03
90.04	SPINE CENTER	04953		90.04
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	05950		98.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/30/2013 11:11 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.08	OTHER NONREIMBURSABLE COST CENTERS	07958		194.08
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - Other Capital					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	62,171	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,320,322	2.00
3.00	OPERATION OF PLANT	7.00	0	638,233	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			0	3,020,726	
B - Drugs Charges to Pat					
1.00	CARDIAC CATHETERIZATION	59.00	0	7,470	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,803	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
TOTALS			0	9,273	
C - Cafeteria Salary					
1.00	CAFETERIA	11.00	685,953	0	1.00
			685,953	0	
D - Cafeteria Other					
1.00	CAFETERIA	11.00	0	38,640	1.00
			0	38,640	
E - Therapy Salary					
1.00	OCCUPATIONAL THERAPY	67.00	0	501,566	1.00
2.00	SPEECH PATHOLOGY	68.00	0	68,448	2.00
			0	570,014	
F - Therapy Other					
1.00	PHYSICAL THERAPY	66.00	0	67,119	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	24,360	2.00
3.00	SPEECH PATHOLOGY	68.00	0	3,324	3.00
TOTALS			0	94,803	
H - Plant Operations Expense					
1.00	OPERATION OF PLANT	7.00	0	442,582	1.00
2.00	NONPHYSICIAN ANESTHETISTS	19.00	0	43	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6

Date/Time Prepared:
5/30/2013 11:11 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
TOTALS			0	442,625	
I - PTO Allocation					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,782,474	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			1,782,474	0	
J - Implantable Device Recl ass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		11,011,586	1.00
2.00				0	2.00
TOTALS				11,011,586	
K - Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,903,104	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,305	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
TOTALS			0	4,904,409	
L - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,034,097	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	TOTALS		0	10,034,097		
M - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,047,238		1.00
	TOTALS		0	1,047,238		
N - Depreciation by CC						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,562,277		1.00
	TOTALS		0	3,562,277		
O - Capital Insurance Costs						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	117,661		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	51,041		2.00
	TOTALS		0	168,702		
P - Labor and Delivery Salary						
1.00	NURSERY	43.00		1,323,658		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		2,131,235		2.00
	TOTALS		0	3,454,893		
Q - Labor and Delivery Other						
1.00	NURSERY	43.00		229,880		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		370,132		2.00
	TOTALS		0	600,012		
R - Radiology Support Salary						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	193,406		1.00
2.00	CT SCAN	57.00	0	385,489		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	108,939		3.00
	TOTALS		0	687,834		
S - RADIOLOGY OTHER						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,106		1.00
2.00	CT SCAN	57.00	0	67,979		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19,211		3.00
	TOTALS		0	121,296		
T - EMS School Allied Health						
1.00	ALLIED HEALTH-EMS PROGRAM	23.00		60,723		1.00
	TOTALS		0	60,723		
U - EMS School Allied Health						
1.00	ALLIED HEALTH-EMS PROGRAM	23.00	90,581			1.00
	TOTALS		90,581	0		
X - Radiology School Allied Health						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01		2,450		1.00
	TOTALS		0	2,450		
Y - Radiology School Allied Health						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	32,028			1.00
	TOTALS		32,028	0		
Z - EIB LIABILITY RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	0	1,617		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	145		2.00
	TOTALS		0	1,762		

Provider CCN: 150128

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

Worksheet A-6

Date/Time Prepared:
5/30/2013 11:11 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
500.00	Grand Total : Increases		2,591,036	39,833,360		500.00

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 11:11 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - Other Capital						
1.00	EMPLOYEE BENEFITS	4.00	0	12	14	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	123,450	14	2.00
3.00	HOUSEKEEPING	9.00	0	2,660	0	3.00
4.00	DIETARY	10.00	0	570	0	4.00
5.00	SOCIAL SERVICE	17.00	0	606	0	5.00
6.00	NONPHYSICIAN ANESTHETISTS	19.00	0	76	0	6.00
7.00	ALLIED HEALTH-EMS PROGRAM	23.00	0	76	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	43,209	0	8.00
9.00	OPERATING ROOM	50.00	0	770,707	0	9.00
10.00	RECOVERY ROOM	51.00	0	3,802	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	382,010	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	305	0	12.00
13.00	CT SCAN	57.00	0	229	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	76	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,351	0	15.00
16.00	LABORATORY	60.00	0	76	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	458	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	141,258	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	45	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	81,191	0	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	36,919	0	21.00
22.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	492,751	0	22.00
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	214,903	0	23.00
24.00	RENAL DIALYSIS	74.00	0	45	0	24.00
25.00	ENDOSCOPY	76.00	0	382	0	25.00
26.00	IMAGING CENTER	76.06	0	385,435	0	26.00
27.00	SPINE CENTER	90.04	0	105,320	0	27.00
28.00	EMERGENCY	91.00	0	4,127	0	28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	228,372	0	29.00
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	305	0	30.00
TOTALS			0	3,020,726		
B - Drugs Charges to Pat						
1.00	INTENSIVE CARE UNIT	31.00	0	312	0	1.00
2.00	OPERATING ROOM	50.00	0	2,437	0	2.00
3.00	RECOVERY ROOM	51.00	0	15	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	64	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	733	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,791	0	6.00
7.00	IMAGING CENTER	76.06	0	133	0	7.00
8.00	SPINE CENTER	90.04	0	178	0	8.00
9.00	EMERGENCY	91.00	0	610	0	9.00
TOTALS			0	9,273		
C - Cafeteria Salary						
1.00	DIETARY	10.00	685,953			1.00
TOTALS			685,953	0		
D - Cafeteria Other						
1.00	DIETARY	10.00		38,640		1.00
TOTALS			0	38,640		
E - Therapy Salary						
1.00	PHYSICAL THERAPY	66.00		570,014		1.00
2.00			0	570,014		2.00
TOTALS			0	570,014		
F - Therapy Other						
1.00	ADULTS & PEDIATRICS	30.00	0	94,803	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
TOTALS			0	94,803		
H - Plant Operations Expense						
1.00	HOUSEKEEPING	9.00	0	5,819	0	1.00
2.00	DIETARY	10.00	0	537	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	16,448	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	15,947	0	4.00
5.00	OPERATING ROOM	50.00	0	121,333	0	5.00
6.00	RECOVERY ROOM	51.00	0	870	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,455	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	941	0	8.00
9.00	CT SCAN	57.00	0	76,450	0	9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19,925	0	10.00

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 11:11 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
11.00	CARDIAC CATHETERIZATION	59.00	0	7,917	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	13,128	0	12.00	
13.00	PHYSICAL THERAPY	66.00	0	1,442	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00	0	766	0	14.00	
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,685	0	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	25,543	0	16.00	
17.00	ENDOSCOPY	76.00	0	65,153	0	17.00	
18.00	IMAGING CENTER	76.06	0	7,842	0	18.00	
19.00	CARDIAC REHABILITATION	76.97	0	16	0	19.00	
20.00	SPINE CENTER	90.04	0	720	0	20.00	
21.00	EMERGENCY	91.00	0	40,688	0	21.00	
	TOTALS		0	442,625			
I - PTO Allocation							
1.00	OPERATION OF PLANT	7.00	45,164	0	0	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	2,305	0	0	2.00	
3.00	HOUSEKEEPING	9.00	30,554	0	0	3.00	
4.00	DIETARY	10.00	61,558	0	0	4.00	
5.00	MEDICAL RECORDS & LIBRARY	16.00	8,248	0	0	5.00	
6.00	SOCIAL SERVICE	17.00	59,101	0	0	6.00	
7.00	NONPHYSICIAN ANESTHETISTS	19.00	45,259	0	0	7.00	
8.00	ALLIED HEALTH-EMS PROGRAM	23.00	20,814	0	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	578,416	0	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	192,581	0	0	10.00	
11.00	OPERATING ROOM	50.00	9,265	0	0	11.00	
12.00	RECOVERY ROOM	51.00	31,242	0	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	104,468	0	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	11,995	0	0	14.00	
15.00	CT SCAN	57.00	27,007	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	11,198	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	35,824	0	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	47,224	0	0	18.00	
19.00	PHYSICAL THERAPY	66.00	113,602	0	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	15,938	0	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	21,728	0	0	21.00	
22.00	DRUGS CHARGED TO PATIENTS	73.00	141,432	0	0	22.00	
23.00	IMAGING CENTER	76.06	22,093	0	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	8,505	0	0	24.00	
25.00	HEALTHY HEARTS CLINIC	90.02	4,092	0	0	25.00	
26.00	SPINE CENTER	90.04	9,028	0	0	26.00	
27.00	EMERGENCY	91.00	82,544	0	0	27.00	
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	19,005	0	0	28.00	
29.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	22,284	0	0	29.00	
	TOTALS		1,782,474	0			
J - Implantable Device Recl ass							
1.00	OPERATING ROOM	50.00		8,548,062		1.00	
2.00	CARDIAC CATHETERIZATION	59.00		2,463,524		2.00	
			0	11,011,586			
K - Medical Supplies							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,882	0	1.00	
2.00	NONPHYSICIAN ANESTHETISTS	19.00	0	16,333	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	99,629	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	49,590	0	4.00	
5.00	OPERATING ROOM	50.00	0	2,934,950	0	5.00	
6.00	RECOVERY ROOM	51.00	0	28,446	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,895	0	7.00	
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	439,844	0	8.00	
9.00	CT SCAN	57.00	0	84,537	0	9.00	
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	687	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	999,700	0	11.00	
12.00	INTRAVENOUS THERAPY	64.00	0	39,259	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	71,922	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	1,402	0	14.00	
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,983	0	15.00	
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,611	0	16.00	
17.00	RENAL DIALYSIS	74.00	0	5,334	0	17.00	
18.00	ENDOSCOPY	76.00	0	50,166	0	18.00	
19.00	IMAGING CENTER	76.06	0	3,769	0	19.00	
20.00	SPINE CENTER	90.04	0	734	0	20.00	
21.00	EMERGENCY	91.00	0	35,736	0	21.00	
	TOTALS		0	4,904,409			

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6

Date/Time Prepared:
5/30/2013 11:11 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
L - Depreciation Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,680,308	9	1.00
2.00	OPERATION OF PLANT	7.00	0	63,184	0	2.00
3.00	HOUSEKEEPING	9.00	0	27,543	0	3.00
4.00	DIETARY	10.00	0	74,353	0	4.00
5.00	SOCIAL SERVICE	17.00	0	1,834	0	5.00
6.00	NONPHYSICIAN ANESTHETISTS	19.00	0	7,916	0	6.00
7.00	ALLIED HEALTH-EMS PROGRAM	23.00	0	3,943	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	274,579	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	216,749	0	9.00
10.00	OPERATING ROOM	50.00	0	1,409,137	0	10.00
11.00	RECOVERY ROOM	51.00	0	59,650	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	506,222	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	95,500	0	13.00
14.00	CT SCAN	57.00	0	171,450	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	143,296	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	391,112	0	16.00
17.00	LABORATORY	60.00	0	2,160	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	53,644	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	36,412	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	13,782	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	133,605	0	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,680	0	22.00
23.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,850	0	23.00
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,041	0	24.00
25.00	ENDOSCOPY	76.00	0	151,386	0	25.00
26.00	IMAGING CENTER	76.06	0	158,324	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	1,567	0	27.00
28.00	SPINE CENTER	90.04	0	65,088	0	28.00
29.00	EMERGENCY	91.00	0	131,260	0	29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	106,102	0	30.00
31.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	420	0	31.00
TOTALS			0	10,034,097		
M - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,047,238	11	1.00
TOTALS			0	1,047,238		
N - Depreciation by CC						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,562,277	9	1.00
TOTALS			0	3,562,277		
O - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	168,702	12	1.00
2.00		0.00	0	0	12	2.00
TOTALS			0	168,702		
P - Labor and Delivery Salary						
1.00	ADULTS & PEDIATRICS	30.00		3,454,893		1.00
2.00			0	3,454,893		2.00
Q - Labor and Delivery Other						
1.00	ADULTS & PEDIATRICS	30.00		600,012		1.00
2.00			0	600,012		2.00
R - Radiology Support Salary						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	687,834	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
TOTALS			0	687,834		
S - RADIOLOGY OTHER						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	121,296	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
TOTALS			0	121,296		
T - EMS School Allied Health						
1.00	EMERGENCY	91.00		60,723		1.00
			0	60,723		
U - EMS School Allied Health						
1.00	EMERGENCY	91.00	90,581			1.00
			90,581	0		

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6

Date/Time Prepared:
5/30/2013 11:11 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	X - Radiology School Allied Health					
1.00	RADIOLOGY-DIAGNOSTIC	54.00		2,450		1.00
			0	2,450		
	Y - Radiology School Allied Health					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	32,028			1.00
			32,028	0		
	Z - EIB LIABILITY RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	1,617	0	0	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	145	0	0	2.00
	TOTALS		1,762	0		
500.00	Grand Total: Decreases		2,592,798	39,831,598		500.00

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/30/2013 11:11 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - Other Capital						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	EMPLOYEE BENEFITS	4.00	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	ADMINISTRATIVE & GENERAL	5.00	0 2.00
3.00	OPERATION OF PLANT	7.00	0	HOUSEKEEPING	9.00	0 3.00
4.00		0.00	0	DIETARY	10.00	0 4.00
5.00		0.00	0	SOCIAL SERVICE	17.00	0 5.00
6.00		0.00	0	NONPHYSICIAN ANESTHETISTS	19.00	0 6.00
7.00		0.00	0	ALLIED HEALTH-EMS PROGRAM	23.00	0 7.00
8.00		0.00	0	ADULTS & PEDIATRICS	30.00	0 8.00
9.00		0.00	0	OPERATING ROOM	50.00	0 9.00
10.00		0.00	0	RECOVERY ROOM	51.00	0 10.00
11.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 11.00
12.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0 12.00
13.00		0.00	0	CT SCAN	57.00	0 13.00
14.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 14.00
15.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0 15.00
16.00		0.00	0	LABORATORY	60.00	0 16.00
17.00		0.00	0	RESPIRATORY THERAPY	65.00	0 17.00
18.00		0.00	0	PHYSICAL THERAPY	66.00	0 18.00
19.00		0.00	0	ELECTROCARDIOLOGY	69.00	0 19.00
20.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0 20.00
21.00		0.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 21.00
22.00		0.00	0	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 22.00
23.00		0.00	0	DRUGS CHARGED TO PATIENTS	73.00	0 23.00
24.00		0.00	0	RENAL DIALYSIS	74.00	0 24.00
25.00		0.00	0	ENDOSCOPY	76.00	0 25.00
26.00		0.00	0	IMAGING CENTER	76.06	0 26.00
27.00		0.00	0	SPINE CENTER	90.04	0 27.00
28.00		0.00	0	EMERGENCY	91.00	0 28.00
29.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0 29.00
30.00		0.00	0	OTHER NONREIMBURSABLE COST CENTERS	194.08	0 30.00
TOTALS			TOTALS			0
B - Drugs Charges to Pat						
1.00	CARDIAC CATHETERIZATION	59.00	0	INTENSIVE CARE UNIT	31.00	0 1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	OPERATING ROOM	50.00	0 2.00
3.00		0.00	0	RECOVERY ROOM	51.00	0 3.00
4.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 4.00
5.00		0.00	0	PHYSICAL THERAPY	66.00	0 5.00
6.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0 6.00
7.00		0.00	0	IMAGING CENTER	76.06	0 7.00
8.00		0.00	0	SPINE CENTER	90.04	0 8.00
9.00		0.00	0	EMERGENCY	91.00	0 9.00
TOTALS			TOTALS			0
C - Cafeteria Salary						
1.00	CAFETERIA	11.00	685,953	DIETARY	10.00	685,953 1.00
						685,953
D - Cafeteria Other						
1.00	CAFETERIA	11.00	0	DIETARY	10.00	0 1.00
						0
E - Therapy Salary						
1.00	OCCUPATIONAL THERAPY	67.00	0	PHYSICAL THERAPY	66.00	0 1.00
2.00	SPEECH PATHOLOGY	68.00	0			0 2.00
						0
F - Therapy Other						
1.00	PHYSICAL THERAPY	66.00	0	ADULTS & PEDIATRICS	30.00	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0		0.00	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0		0.00	0 3.00
TOTALS			TOTALS			0
H - Plant Operations Expense						
1.00	OPERATION OF PLANT	7.00	0	HOUSEKEEPING	9.00	0 1.00
2.00	NONPHYSICIAN ANESTHETISTS	19.00	0	DIETARY	10.00	0 2.00
3.00		0.00	0	ADULTS & PEDIATRICS	30.00	0 3.00
4.00		0.00	0	INTENSIVE CARE UNIT	31.00	0 4.00
5.00		0.00	0	OPERATING ROOM	50.00	0 5.00
6.00		0.00	0	RECOVERY ROOM	51.00	0 6.00
7.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 7.00
8.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0 8.00
9.00		0.00	0	CT SCAN	57.00	0 9.00
10.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 10.00

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases				Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
11.00	0.00		0	CARDIAC CATHETERIZATION	59.00	0	11.00
12.00	0.00		0	RESPIRATORY THERAPY	65.00	0	12.00
13.00	0.00		0	PHYSICAL THERAPY	66.00	0	13.00
14.00	0.00		0	ELECTROCARDIOLOGY	69.00	0	14.00
15.00	0.00		0	ELECTROENCEPHALOGRAPHY	70.00	0	15.00
16.00	0.00		0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00	0.00		0	ENDOSCOPY	76.00	0	17.00
18.00	0.00		0	IMAGING CENTER	76.06	0	18.00
19.00	0.00		0	CARDIAC REHABILITATION	76.97	0	19.00
20.00	0.00		0	SPINE CENTER	90.04	0	20.00
21.00	0.00		0	EMERGENCY	91.00	0	21.00
TOTALS			0	TOTALS		0	
I - PTO Allocation							
1.00	5.00	1,782,474	0	OPERATION OF PLANT	7.00	45,164	1.00
2.00	0.00		0	LAUNDRY & LINEN SERVICE	8.00	2,305	2.00
3.00	0.00		0	HOUSEKEEPING	9.00	30,554	3.00
4.00	0.00		0	DIETARY	10.00	61,558	4.00
5.00	0.00		0	MEDICAL RECORDS & LIBRARY	16.00	8,248	5.00
6.00	0.00		0	SOCIAL SERVICE	17.00	59,101	6.00
7.00	0.00		0	NONPHYSICIAN ANESTHETISTS	19.00	45,259	7.00
8.00	0.00		0	ALLIED HEALTH-EMS PROGRAM	23.00	20,814	8.00
9.00	0.00		0	ADULTS & PEDIATRICS	30.00	578,416	9.00
10.00	0.00		0	INTENSIVE CARE UNIT	31.00	192,581	10.00
11.00	0.00		0	OPERATING ROOM	50.00	9,265	11.00
12.00	0.00		0	RECOVERY ROOM	51.00	31,242	12.00
13.00	0.00		0	RADIOLOGY-DIAGNOSTIC	54.00	104,468	13.00
14.00	0.00		0	RADIOLOGY-THERAPEUTIC	55.00	11,995	14.00
15.00	0.00		0	CT SCAN	57.00	27,007	15.00
16.00	0.00		0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	11,198	16.00
17.00	0.00		0	CARDIAC CATHETERIZATION	59.00	35,824	17.00
18.00	0.00		0	RESPIRATORY THERAPY	65.00	47,224	18.00
19.00	0.00		0	PHYSICAL THERAPY	66.00	113,602	19.00
20.00	0.00		0	ELECTROCARDIOLOGY	69.00	15,938	20.00
21.00	0.00		0	ELECTROENCEPHALOGRAPHY	70.00	21,728	21.00
22.00	0.00		0	DRUGS CHARGED TO PATIENTS	73.00	141,432	22.00
23.00	0.00		0	IMAGING CENTER	76.06	22,093	23.00
24.00	0.00		0	CARDIAC REHABILITATION	76.97	8,505	24.00
25.00	0.00		0	HEALTHY HEARTS CLINIC	90.02	4,092	25.00
26.00	0.00		0	SPINE CENTER	90.04	9,028	26.00
27.00	0.00		0	EMERGENCY	91.00	82,544	27.00
28.00	0.00		0	PHYSICIANS' PRIVATE OFFICES	192.00	19,005	28.00
29.00	0.00		0	OTHER NONREIMBURSABLE COST CENTERS	194.08	22,284	29.00
TOTALS			1,782,474	TOTALS		1,782,474	
J - Implantable Device Recl ass							
1.00	72.00		0	OPERATING ROOM	50.00		1.00
2.00			0	CARDIAC CATHETERIZATION	59.00		2.00
K - Medical Supplies							
1.00	71.00		0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	192.00		0	NONPHYSICIAN ANESTHETISTS	19.00	0	2.00
3.00	0.00		0	ADULTS & PEDIATRICS	30.00	0	3.00
4.00	0.00		0	INTENSIVE CARE UNIT	31.00	0	4.00
5.00	0.00		0	OPERATING ROOM	50.00	0	5.00
6.00	0.00		0	RECOVERY ROOM	51.00	0	6.00
7.00	0.00		0	RADIOLOGY-DIAGNOSTIC	54.00	0	7.00
8.00	0.00		0	RADIOLOGY-THERAPEUTIC	55.00	0	8.00
9.00	0.00		0	CT SCAN	57.00	0	9.00
10.00	0.00		0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10.00
11.00	0.00		0	CARDIAC CATHETERIZATION	59.00	0	11.00
12.00	0.00		0	INTRAVENOUS THERAPY	64.00	0	12.00
13.00	0.00		0	RESPIRATORY THERAPY	65.00	0	13.00
14.00	0.00		0	PHYSICAL THERAPY	66.00	0	14.00
15.00	0.00		0	ELECTROENCEPHALOGRAPHY	70.00	0	15.00
16.00	0.00		0	DRUGS CHARGED TO PATIENTS	73.00	0	16.00
17.00	0.00		0	RENAL DIALYSIS	74.00	0	17.00
18.00	0.00		0	ENDOSCOPY	76.00	0	18.00
19.00	0.00		0	IMAGING CENTER	76.06	0	19.00
20.00	0.00		0	SPINE CENTER	90.04	0	20.00

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/30/2013 11:11 am

Increases				Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary			
2.00	3.00	4.00	6.00	7.00	8.00			
21.00	0.00		EMERGENCY	91.00		0	21.00	
TOTALS				TOTALS				0
L - Depreciation Expense								
CAP REL COSTS-MVBLE EQUIP								
1.00	2.00		ADMINISTRATIVE & GENERAL	5.00		0	1.00	
2.00	0.00		OPERATION OF PLANT	7.00		0	2.00	
3.00	0.00		HOUSEKEEPING	9.00		0	3.00	
4.00	0.00		DIETARY	10.00		0	4.00	
5.00	0.00		SOCIAL SERVICE	17.00		0	5.00	
6.00	0.00		NONPHYSICIAN ANESTHETISTS	19.00		0	6.00	
7.00	0.00		ALLIED HEALTH-EMS PROGRAM	23.00		0	7.00	
8.00	0.00		ADULTS & PEDIATRICS	30.00		0	8.00	
9.00	0.00		INTENSIVE CARE UNIT	31.00		0	9.00	
10.00	0.00		OPERATING ROOM	50.00		0	10.00	
11.00	0.00		RECOVERY ROOM	51.00		0	11.00	
12.00	0.00		RADIOLOGY-DIAGNOSTIC	54.00		0	12.00	
13.00	0.00		RADIOLOGY-THERAPEUTIC	55.00		0	13.00	
14.00	0.00		CT SCAN	57.00		0	14.00	
15.00	0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00		0	15.00	
16.00	0.00		CARDIAC CATHETERIZATION	59.00		0	16.00	
17.00	0.00		LABORATORY	60.00		0	17.00	
18.00	0.00		RESPIRATORY THERAPY	65.00		0	18.00	
19.00	0.00		PHYSICAL THERAPY	66.00		0	19.00	
20.00	0.00		ELECTROCARDIOLOGY	69.00		0	20.00	
21.00	0.00		ELECTROENCEPHALOGRAPHY	70.00		0	21.00	
22.00	0.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0	22.00	
23.00	0.00		IMPL. DEV. CHARGED TO PATIENTS	72.00		0	23.00	
24.00	0.00		DRUGS CHARGED TO PATIENTS	73.00		0	24.00	
25.00	0.00		ENDOSCOPY	76.00		0	25.00	
26.00	0.00		IMAGING CENTER	76.06		0	26.00	
27.00	0.00		CARDIAC REHABILITATION	76.97		0	27.00	
28.00	0.00		SPINE CENTER	90.04		0	28.00	
29.00	0.00		EMERGENCY	91.00		0	29.00	
30.00	0.00		PHYSICIANS' PRIVATE OFFICES	192.00		0	30.00	
31.00	0.00		OTHER NONREIMBURSABLE COST CENTERS	194.08		0	31.00	
TOTALS				TOTALS				0
M - Interest Expense								
CAP REL COSTS-BLDG & FIXT								
1.00	1.00		ADMINISTRATIVE & GENERAL	5.00		0	1.00	
TOTALS				TOTALS				0
N - Depreciation by CC								
CAP REL COSTS-BLDG & FIXT								
1.00	1.00		CAP REL COSTS-MVBLE EQUIP	2.00		0	1.00	
TOTALS				TOTALS				0
O - Capital Insurance Costs								
CAP REL COSTS-BLDG & FIXT								
1.00	1.00		ADMINISTRATIVE & GENERAL	5.00		0	1.00	
CAP REL COSTS-MVBLE EQUIP								
2.00	2.00			0.00		0	2.00	
TOTALS				TOTALS				0
P - Labor and Delivery Salary								
1.00	43.00		ADULTS & PEDIATRICS	30.00		0	1.00	
2.00	52.00					0	2.00	
Q - Labor and Delivery Other								
1.00	43.00		ADULTS & PEDIATRICS	30.00		0	1.00	
2.00	52.00					0	2.00	
R - Radiology Support Salary								
1.00	55.00		RADIOLOGY-DIAGNOSTIC	54.00		0	1.00	
2.00	57.00			0.00		0	2.00	
3.00	58.00			0.00		0	3.00	
TOTALS				TOTALS				0
S - RADIOLOGY OTHER								
1.00	55.00		RADIOLOGY-DIAGNOSTIC	54.00		0	1.00	
2.00	57.00			0.00		0	2.00	
3.00	58.00			0.00		0	3.00	
TOTALS				TOTALS				0
T - EMS School Allied Health								
1.00	23.00		EMERGENCY	91.00		0	1.00	
TOTALS				TOTALS				0

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	U - EMS School Allied Health						
1.00	ALLIED HEALTH-EMS PROGRAM	23.00	90,581	EMERGENCY	91.00	90,581	1.00
			90,581			90,581	
	X - Radiology School Allied Health						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1.00
			0			0	
	Y - Radiology School Allied Health						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	32,028	RADIOLOGY-DIAGNOSTIC	54.00	32,028	1.00
			32,028			32,028	
	Z - EIB LIABILITY RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	0	INTENSIVE CARE UNIT	31.00	1,617	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	DRUGS CHARGED TO PATIENTS	73.00	145	2.00
	TOTALS		0	TOTALS		1,762	
500.00	Grand Total: Increases		2,591,036	Grand Total: Decreases		2,592,798	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	497,000	0	0	0	1.00
2.00	Land Improvements	2,645,221	0	0	0	2.00
3.00	Buildings and Fixtures	156,167,107	1,944,403	0	1,944,403	3.00
4.00	Building Improvements	1,521,895	12,321	0	12,321	4.00
5.00	Fixed Equipment	880,245	0	0	0	5.00
6.00	Movable Equipment	54,298,980	3,672,086	0	3,672,086	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	216,010,448	5,628,810	0	5,628,810	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	216,010,448	5,628,810	0	5,628,810	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	497,000	0			1.00
2.00	Land Improvements	2,645,221	0			2.00
3.00	Buildings and Fixtures	158,111,510	0			3.00
4.00	Building Improvements	1,534,216	0			4.00
5.00	Fixed Equipment	880,245	0			5.00
6.00	Movable Equipment	57,971,066	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	221,639,258	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	221,639,258	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2013 11:11 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	162,787,947	0	162,787,947	0.734473	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	58,851,311	0	58,851,311	0.265527	0	2.00
3.00	Total (sum of lines 1-2)	221,639,258	0	221,639,258	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,562,277	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,426,189	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,988,466	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	865,785	117,661	0	65,808	4,611,531	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	51,041	0	2,320,322	8,797,552	2.00
3.00	Total (sum of lines 1-2)	865,785	168,702	0	2,386,130	13,409,083	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-18,631		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-45,631		CAP REL COSTS-MVBLE EQUIP	2.00	9	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,129,157				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,484,335				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			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)				UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-924,616		NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			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		0.00	0	32.00
33.00 Misc Revenue	B	-4,221		ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 Misc Revenue	B	-84,513		OPERATION OF PLANT	7.00	0	33.01
33.02 Misc Revenue	B	-1,794		DIETARY	10.00	0	33.02
33.03 Misc Revenue	B	-29,673		MEDICAL RECORDS & LIBRARY	16.00	0	33.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.04	Misc Revenue	B	-3,540	ADULTS & PEDIATRICS	30.00	0 33.04
33.05	Misc Revenue	B	-11,606	OPERATING ROOM	50.00	0 33.05
33.06	Misc Revenue	B	-84,147	RADIOLOGY-DIAGNOSTIC	54.00	0 33.06
33.07	Misc Revenue	B	-4,807	RESPIRATORY THERAPY	65.00	0 33.07
33.08	Misc Revenue	B	-37,865	PHYSICAL THERAPY	66.00	0 33.08
33.09	Misc Revenue	B	-8,224	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 33.09
33.10	Misc Revenue	B	-5,803	ENDOSCOPY	76.00	0 33.10
33.11			0		0.00	0 33.11
33.12	Misc Revenue	B	-5,437	CARDIAC REHABILITATION	76.97	0 33.12
33.13	Misc Rev MACL	B	-20,000	OPERATION OF PLANT	7.00	0 33.13
33.14	Misc Rev MACL	B	-8,948	DIETARY	10.00	0 33.14
33.15	MISC REVENUE 35200	B	-15,897	DIETARY	10.00	0 33.15
33.16	MISC REVENUE 35200	B	-3,300	ADULTS & PEDIATRICS	30.00	0 33.16
33.17	MISC REVENUE 35200	B	-212,038	RADIOLOGY-DIAGNOSTIC	54.00	0 33.17
33.18	Outside Corp Revenue	B	-3,312	LABORATORY	60.00	0 33.18
33.19	Leased Equipment CBI	B	-2,345,395	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20	Space Rental Revenue CBI	B	-146,760	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21	Trustee Fund Interest Income	B	-19,401	ADMINISTRATIVE & GENERAL	5.00	0 33.21
34.00	HAF Tax Offset	A	-8,777,264	ADMINISTRATIVE & GENERAL	5.00	0 34.00
38.00	Bad Debt Expense	A	-9,573,502	ADMINISTRATIVE & GENERAL	5.00	0 38.00
38.01	Bad Debt Expense	A	-1,322	SPINE CENTER	90.04	0 38.01
38.02	Bad Debt Expense	A	-140	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.02
49.01	Non-Allow Interest Expense	A	-19,148	CAP REL COSTS-BLDG & FIXT	1.00	11 49.01
49.02	Non-Allow Interest Expense	A	-14,310	ADMINISTRATIVE & GENERAL	5.00	0 49.02
49.03	Non-Allow Interest Expense	A	-8,770	CAP REL COSTS-BLDG & FIXT	1.00	11 49.03
49.04	Non-Allow Interest Expense	A	-101	ADMINISTRATIVE & GENERAL	5.00	0 49.04
49.05	Non-Allow Interest Expense	A	-101,125	CAP REL COSTS-BLDG & FIXT	1.00	11 49.05
49.06	Non-Allow Interest Expense	A	-83,251	ADMINISTRATIVE & GENERAL	5.00	0 49.06
49.07	Non-Allowable Interest Expense	A	-5,900	CAP REL COSTS-BLDG & FIXT	1.00	11 49.07
49.08	Non-Allowable Interest Expense	A	-63,638	ADMINISTRATIVE & GENERAL	5.00	0 49.08
49.09	Non-Allowable Interest Expense 00	A	-9,812	CAP REL COSTS-BLDG & FIXT	1.00	11 49.09
49.10	Non-Allowable Interest Expense 00	A	-71,974	ADMINISTRATIVE & GENERAL	5.00	0 49.10
49.12	Meals of Wheels Cost	A	-53,304	DIETARY	10.00	0 49.12
49.13	Non-Allowable Interest Expense 00	A	-36,698	CAP REL COSTS-BLDG & FIXT	1.00	11 49.13
49.14	Non-Allowable Interest Expense 00	A	-1,100	ADMINISTRATIVE & GENERAL	5.00	0 49.14
49.15	Non-Allowable Interest Expense	A	-86,905	CAFETERIA	11.00	0 49.15
49.16	Non-Allowable Interest Expense	A	-4,078	ADMINISTRATIVE & GENERAL	5.00	0 49.16
49.21	Disposal of Assets	B	3,637	CAP REL COSTS-BLDG & FIXT	1.00	14 49.21
49.23	INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-47,926	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	0 49.23
49.24	INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-118,440	ALLIED HEALTH-EMS PROGRAM	23.00	0 49.24
49.25	INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-35,931	DIABETIC CARE CENTER	90.01	0 49.25
49.26	INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-114,091	PALLIATIVE CARE	90.03	0 49.26
49.29	Medical Director Site-CHS	A	77,454	INTENSIVE CARE UNIT	31.00	0 49.29
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,806,690			50.00

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

Provider CCN: 150128

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 11:11 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	BOARD MEMBERS EXPENSE	0	22,654 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MARKETING EXPENSE	292,942	1,288,559 2.00
3.00	60.00	LABORATORY	PURCHASED LAB (MACL)	3,302,463	3,791,509 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	1550 POB SPACE RENTAL	69,840	56,774 4.00
4.01	30.00	ADULTS & PEDIATRICS	1550 POB SPACE RENTAL	41,056	33,375 4.01
4.02	192.00	PHYSICIANS' PRIVATE OFFICES	1550 POB SPACE RENTAL	15,885	13,650 4.02
5.00	0		0	3,722,186	5,206,521 5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150128

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 11:11 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,418,439	544,387	874,052	177,200	7,000	1.00
2.00	30.00	DR. A	25,000	0	25,000	208,000	96	2.00
3.00	50.00	DR. B	60,000	0	60,000	177,200	270	3.00
4.00	60.00	DR. C	75,000	0	75,000	215,700	787	4.00
5.00	70.00	DR. D	10,400	0	10,400	177,200	104	5.00
6.00	91.00	DR. E	444,894	243,019	201,875	177,200	2,251	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,033,733	787,406	1,246,327		10,508	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	596,346	29,817	0	0	0	1.00
2.00	30.00	DR. A	9,600	480	0	0	0	2.00
3.00	50.00	DR. B	23,002	1,150	0	0	0	3.00
4.00	60.00	DR. C	81,613	4,081	0	0	0	4.00
5.00	70.00	DR. D	8,860	443	0	0	0	5.00
6.00	91.00	DR. E	191,768	9,588	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			911,189	45,559	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	596,346	277,706	822,093		1.00
2.00	30.00	DR. A	0	9,600	15,400	15,400		2.00
3.00	50.00	DR. B	0	23,002	36,998	36,998		3.00
4.00	60.00	DR. C	0	81,613	0	0		4.00
5.00	70.00	DR. D	0	8,860	1,540	1,540		5.00
6.00	91.00	DR. E	0	191,768	10,107	253,126		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	911,189	341,751	1,129,157		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,611,531	4,611,531			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,797,552		8,797,552		2.00
4.00 00400	EMPLOYEE BENEFITS	10,764,728	12,512	0	10,777,240	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	19,287,308	540,625	4,980,299	395,386	5.00
7.00 00700	OPERATION OF PLANT	4,298,068	681,990	55,398	288,990	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	450,559	13,459	0	781	8.00
9.00 00900	HOUSEKEEPING	1,352,061	34,553	24,149	170,273	9.00
10.00 01000	DIETARY	643,293	69,646	28,273	93,298	10.00
11.00 01100	CAFETERIA	637,688	90,943	36,917	163,294	11.00
13.00 01300	NURSING ADMINISTRATION	1,250,778	55,156	0	6,822	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,939,210	23,479	0	61,921	16.00
17.00 01700	SOCIAL SERVICE	1,619,905	7,611	1,608	256,348	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	3,799	6,940	202,857	19.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM	366,210	6,064	3,457	67,060	23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL	34,478	0	0	7,624	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,907,699	903,812	138,409	2,925,485	30.00
31.00 03100	INTENSIVE CARE UNIT	5,642,322	383,992	190,038	1,132,909	31.00
43.00 04300	NURSERY	1,553,538	110,215	39,206	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,666,698	418,928	1,235,483	503,014	50.00
51.00 05100	RECOVERY ROOM	2,921,003	106,835	52,299	588,050	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,501,367	177,464	63,126	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,997,117	148,388	443,838	473,739	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	894,756	23,982	83,731	62,705	55.00
57.00 05700	CT SCAN	1,356,465	18,529	150,322	121,289	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	417,444	23,527	125,637	46,911	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,241,935	59,338	342,914	186,331	59.00
60.00 06000	LABORATORY	3,778,502	63,377	1,894	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,687,224	31,856	47,033	352,483	65.00
66.00 06600	PHYSICAL THERAPY	1,482,116	9,744	22,602	413,628	66.00
67.00 06700	OCCUPATIONAL THERAPY	525,926	3,536	8,203	0	67.00
68.00 06800	SPEECH PATHOLOGY	71,772	479	1,120	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,416,668	0	12,084	87,494	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	843,888	30,802	117,140	119,770	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,243,036	142,827	15,501	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,161,193	0	13,020	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,175,072	17,978	18,448	429,820	73.00
74.00 07400	RENAL DIALYSIS	309,200	15,533	0	0	74.00
76.00 03020	ENDOSCOPY	566,310	0	132,730	93,636	76.00
76.05 03480	ONCOLOGY	0	0	0	0	76.05
76.06 03485	IMAGING CENTER	975,678	0	138,813	144,978	76.06
76.97 07697	CARDIAC REHABILITATION	161,242	0	1,374	34,819	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CLINIC	358,501	0	0	67,611	90.02
90.03 04952	PALLIATIVE CARE	0	1,678	0	0	90.03
90.04 04953	SPINE CENTER	678,531	0	57,067	139,454	90.04
91.00 09100	EMERGENCY	4,764,537	363,293	115,084	906,618	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
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					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	131,353,109	4,595,950	8,704,157	10,545,398	131,012,291
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	19,418	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,847,837	0	93,027	149,775	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	983,106	15,581	368	82,067	194.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	135,203,470	4,611,531	8,797,552	10,777,240	202.00
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,203,618				5.00
7.00	00700	OPERATION OF PLANT	1,219,958	6,544,404			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	106,497	26,088	597,384		8.00
9.00	00900	HOUSEKEEPING	362,253	66,974	0	2,010,263	9.00
10.00	01000	DIETARY	191,206	134,992	0	42,064	10.00
11.00	01100	CAFETERIA	212,820	176,273	0	54,927	11.00
13.00	01300	NURSING ADMINISTRATION	300,784	106,907	0	33,313	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	463,887	45,509	0	14,181	16.00
17.00	01700	SOCIAL SERVICE	432,007	14,751	0	4,597	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	48,940	7,364	0	2,295	19.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	101,454	11,755	0	3,663	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	9,647	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,408,325	1,751,835	230,872	545,878	30.00
31.00	03100	INTENSIVE CARE UNIT	1,683,892	744,282	39,852	231,921	31.00
43.00	04300	NURSERY	390,189	213,628	26,679	66,567	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,334,446	811,999	70,292	253,022	50.00
51.00	05100	RECOVERY ROOM	840,470	207,077	0	64,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	628,248	343,974	42,956	107,184	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	930,950	287,617	12,783	89,623	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	244,057	46,484	8,266	14,485	55.00
57.00	05700	CT SCAN	377,277	35,914	0	11,191	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	140,572	45,601	33,615	14,210	58.00
59.00	05900	CARDIAC CATHETERIZATION	419,416	115,014	11,005	35,839	59.00
60.00	06000	LABORATORY	880,701	122,843	0	38,278	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	485,421	61,747	0	19,240	65.00
66.00	06600	PHYSICAL THERAPY	441,772	18,886	0	5,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	123,192	6,853	0	2,135	67.00
68.00	06800	SPEECH PATHOLOGY	16,811	929	0	290	68.00
69.00	06900	ELECTROCARDIOLOGY	347,408	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	254,694	59,702	0	18,603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,466,706	276,838	0	86,264	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,560,280	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,521,685	34,846	0	10,858	73.00
74.00	07400	RENAL DIALYSIS	74,404	30,107	0	9,381	74.00
76.00	03020	ENDOSCOPY	181,621	0	0	0	76.00
76.05	03480	ONCOLOGY	0	0	0	0	76.05
76.06	03485	IMAGING CENTER	288,575	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	45,237	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 11:11 am			
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CLINIC	97,632	0	0	0	0	90.02
90.03	04952 PALLIATIVE CARE	384	3,252	0	1,013	0	90.03
90.04	04953 SPI NE CENTER	200,495	0	0	0	0	90.04
91.00	09100 EMERGENCY	1,409,005	704,163	121,064	219,420	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
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
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPI CE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,243,318	6,514,204	597,384	2,000,853	1,202,772	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	4,449	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	708,140	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.08	07958 OTHER NONREIMBURSABLE COST CENTERS	247,711	30,200	0	9,410	0	194.08
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)	25,203,618	6,544,404	597,384	2,010,263	1,202,772	202.00
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		11.00	13.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA	1,372,862					11.00
13.00	01300 NURSING ADMINISTRATION	0	1,753,760				13.00
16.00	01600 MEDICAL RECORDS & LIBRARY	11,794	0	2,559,981			16.00
17.00	01700 SOCIAL SERVICE	35,383	0	0	2,372,210		17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	11,794	0	0	0	0	19.00
23.00	02300 ALLIED HEALTH-EMS PROGRAM	4,718	0	0	0	0	23.00
23.01	02301 ALLIED HEALTH-RADIOLOGY SCHOOL	2,359	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	337,320	853,019	159,973	1,511,604	0	30.00
31.00	03100 INTENSIVE CARE UNIT	174,556	441,423	97,437	585,180	0	31.00
43.00	04300 NURSERY	40,101	101,408	45,331	275,426	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	73,125	0	226,763	0	0	50.00
51.00	05100 RECOVERY ROOM	75,484	0	83,971	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	63,689	0	77,575	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	51,895	0	124,059	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	16,512	0	61,623	0	0	55.00
57.00	05700 CT SCAN	33,024	0	148,770	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	11,794	0	40,469	0	0	58.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		11.00	13.00	16.00	17.00	18.00	
59.00	05900 CARDIAC CATHETERIZATION	23,589	0	174,316	0	0	59.00
60.00	06000 LABORATORY	0	0	228,663	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	114	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	51,895	0	64,782	0	0	65.00
66.00	06600 PHYSICAL THERAPY	44,819	0	28,033	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,512	0	11,047	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	2,359	0	6,063	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	21,230	0	57,900	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	16,512	0	34,149	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	129,802	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	175,911	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	51,895	0	194,124	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	4,987	0	0	74.00
76.00	03020 ENDOSCOPY	9,435	0	17,907	0	0	76.00
76.05	03480 ONCOLOGY	0	0	0	0	0	76.05
76.06	03485 IMAGING CENTER	0	0	41,556	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	4,718	0	2,328	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	39	0	0	90.01
90.02	04951 HEALTHY HEARTS CLINIC	9,435	0	6,539	0	0	90.02
90.03	04952 PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953 SPINE CENTER	16,512	0	4,754	0	0	90.04
91.00	09100 EMERGENCY	141,532	357,910	310,996	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
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
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,353,991	1,753,760	2,559,981	2,372,210	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.08	07958 OTHER NONREIMBURSABLE COST CENTERS	18,871	0	0	0	0	194.08
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,372,862	1,753,760	2,559,981	2,372,210	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

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Cost Center Description		NONPHYSICIAN ANESTHETISTS	ALLIED HEALTH-EMS PROGRAM	ALLIED HEALTH-RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		19.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
19.00	01900	283,989					19.00
23.00	02300		564,381				23.00
23.01	02301			54,108			23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	24,541,328	0	30.00
31.00	03100	0	0	0	11,683,479	0	31.00
43.00	04300	0	0	0	2,862,288	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	283,989	0	0	8,877,759	0	50.00
51.00	05100	0	0	0	4,939,715	0	51.00
52.00	05200	0	0	0	4,005,583	0	52.00
54.00	05400	0	0	54,108	5,614,117	0	54.00
55.00	05500	0	0	0	1,456,601	0	55.00
57.00	05700	0	0	0	2,252,781	0	57.00
58.00	05800	0	0	0	899,780	0	58.00
59.00	05900	0	0	0	2,609,697	0	59.00
60.00	06000	0	0	0	5,114,258	0	60.00
64.00	06400	0	0	0	114	0	64.00
65.00	06500	0	0	0	2,801,681	0	65.00
66.00	06600	0	0	0	2,467,485	0	66.00
67.00	06700	0	0	0	697,404	0	67.00
68.00	06800	0	0	0	99,823	0	68.00
69.00	06900	0	0	0	1,942,784	0	69.00
70.00	07000	0	0	0	1,495,260	0	70.00
71.00	07100	0	0	0	8,360,974	0	71.00
72.00	07200	0	0	0	13,910,404	0	72.00
73.00	07300	0	0	0	8,454,726	0	73.00
74.00	07400	0	0	0	443,612	0	74.00
76.00	03020	0	0	0	1,001,639	0	76.00
76.05	03480	0	0	0	0	0	76.05
76.06	03485	0	0	0	1,589,600	0	76.06
76.97	07697	0	0	0	249,718	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	39	0	90.01
90.02	04951	0	0	0	539,718	0	90.02
90.03	04952	0	0	0	6,327	0	90.03
90.04	04953	0	0	0	1,096,813	0	90.04
91.00	09100	0	564,381	0	9,978,003	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	09900	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

Period:
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	ALLIED HEALTH-EMS PROGRAM	ALLIED HEALTH-RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			19.00	23.00	23.01	24.00	25.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	283,989	564,381	54,108	129,993,510		0118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	23,867	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,798,779	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,387,314	0	194.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	283,989	564,381	54,108	135,203,470		0202.00
Cost Center Description			Total					
			26.00					
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM						23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,541,328					30.00
31.00	03100	INTENSIVE CARE UNIT	11,683,479					31.00
43.00	04300	NURSERY	2,862,288					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,877,759					50.00
51.00	05100	RECOVERY ROOM	4,939,715					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,005,583					52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,614,117					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,456,601					55.00
57.00	05700	CT SCAN	2,252,781					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	899,780					58.00
59.00	05900	CARDIAC CATHETERIZATION	2,609,697					59.00
60.00	06000	LABORATORY	5,114,258					60.00
64.00	06400	INTRAVENOUS THERAPY	114					64.00
65.00	06500	RESPIRATORY THERAPY	2,801,681					65.00
66.00	06600	PHYSICAL THERAPY	2,467,485					66.00
67.00	06700	OCCUPATIONAL THERAPY	697,404					67.00
68.00	06800	SPEECH PATHOLOGY	99,823					68.00
69.00	06900	ELECTROCARDIOLOGY	1,942,784					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,495,260					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,360,974					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,910,404					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,454,726					73.00
74.00	07400	RENAL DIALYSIS	443,612					74.00
76.00	03020	ENDOSCOPY	1,001,639					76.00
76.05	03480	ONCOLOGY	0					76.05
76.06	03485	IMAGING CENTER	1,589,600					76.06
76.97	07697	CARDIAC REHABILITATION	249,718					76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00
90.01	04950	DIABETIC CARE CENTER	39					90.01
90.02	04951	HEALTHY HEARTS CLINIC	539,718					90.02
90.03	04952	PALLIATIVE CARE	6,327					90.03
90.04	04953	SPINE CENTER	1,096,813					90.04
91.00	09100	EMERGENCY	9,978,003					91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		Total	
		26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	129,993,510	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	23,867	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,798,779	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.08	07958 OTHER NONREIMBURSABLE COST CENTERS	1,387,314	194.08
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	135,203,470	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150128

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

Worksheet Non-CMS W
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	FTE'S	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	P	TOTAL PATIENT DAYS	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	18	TIME SPENT	18.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
23.00	ALLIED HEALTH-EMS PROGRAM	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	12,512	0	12,512	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	540,625	4,980,299	5,520,924	5.00
7.00 00700	OPERATION OF PLANT	0	681,990	55,398	737,388	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	13,459	0	13,459	8.00
9.00 00900	HOUSEKEEPING	0	34,553	24,149	58,702	9.00
10.00 01000	DIETARY	0	69,646	28,273	97,919	10.00
11.00 01100	CAFETERIA	0	90,943	36,917	127,860	11.00
13.00 01300	NURSING ADMINISTRATION	0	55,156	0	55,156	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	23,479	0	23,479	16.00
17.00 01700	SOCIAL SERVICE	0	7,611	1,608	9,219	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	3,799	6,940	10,739	19.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM	0	6,064	3,457	9,521	23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	903,812	138,409	1,042,221	30.00
31.00 03100	INTENSIVE CARE UNIT	0	383,992	190,038	574,030	31.00
43.00 04300	NURSERY	0	110,215	39,206	149,421	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	418,928	1,235,483	1,654,411	50.00
51.00 05100	RECOVERY ROOM	0	106,835	52,299	159,134	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	177,464	63,126	240,590	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	148,388	443,838	592,226	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	23,982	83,731	107,713	55.00
57.00 05700	CT SCAN	0	18,529	150,322	168,851	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,527	125,637	149,164	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	59,338	342,914	402,252	59.00
60.00 06000	LABORATORY	0	63,377	1,894	65,271	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	31,856	47,033	78,889	65.00
66.00 06600	PHYSICAL THERAPY	0	9,744	22,602	32,346	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,536	8,203	11,739	67.00
68.00 06800	SPEECH PATHOLOGY	0	479	1,120	1,599	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	12,084	12,084	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	30,802	117,140	147,942	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	142,827	15,501	158,328	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	13,020	13,020	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	17,978	18,448	36,426	73.00
74.00 07400	RENAL DIALYSIS	0	15,533	0	15,533	74.00
76.00 03020	ENDOSCOPY	0	0	132,730	132,730	76.00
76.05 03480	ONCOLOGY	0	0	0	0	76.05
76.06 03485	IMAGING CENTER	0	0	138,813	138,813	76.06
76.97 07697	CARDIAC REHABILITATION	0	0	1,374	1,374	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CLINIC	0	0	0	0	90.02
90.03 04952	PALLIATIVE CARE	0	1,678	0	1,678	90.03
90.04 04953	SPINE CENTER	0	0	57,067	57,067	90.04
91.00 09100	EMERGENCY	0	363,293	115,084	478,377	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
110.00 11000	0	0	0	0	0	110.00
111.00 11100	0	0	0	0	0	111.00
113.00 11300	0	0	0	0	0	113.00
114.00 11400	0	0	0	0	0	114.00
115.00 11500	0	0	0	0	0	115.00
116.00 11600	0	0	0	0	0	116.00
118.00	0	4,595,950	8,704,157	13,300,107	12,243	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	0	0	0	190.00
191.00 19100	0	0	0	0	0	191.00
192.00 19200	0	0	93,027	93,027	174	192.00
193.00 19300	0	0	0	0	0	193.00
194.00 07950	0	0	0	0	0	194.00
194.08 07958	0	15,581	368	15,949	95	194.08
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	4,611,531	8,797,552	13,409,083	12,512	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 11:11 am			
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,521,382				5.00
7.00	00700	OPERATION OF PLANT	267,255	1,004,978			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,330	4,006	40,796		8.00
9.00	00900	HOUSEKEEPING	79,359	10,285	0	148,543	9.00
10.00	01000	DIETARY	41,887	20,730	0	3,108	163,752
11.00	01100	CAFETERIA	46,622	27,069	0	4,059	0
13.00	01300	NURSING ADMINISTRATION	65,892	16,417	0	2,462	0
16.00	01600	MEDICAL RECORDS & LIBRARY	101,623	6,988	0	1,048	0
17.00	01700	SOCIAL SERVICE	94,639	2,265	0	340	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,721	1,131	0	170	0
23.00	02300	ALLIED HEALTH-EMS PROGRAM	22,225	1,805	0	271	0
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	2,113	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	746,707	269,019	15,764	40,337	118,051
31.00	03100	INTENSIVE CARE UNIT	368,889	114,294	2,722	17,137	45,701
43.00	04300	NURSERY	85,478	32,805	1,822	4,919	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	292,336	124,693	4,800	18,696	0
51.00	05100	RECOVERY ROOM	184,121	31,799	0	4,768	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,630	52,822	2,934	7,920	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	203,942	44,167	873	6,622	0
55.00	05500	RADIOLOGY-THERAPEUTIC	53,465	7,138	565	1,070	0
57.00	05700	CT SCAN	82,650	5,515	0	827	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,795	7,003	2,296	1,050	0
59.00	05900	CARDIAC CATHETERIZATION	91,881	17,662	752	2,648	0
60.00	06000	LABORATORY	192,934	18,864	0	2,828	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	106,341	9,482	0	1,422	0
66.00	06600	PHYSICAL THERAPY	96,779	2,900	0	435	0
67.00	06700	OCCUPATIONAL THERAPY	26,988	1,052	0	158	0
68.00	06800	SPEECH PATHOLOGY	3,683	143	0	21	0
69.00	06900	ELECTROCARDIOLOGY	76,106	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	55,796	9,168	0	1,375	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	321,310	42,512	0	6,374	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	560,878	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	333,354	5,351	0	802	0
74.00	07400	RENAL DIALYSIS	16,300	4,623	0	693	0
76.00	03020	ENDOSCOPY	39,788	0	0	0	0
76.05	03480	ONCOLOGY	0	0	0	0	0
76.06	03485	IMAGING CENTER	63,218	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	9,910	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CLINIC	21,388	0	0	0	0
90.03	04952	PALLIATIVE CARE	84	499	0	75	0
90.04	04953	SPINE CENTER	43,922	0	0	0	0
91.00	09100	EMERGENCY	308,670	108,133	8,268	16,213	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
115.00	11500	0	0	0	0	0	115.00	
116.00	11600	0	0	0	0	0	116.00	
118.00		5,311,009	1,000,340	40,796	147,848	163,752	118.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	0	190.00	
191.00	19100	975	0	0	0	0	191.00	
192.00	19200	155,132	0	0	0	0	192.00	
193.00	19300	0	0	0	0	0	193.00	
194.00	07950	0	0	0	0	0	194.00	
194.08	07958	54,266	4,638	0	695	0	194.08	
200.00							200.00	
201.00		0	0	0	0	0	201.00	
202.00		5,521,382	1,004,978	40,796	148,543	163,752	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 11:11 am
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
	11.00	13.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100	205,799					11.00
13.00 01300	0	139,935				13.00
16.00 01600	1,768	0	134,978			16.00
17.00 01700	5,304	0	0	112,064		17.00
18.00 01850	0	0	0	0	0	18.00
19.00 01900	1,768	0	0	0	0	19.00
23.00 02300	707	0	0	0	0	23.00
23.01 02301	354	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	50,570	68,064	8,439	71,409	0	30.00
31.00 03100	26,167	35,222	5,140	27,644	0	31.00
43.00 04300	6,011	8,091	2,391	13,011	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	10,962	0	11,962	0	0	50.00
51.00 05100	11,315	0	4,429	0	0	51.00
52.00 05200	9,547	0	4,092	0	0	52.00
54.00 05400	7,779	0	6,544	0	0	54.00
55.00 05500	2,475	0	3,251	0	0	55.00
57.00 05700	4,950	0	7,848	0	0	57.00
58.00 05800	1,768	0	2,135	0	0	58.00
59.00 05900	3,536	0	9,195	0	0	59.00
60.00 06000	0	0	12,062	0	0	60.00
64.00 06400	0	0	6	0	0	64.00
65.00 06500	7,779	0	3,417	0	0	65.00
66.00 06600	6,719	0	1,479	0	0	66.00
67.00 06700	2,475	0	583	0	0	67.00
68.00 06800	354	0	320	0	0	68.00
69.00 06900	3,182	0	3,054	0	0	69.00
70.00 07000	2,475	0	1,801	0	0	70.00
71.00 07100	0	0	6,847	0	0	71.00
72.00 07200	0	0	9,279	0	0	72.00
73.00 07300	7,779	0	10,240	0	0	73.00
74.00 07400	0	0	263	0	0	74.00
76.00 03020	1,414	0	945	0	0	76.00
76.05 03480	0	0	0	0	0	76.05
76.06 03485	0	0	2,192	0	0	76.06
76.97 07697	707	0	123	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0	0	0	0	0	90.00
90.01 04950	0	0	2	0	0	90.01
90.02 04951	1,414	0	345	0	0	90.02
90.03 04952	0	0	0	0	0	90.03
90.04 04953	2,475	0	251	0	0	90.04
91.00 09100	21,216	28,558	16,343	0	0	91.00
92.00 09200						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	0	0	0	0	0	94.00
95.00 09500	0	0	0	0	0	95.00
96.00 09600	0	0	0	0	0	96.00
97.00 09700	0	0	0	0	0	97.00
98.00 09900	0	0	0	0	0	98.00
99.00 09900	0	0	0	0	0	99.00
99.10 09910	0	0	0	0	0	99.10
100.00 10000	0	0	0	0	0	100.00
101.00 10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	0	0	0	0	0	105.00
106.00 10600	0	0	0	0	0	106.00
107.00 10700	0	0	0	0	0	107.00
108.00 10800	0	0	0	0	0	108.00
109.00 10900	0	0	0	0	0	109.00
110.00 11000	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
							(SPECIFY)		
			11.00	13.00	16.00	17.00	18.00		
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	202,970	139,935	134,978	112,064		0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	2,829	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	205,799	139,935	134,978	112,064		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 11:11 am	
Cost Center Description		NONPHYSICIAN ANESTHETISTS	ALLIED HEALTH-EMS PROGRAM	ALLIED HEALTH-RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		19.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	24,764				19.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM		34,607			23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL			2,476		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			2,433,991		30.00
31.00	03100	INTENSIVE CARE UNIT			1,218,259		31.00
43.00	04300	NURSERY			303,949		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			2,118,443		50.00
51.00	05100	RECOVERY ROOM			396,248		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			455,535		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			862,702		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			175,750		55.00
57.00	05700	CT SCAN			270,782		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			194,265		58.00
59.00	05900	CARDIAC CATHETERIZATION			528,142		59.00
60.00	06000	LABORATORY			291,959		60.00
64.00	06400	INTRAVENOUS THERAPY			6		64.00
65.00	06500	RESPIRATORY THERAPY			207,739		65.00
66.00	06600	PHYSICAL THERAPY			141,138		66.00
67.00	06700	OCCUPATIONAL THERAPY			42,995		67.00
68.00	06800	SPEECH PATHOLOGY			6,120		68.00
69.00	06900	ELECTROCARDIOLOGY			94,527		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			218,696		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			535,371		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			583,177		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			394,450		73.00
74.00	07400	RENAL DIALYSIS			37,412		74.00
76.00	03020	ENDOSCOPY			174,986		76.00
76.05	03480	ONCOLOGY			0		76.05
76.06	03485	IMAGING CENTER			204,391		76.06
76.97	07697	CARDIAC REHABILITATION			12,154		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			0		90.00
90.01	04950	DIABETIC CARE CENTER			2		90.01
90.02	04951	HEALTHY HEARTS CLINIC			23,225		90.02
90.03	04952	PALLIATIVE CARE			2,336		90.03
90.04	04953	SPINE CENTER			103,877		90.04
91.00	09100	EMERGENCY			986,829		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS			0		94.00
95.00	09500	AMBULANCE SERVICES			0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0		97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS			0		98.00
99.00	09900	CMHC			0		99.00
99.10	09910	CORF			0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0		100.00
101.00	10100	HOME HEALTH AGENCY			0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION			0		105.00
106.00	10600	HEART ACQUISITION			0		106.00
107.00	10700	LIVER ACQUISITION			0		107.00
108.00	10800	LUNG ACQUISITION			0		108.00
109.00	10900	PANCREAS ACQUISITION			0		109.00
110.00	11000	INTESTINAL ACQUISITION			0		110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS	ALLIED HEALTH-EMS PROGRAM	ALLIED HEALTH-RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			19.00	23.00	23.01	24.00	25.00	
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00	11600	HOSPICE				0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	13,019,456	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
191.00	19100	RESEARCH				975	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				248,333	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS				78,472	0	194.08
200.00		Cross Foot Adjustments	24,764	34,607	2,476	61,847	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,764	34,607	2,476	13,409,083	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 11:11 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 ALLIED HEALTH-EMS PROGRAM		23.00
23.01	02301 ALLIED HEALTH-RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	2,433,991	30.00
31.00	03100 INTENSIVE CARE UNIT	1,218,259	31.00
43.00	04300 NURSERY	303,949	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,118,443	50.00
51.00	05100 RECOVERY ROOM	396,248	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	455,535	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	862,702	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	175,750	55.00
57.00	05700 CT SCAN	270,782	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	194,265	58.00
59.00	05900 CARDIAC CATHETERIZATION	528,142	59.00
60.00	06000 LABORATORY	291,959	60.00
64.00	06400 INTRAVENOUS THERAPY	6	64.00
65.00	06500 RESPIRATORY THERAPY	207,739	65.00
66.00	06600 PHYSICAL THERAPY	141,138	66.00
67.00	06700 OCCUPATIONAL THERAPY	42,995	67.00
68.00	06800 SPEECH PATHOLOGY	6,120	68.00
69.00	06900 ELECTROCARDIOLOGY	94,527	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	218,696	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	535,371	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	583,177	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	394,450	73.00
74.00	07400 RENAL DIALYSIS	37,412	74.00
76.00	03020 ENDOSCOPY	174,986	76.00
76.05	03480 ONCOLOGY	0	76.05
76.06	03485 IMAGING CENTER	204,391	76.06
76.97	07697 CARDIAC REHABILITATION	12,154	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	04950 DIABETIC CARE CENTER	2	90.01
90.02	04951 HEALTHY HEARTS CLINIC	23,225	90.02
90.03	04952 PALLIATIVE CARE	2,336	90.03
90.04	04953 SPINE CENTER	103,877	90.04
91.00	09100 EMERGENCY	986,829	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description			Total	
			26.00	
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,019,456	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	975	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	248,333	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	78,472	194.08
200.00		Cross Foot Adjustments	61,847	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	13,409,083	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	384,771				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		10,034,097			2.00
4.00 00400	EMPLOYEE BENEFITS	1,044	0	45,272,241		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	45,108	5,680,308	1,660,910	-25,203,618	5.00
7.00 00700	OPERATION OF PLANT	56,903	63,184	1,213,969	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,123	0	3,281	0	8.00
9.00 00900	HOUSEKEEPING	2,883	27,543	715,271	0	9.00
10.00 01000	DIETARY	5,811	32,247	391,920	0	10.00
11.00 01100	CAFETERIA	7,588	42,106	685,953	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,602	0	28,659	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,959	0	260,114	0	16.00
17.00 01700	SOCIAL SERVICE	635	1,834	1,076,848	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	317	7,916	852,145	0	19.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM	506	3,943	281,700	0	23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	0	32,028	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	75,411	157,863	12,289,145	0	30.00
31.00 03100	INTENSIVE CARE UNIT	32,039	216,749	4,759,042	0	31.00
43.00 04300	NURSERY	9,196	44,717	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,954	1,409,137	2,113,025	0	50.00
51.00 05100	RECOVERY ROOM	8,914	59,650	2,470,236	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	14,807	71,999	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,381	506,222	1,990,050	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,001	95,500	263,408	0	55.00
57.00 05700	CT SCAN	1,546	171,450	509,502	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,963	143,296	197,061	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,951	391,112	782,727	0	59.00
60.00 06000	LABORATORY	5,288	2,160	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,658	53,644	1,480,686	0	65.00
66.00 06600	PHYSICAL THERAPY	813	25,779	1,737,539	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	295	9,356	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	40	1,277	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	13,782	367,537	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,570	133,605	503,122	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,917	17,680	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,850	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,500	21,041	1,805,555	0	73.00
74.00 07400	RENAL DIALYSIS	1,296	0	0	0	74.00
76.00 03020	ENDOSCOPY	0	151,386	393,339	0	76.00
76.05 03480	ONCOLOGY	0	0	0	0	76.05
76.06 03485	IMAGING CENTER	0	158,324	609,015	0	76.06
76.97 07697	CARDIAC REHABILITATION	0	1,567	146,266	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CLINIC	0	0	284,015	0	90.02
90.03 04952	PALLIATIVE CARE	140	0	0	0	90.03
90.04 04953	SPINE CENTER	0	65,088	585,809	0	90.04
91.00 09100	EMERGENCY	30,312	131,260	3,808,457	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
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
114.00 11400	UTILIZATION REVIEW-SNF						114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	383,471	9,927,575	44,298,334	-25,203,618	105,808,673	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	19,418	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	106,102	629,164	0	3,090,639	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.08 07958	OTHER NONREIMBURSABLE COST CENTERS	1,300	420	344,743	0	1,081,122	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,611,531	8,797,552	10,777,240		25,203,618	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.985131	0.876766	0.238054		0.229124	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			12,512		5,521,382	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000276		0.050194	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	281,716					7.00
8.00	00800	1,123	168,383				8.00
9.00	00900	2,883	0	277,710			9.00
10.00	01000	5,811	0	5,811	28,830		10.00
11.00	01100	7,588	0	7,588	0	582	11.00
13.00	01300	4,602	0	4,602	0	0	13.00
16.00	01600	1,959	0	1,959	0	5	16.00
17.00	01700	635	0	635	0	15	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	317	0	317	0	5	19.00
23.00	02300	506	0	506	0	2	23.00
23.01	02301	0	0	0	0	1	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	75,411	65,075	75,411	20,784	143	30.00
31.00	03100	32,039	11,233	32,039	8,046	74	31.00
43.00	04300	9,196	7,520	9,196	0	17	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	34,954	19,813	34,954	0	31	50.00
51.00	05100	8,914	0	8,914	0	32	51.00
52.00	05200	14,807	12,108	14,807	0	27	52.00
54.00	05400	12,381	3,603	12,381	0	22	54.00
55.00	05500	2,001	2,330	2,001	0	7	55.00
57.00	05700	1,546	0	1,546	0	14	57.00
58.00	05800	1,963	9,475	1,963	0	5	58.00
59.00	05900	4,951	3,102	4,951	0	10	59.00
60.00	06000	5,288	0	5,288	0	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,658	0	2,658	0	22	65.00
66.00	06600	813	0	813	0	19	66.00
67.00	06700	295	0	295	0	7	67.00
68.00	06800	40	0	40	0	1	68.00
69.00	06900	0	0	0	0	9	69.00
70.00	07000	2,570	0	2,570	0	7	70.00
71.00	07100	11,917	0	11,917	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	1,500	0	1,500	0	22	73.00
74.00	07400	1,296	0	1,296	0	0	74.00
76.00	03020	0	0	0	0	4	76.00
76.05	03480	0	0	0	0	0	76.05
76.06	03485	0	0	0	0	0	76.06
76.97	07697	0	0	0	0	2	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	0	0	0	4	90.02
90.03	04952	140	0	140	0	0	90.03
90.04	04953	0	0	0	0	7	90.04
91.00	09100	30,312	34,124	30,312	0	60	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	05950	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	280,416	168,383	276,410	28,830	574	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	1,300	0	1,300	0	8	194.08
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)	6,544,404	597,384	2,010,263	1,202,772	1,372,862	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.230502	3.547769	7.238713	41.719459	2,358.869416	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,004,978	40,796	148,543	163,752	205,799	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.567344	0.242281	0.534885	5.679917	353.606529	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	(DIRECT NURS. HRS.)					
	13.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	294					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	478,872,974				16.00
17.00 01700 SOCIAL SERVICE	0	0	32,617			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	100	19.00
23.00 02300 ALLIED HEALTH-EMS PROGRAM	0	0	0	0		23.00
23.01 02301 ALLIED HEALTH-RADIOLOGY SCHOOL	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	143	29,923,862	20,784	0		30.00
31.00 03100 INTENSIVE CARE UNIT	74	18,226,083	8,046	0		31.00
43.00 04300 NURSERY	17	8,479,475	3,787	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	42,417,326	0	0	100	50.00
51.00 05100 RECOVERY ROOM	0	15,707,221	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	14,510,778	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,206,015	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	11,526,868	0	0	0	55.00
57.00 05700 CT SCAN	0	27,828,317	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,569,954	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	32,606,832	0	0	0	59.00
60.00 06000 LABORATORY	0	42,772,744	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	21,341	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	12,117,859	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	5,243,718	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,066,358	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,134,115	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,830,536	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,387,791	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,280,218	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	32,905,181	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	36,312,032	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	932,810	0	0	0	74.00
76.00 03020 ENDOSCOPY	0	3,349,623	0	0	0	76.00
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05
76.06 03485 IMAGING CENTER	0	7,773,361	0	0	0	76.06
76.97 07697 CARDIAC REHABILITATION	0	435,483	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	7,251	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CLINIC	0	1,223,222	0	0	0	90.02
90.03 04952 PALLIATIVE CARE	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	889,272	0	0	0	90.04
91.00 09100 EMERGENCY	60	58,187,328	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	16.00	17.00	18.00	19.00	
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					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	294	478,872,974	32,617	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,753,760	2,559,981	2,372,210	0	283,989
203.00		Unit cost multiplier (Wkst. B, Part I)	5,965.170068	0.005346	72.729252	0.000000	2,839.890000
204.00		Cost to be allocated (per Wkst. B, Part II)	139,935	134,978	112,064	0	24,764
205.00		Unit cost multiplier (Wkst. B, Part II)	475.969388	0.000282	3.435754	0.000000	247.640000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		ALLIED HEALTH-EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH-RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	100	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	100	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	ENDOSCOPY	0	76.00
76.05	03480	ONCOLOGY	0	76.05
76.06	03485	IMAGING CENTER	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	HEALTHY HEARTS CLINIC	0	90.02
90.03	04952	PALLIATIVE CARE	0	90.03
90.04	04953	SPINE CENTER	0	90.04
91.00	09100	EMERGENCY	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description			ALLIED HEALTH-EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH-RADIOLOGY SCHOOL (ASSIGNED TIME)	
			23.00	23.01	
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.08
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)	564,381	54,108	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,643.810000	541.080000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,607	2,476	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	346.070000	24.760000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 11:11 am

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	24,541,328		24,541,328	15,400	24,556,728	21,230,566	30.00
31.00	03100	INTENSIVE CARE UNIT	11,683,479		11,683,479	0	11,683,479	18,226,083	31.00
43.00	04300	NURSERY	2,862,288		2,862,288	0	2,862,288	8,479,475	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,877,759		8,877,759	36,998	8,914,757	30,152,080	50.00
51.00	05100	RECOVERY ROOM	4,939,715		4,939,715	0	4,939,715	8,289,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,005,583		4,005,583	0	4,005,583	13,652,950	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,614,117		5,614,117	0	5,614,117	4,883,803	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,456,601		1,456,601	0	1,456,601	3,266,926	55.00
57.00	05700	CT SCAN	2,252,781		2,252,781	0	2,252,781	7,551,949	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	899,780		899,780	0	899,780	1,385,753	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,609,697		2,609,697	0	2,609,697	12,361,544	59.00
60.00	06000	LABORATORY	5,114,258		5,114,258	0	5,114,258	25,663,683	60.00
64.00	06400	INTRAVENOUS THERAPY	114		114	0	114	17,436	64.00
65.00	06500	RESPIRATORY THERAPY	2,801,681	0	2,801,681	0	2,801,681	11,137,004	65.00
66.00	06600	PHYSICAL THERAPY	2,467,485	0	2,467,485	0	2,467,485	2,283,286	66.00
67.00	06700	OCCUPATIONAL THERAPY	697,404	0	697,404	0	697,404	1,208,530	67.00
68.00	06800	SPEECH PATHOLOGY	99,823	0	99,823	0	99,823	280,828	68.00
69.00	06900	ELECTROCARDIOLOGY	1,942,784		1,942,784	0	1,942,784	5,927,312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,495,260		1,495,260	1,540	1,496,800	169,851	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,360,974		8,360,974	0	8,360,974	15,167,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,910,404		13,910,404	0	13,910,404	24,877,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,454,726		8,454,726	0	8,454,726	26,603,028	73.00
74.00	07400	RENAL DIALYSIS	443,612		443,612	0	443,612	895,946	74.00
76.00	03020	ENDOSCOPY	1,001,639		1,001,639	0	1,001,639	866,424	76.00
76.05	03480	ONCOLOGY	0		0	0	0	0	76.05
76.06	03485	IMAGING CENTER	1,589,600		1,589,600	0	1,589,600	16,603	76.06
76.97	07697	CARDIAC REHABILITATION	249,718		249,718	0	249,718	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	39		39	0	39	0	90.01
90.02	04951	HEALTHY HEARTS CLINIC	539,718		539,718	0	539,718	6,230	90.02
90.03	04952	PALLIATIVE CARE	6,327		6,327	0	6,327	0	90.03
90.04	04953	SPINE CENTER	1,096,813		1,096,813	0	1,096,813	0	90.04
91.00	09100	EMERGENCY	9,978,003		9,978,003	10,107	9,988,110	14,326,028	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,185,072		2,185,072	0	2,185,072	479,875	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	0	99.00
99.10	09910	CORF	0		0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	0	108.00
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
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	0	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 11:11 am

Title XVIII			Hospital			PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Diallowance	Total Costs	Inpatient		
			1.00	4.00	5.00	6.00		
200.00	Subtotal (see instructions)	132,178,582	0	132,178,582	64,045	132,242,627	259,407,976	200.00
201.00	Less Observation Beds	2,185,072		2,185,072		2,185,072		201.00
202.00	Total (see instructions)	129,993,510	0	129,993,510	64,045	130,057,555	259,407,976	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS		21,230,566					30.00
31.00	03100 INTENSIVE CARE UNIT		18,226,083					31.00
43.00	04300 NURSERY		8,479,475					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	12,265,246	42,417,326	0.209296	0.000000	0.210168		50.00
51.00	05100 RECOVERY ROOM	7,417,683	15,707,221	0.314487	0.000000	0.314487		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	857,828	14,510,778	0.276042	0.000000	0.276042		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,322,212	23,206,015	0.241925	0.000000	0.241925		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,259,942	11,526,868	0.126366	0.000000	0.126366		55.00
57.00	05700 CT SCAN	20,276,368	27,828,317	0.080953	0.000000	0.080953		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	6,184,201	7,569,954	0.118862	0.000000	0.118862		58.00
59.00	05900 CARDIAC CATHETERIZATION	20,245,288	32,606,832	0.080035	0.000000	0.080035		59.00
60.00	06000 LABORATORY	17,109,061	42,772,744	0.119568	0.000000	0.119568		60.00
64.00	06400 INTRAVENOUS THERAPY	3,905	21,341	0.005342	0.000000	0.005342		64.00
65.00	06500 RESPIRATORY THERAPY	980,855	12,117,859	0.231203	0.000000	0.231203		65.00
66.00	06600 PHYSICAL THERAPY	2,960,432	5,243,718	0.470560	0.000000	0.470560		66.00
67.00	06700 OCCUPATIONAL THERAPY	857,828	2,066,358	0.337504	0.000000	0.337504		67.00
68.00	06800 SPEECH PATHOLOGY	853,287	1,134,115	0.088018	0.000000	0.088018		68.00
69.00	06900 ELECTROCARDIOLOGY	4,903,224	10,830,536	0.179380	0.000000	0.179380		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6,217,940	6,387,791	0.234081	0.000000	0.234322		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,112,485	24,280,218	0.344353	0.000000	0.344353		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,027,669	32,905,181	0.422742	0.000000	0.422742		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,709,004	36,312,032	0.232835	0.000000	0.232835		73.00
74.00	07400 RENAL DIALYSIS	36,864	932,810	0.475565	0.000000	0.475565		74.00
76.00	03020 ENDOSCOPY	2,483,199	3,349,623	0.299030	0.000000	0.299030		76.00
76.05	03480 ONCOLOGY	0	0	0.000000	0.000000	0.000000		76.05
76.06	03485 IMAGING CENTER	7,756,758	7,773,361	0.204493	0.000000	0.204493		76.06
76.97	07697 CARDIAC REHABILITATION	435,483	435,483	0.573428	0.000000	0.573428		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	7,251	7,251	0.005379	0.000000	0.005379		90.01
90.02	04951 HEALTHY HEARTS CLINIC	1,216,992	1,223,222	0.441227	0.000000	0.441227		90.02
90.03	04952 PALLIATIVE CARE	0	0	0.000000	0.000000	0.000000		90.03
90.04	04953 SPINE CENTER	889,272	889,272	1.233383	0.000000	1.233383		90.04
91.00	09100 EMERGENCY	43,861,300	58,187,328	0.171481	0.000000	0.171654		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,213,421	8,693,296	0.251351	0.000000	0.251351		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00
99.00	09900 CMHC	0	0					99.00
99.10	09910 CORF	0	0					99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0					100.00
101.00	10100 HOME HEALTH AGENCY	0	0					101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500 KIDNEY ACQUISITION	0	0					105.00
106.00	10600 HEART ACQUISITION	0	0					106.00
107.00	10700 LIVER ACQUISITION	0	0					107.00
108.00	10800 LUNG ACQUISITION	0	0					108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Title XVIII Hospital PPS	
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
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
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00
116.00	11600	HOSPICE	0	0					116.00
200.00		Subtotal (see instructions)	219,464,998	478,872,974					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	219,464,998	478,872,974					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 11:11 am

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	24,541,328		24,541,328	0	0	21,230,566	30.00
31.00	03100	INTENSIVE CARE UNIT	11,683,479		11,683,479	0	0	18,226,083	31.00
43.00	04300	NURSERY	2,862,288		2,862,288	0	0	8,479,475	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,877,759		8,877,759	0	0	30,152,080	50.00
51.00	05100	RECOVERY ROOM	4,939,715		4,939,715	0	0	8,289,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,005,583		4,005,583	0	0	13,652,950	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,614,117		5,614,117	0	0	4,883,803	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,456,601		1,456,601	0	0	3,266,926	55.00
57.00	05700	CT SCAN	2,252,781		2,252,781	0	0	7,551,949	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	899,780		899,780	0	0	1,385,753	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,609,697		2,609,697	0	0	12,361,544	59.00
60.00	06000	LABORATORY	5,114,258		5,114,258	0	0	25,663,683	60.00
64.00	06400	INTRAVENOUS THERAPY	114		114	0	0	17,436	64.00
65.00	06500	RESPIRATORY THERAPY	2,801,681	0	2,801,681	0	0	11,137,004	65.00
66.00	06600	PHYSICAL THERAPY	2,467,485	0	2,467,485	0	0	2,283,286	66.00
67.00	06700	OCCUPATIONAL THERAPY	697,404	0	697,404	0	0	1,208,530	67.00
68.00	06800	SPEECH PATHOLOGY	99,823	0	99,823	0	0	280,828	68.00
69.00	06900	ELECTROCARDIOLOGY	1,942,784		1,942,784	0	0	5,927,312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,495,260		1,495,260	0	0	169,851	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,360,974		8,360,974	0	0	15,167,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,910,404		13,910,404	0	0	24,877,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,454,726		8,454,726	0	0	26,603,028	73.00
74.00	07400	RENAL DIALYSIS	443,612		443,612	0	0	895,946	74.00
76.00	03020	ENDOSCOPY	1,001,639		1,001,639	0	0	866,424	76.00
76.05	03480	ONCOLOGY	0		0	0	0	0	76.05
76.06	03485	IMAGING CENTER	1,589,600		1,589,600	0	0	16,603	76.06
76.97	07697	CARDIAC REHABILITATION	249,718		249,718	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	39		39	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CLINIC	539,718		539,718	0	0	6,230	90.02
90.03	04952	PALLIATIVE CARE	6,327		6,327	0	0	0	90.03
90.04	04953	SPINE CENTER	1,096,813		1,096,813	0	0	0	90.04
91.00	09100	EMERGENCY	9,978,003		9,978,003	0	0	14,326,028	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,185,072		2,185,072	0	0	479,875	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	0	99.00
99.10	09910	CORF	0		0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	0	108.00
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
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	0	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150128		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/30/2013 11:11 am			
			Title XIX		Hospital		Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges				
			Total Costs	RCE Disallowance	Total Costs	Inpatient				
			1.00	2.00	3.00	4.00	5.00	6.00		
200.00	Subtotal (see instructions)	132,178,582	0	132,178,582	0	0	259,407,976	200.00		
201.00	Less Observation Beds	2,185,072		2,185,072		0		201.00		
202.00	Total (see instructions)	129,993,510	0	129,993,510	0	0	259,407,976	202.00		
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio					
	Outpatient	Total (col. 6 + col. 7)				7.00	8.00	9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000 ADULTS & PEDIATRICS		21,230,566					30.00		
31.00	03100 INTENSIVE CARE UNIT		18,226,083					31.00		
43.00	04300 NURSERY		8,479,475					43.00		
ANCILLARY SERVICE COST CENTERS										
50.00	05000 OPERATING ROOM	12,265,246	42,417,326	0.209296	0.000000	0.000000		50.00		
51.00	05100 RECOVERY ROOM	7,417,683	15,707,221	0.314487	0.000000	0.000000		51.00		
52.00	05200 DELIVERY ROOM & LABOR ROOM	857,828	14,510,778	0.276042	0.000000	0.000000		52.00		
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,322,212	23,206,015	0.241925	0.000000	0.000000		54.00		
55.00	05500 RADIOLOGY-THERAPEUTIC	8,259,942	11,526,868	0.126366	0.000000	0.000000		55.00		
57.00	05700 CT SCAN	20,276,368	27,828,317	0.080953	0.000000	0.000000		57.00		
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	6,184,201	7,569,954	0.118862	0.000000	0.000000		58.00		
59.00	05900 CARDIAC CATHETERIZATION	20,245,288	32,606,832	0.080035	0.000000	0.000000		59.00		
60.00	06000 LABORATORY	17,109,061	42,772,744	0.119568	0.000000	0.000000		60.00		
64.00	06400 INTRAVENOUS THERAPY	3,905	21,341	0.005342	0.000000	0.000000		64.00		
65.00	06500 RESPIRATORY THERAPY	980,855	12,117,859	0.231203	0.000000	0.000000		65.00		
66.00	06600 PHYSICAL THERAPY	2,960,432	5,243,718	0.470560	0.000000	0.000000		66.00		
67.00	06700 OCCUPATIONAL THERAPY	857,828	2,066,358	0.337504	0.000000	0.000000		67.00		
68.00	06800 SPEECH PATHOLOGY	853,287	1,134,115	0.088018	0.000000	0.000000		68.00		
69.00	06900 ELECTROCARDIOLOGY	4,903,224	10,830,536	0.179380	0.000000	0.000000		69.00		
70.00	07000 ELECTROENCEPHALOGRAPHY	6,217,940	6,387,791	0.234081	0.000000	0.000000		70.00		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,112,485	24,280,218	0.344353	0.000000	0.000000		71.00		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,027,669	32,905,181	0.422742	0.000000	0.000000		72.00		
73.00	07300 DRUGS CHARGED TO PATIENTS	9,709,004	36,312,032	0.232835	0.000000	0.000000		73.00		
74.00	07400 RENAL DIALYSIS	36,864	932,810	0.475565	0.000000	0.000000		74.00		
76.00	03020 ENDOSCOPY	2,483,199	3,349,623	0.299030	0.000000	0.000000		76.00		
76.05	03480 ONCOLOGY	0	0	0.000000	0.000000	0.000000		76.05		
76.06	03485 IMAGING CENTER	7,756,758	7,773,361	0.204493	0.000000	0.000000		76.06		
76.97	07697 CARDIAC REHABILITATION	435,483	435,483	0.573428	0.000000	0.000000		76.97		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000 CLINIC	0	0	0.000000	0.000000	0.000000		90.00		
90.01	04950 DIABETIC CARE CENTER	7,251	7,251	0.005379	0.000000	0.000000		90.01		
90.02	04951 HEALTHY HEARTS CLINIC	1,216,992	1,223,222	0.441227	0.000000	0.000000		90.02		
90.03	04952 PALLIATIVE CARE	0	0	0.000000	0.000000	0.000000		90.03		
90.04	04953 SPINE CENTER	889,272	889,272	1.233383	0.000000	0.000000		90.04		
91.00	09100 EMERGENCY	43,861,300	58,187,328	0.171481	0.000000	0.000000		91.00		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,213,421	8,693,296	0.251351	0.000000	0.000000		92.00		
OTHER REIMBURSABLE COST CENTERS										
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00		
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00		
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00		
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00		
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00		
99.00	09900 CMHC	0	0					99.00		
99.10	09910 CORF	0	0					99.10		
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0					100.00		
101.00	10100 HOME HEALTH AGENCY	0	0					101.00		
SPECIAL PURPOSE COST CENTERS										
105.00	10500 KIDNEY ACQUISITION	0	0					105.00		
106.00	10600 HEART ACQUISITION	0	0					106.00		
107.00	10700 LIVER ACQUISITION	0	0					107.00		
108.00	10800 LUNG ACQUISITION	0	0					108.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost	
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
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
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00
116.00	11600	HOSPICE	0	0					116.00
200.00		Subtotal (see instructions)	219,464,998	478,872,974					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	219,464,998	478,872,974					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 11:11 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,433,991	0	2,433,991	22,814	106.69	30.00
31.00	INTENSIVE CARE UNIT	1,218,259		1,218,259	8,046	151.41	31.00
43.00	NURSERY	303,949		303,949	3,787	80.26	43.00
200.00	Total (Lines 30-199)	3,956,199		3,956,199	34,647		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				

30.00	ADULTS & PEDIATRICS	8,242	879,339	30.00
31.00	INTENSIVE CARE UNIT	4,021	608,820	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	12,263	1,488,159	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 11:11 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,118,443	42,417,326	0.049943	12,893,980	643,964	50.00
51.00	05100 RECOVERY ROOM	396,248	15,707,221	0.025227	1,705,822	43,033	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	455,535	14,510,778	0.031393	15,069	473	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	862,702	23,206,015	0.037176	2,636,667	98,021	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	175,750	11,526,868	0.015247	1,658,351	25,285	55.00
57.00	05700 CT SCAN	270,782	27,828,317	0.009730	3,600,339	35,031	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	194,265	7,569,954	0.025663	703,864	18,063	58.00
59.00	05900 CARDIAC CATHETERIZATION	528,142	32,606,832	0.016197	5,284,263	85,589	59.00
60.00	06000 LABORATORY	291,959	42,772,744	0.006826	12,132,264	82,815	60.00
64.00	06400 INTRAVENOUS THERAPY	6	21,341	0.000281	8,653	2	64.00
65.00	06500 RESPIRATORY THERAPY	207,739	12,117,859	0.017143	4,841,968	83,006	65.00
66.00	06600 PHYSICAL THERAPY	141,138	5,243,718	0.026916	1,209,399	32,552	66.00
67.00	06700 OCCUPATIONAL THERAPY	42,995	2,066,358	0.020807	688,765	14,331	67.00
68.00	06800 SPEECH PATHOLOGY	6,120	1,134,115	0.005396	186,652	1,007	68.00
69.00	06900 ELECTROCARDIOLOGY	94,527	10,830,536	0.008728	3,476,180	30,340	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	218,696	6,387,791	0.034237	85,491	2,927	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	535,371	24,280,218	0.022050	5,084,355	112,110	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	583,177	32,905,181	0.017723	10,140,551	179,721	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	394,450	36,312,032	0.010863	12,117,601	131,633	73.00
74.00	07400 RENAL DIALYSIS	37,412	932,810	0.040107	527,848	21,170	74.00
76.00	03020 ENDOSCOPY	174,986	3,349,623	0.052241	529,044	27,638	76.00
76.05	03480 ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03485 IMAGING CENTER	204,391	7,773,361	0.026294	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	12,154	435,483	0.027909	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	2	7,251	0.000276	0	0	90.01
90.02	04951 HEALTHY HEARTS CLINIC	23,225	1,223,222	0.018987	5,315	101	90.02
90.03	04952 PALLIATIVE CARE	2,336	0	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	103,877	889,272	0.116811	0	0	90.04
91.00	09100 EMERGENCY	986,829	58,187,328	0.016960	6,720,618	113,982	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	216,578	8,693,296	0.024913	127,572	3,178	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	9,279,835	430,936,850		86,380,631	1,785,972	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 11:11 am
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Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	0	0	0	200.00	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,814	0.00	8,242	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	8,046	0.00	4,021	0	31.00	
43.00	04300	NURSERY	3,787	0.00	0	0	43.00	
200.00		Total (lines 30-199)	34,647		12,263	0	200.00	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
		12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 11:11 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54,108	0	54,108	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	ENDOSCOPY	0	0	0	0	0	0	76.00
76.05	03480	ONCOLOGY	0	0	0	0	0	0	76.05
76.06	03485	IMAGING CENTER	0	0	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CLINIC	0	0	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	564,381	0	564,381	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	618,489	0	618,489	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 11:11 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	42,417,326	0.000000	0.000000	12,893,980	50.00
51.00	05100 RECOVERY ROOM	0	15,707,221	0.000000	0.000000	1,705,822	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,510,778	0.000000	0.000000	15,069	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	54,108	23,206,015	0.002332	0.002332	2,636,667	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,526,868	0.000000	0.000000	1,658,351	55.00
57.00	05700 CT SCAN	0	27,828,317	0.000000	0.000000	3,600,339	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,569,954	0.000000	0.000000	703,864	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	32,606,832	0.000000	0.000000	5,284,263	59.00
60.00	06000 LABORATORY	0	42,772,744	0.000000	0.000000	12,132,264	60.00
64.00	06400 INTRAVENOUS THERAPY	0	21,341	0.000000	0.000000	8,653	64.00
65.00	06500 RESPIRATORY THERAPY	0	12,117,859	0.000000	0.000000	4,841,968	65.00
66.00	06600 PHYSICAL THERAPY	0	5,243,718	0.000000	0.000000	1,209,399	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,066,358	0.000000	0.000000	688,765	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,134,115	0.000000	0.000000	186,652	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,830,536	0.000000	0.000000	3,476,180	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,387,791	0.000000	0.000000	85,491	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,280,218	0.000000	0.000000	5,084,355	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	32,905,181	0.000000	0.000000	10,140,551	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	36,312,032	0.000000	0.000000	12,117,601	73.00
74.00	07400 RENAL DIALYSIS	0	932,810	0.000000	0.000000	527,848	74.00
76.00	03020 ENDOSCOPY	0	3,349,623	0.000000	0.000000	529,044	76.00
76.05	03480 ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03485 IMAGING CENTER	0	7,773,361	0.000000	0.000000	0	76.06
76.97	07697 CARDIAC REHABILITATION	0	435,483	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	7,251	0.000000	0.000000	0	90.01
90.02	04951 HEALTHY HEARTS CLINIC	0	1,223,222	0.000000	0.000000	5,315	90.02
90.03	04952 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.03
90.04	04953 SPINE CENTER	0	889,272	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	564,381	58,187,328	0.009699	0.009699	6,720,618	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,693,296	0.000000	0.000000	127,572	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	618,489	430,936,850			86,380,631	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 11:11 am
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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	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	2,126,656	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,626,435	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,149	3,198,869	7,460	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,286,115	0	0	0	55.00
57.00	05700 CT SCAN	0	4,409,563	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,538,788	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,242,557	0	0	0	59.00
60.00	06000 LABORATORY	0	726,570	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	170,810	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	1,333,228	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,170,223	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,575,014	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,497,476	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,206,885	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	944	0	0	0	74.00
76.00	03020 ENDOSCOPY	0	1,015,526	0	0	0	76.00
76.05	03480 ONCOLOGY	0	0	0	0	0	76.05
76.06	03485 IMAGING CENTER	0	1,352,318	0	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	0	147,848	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CLINIC	0	303,280	0	0	0	90.02
90.03	04952 PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	65,183	7,069,091	68,563	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,276,161	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	71,332	49,274,357	76,023	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 11:11 am
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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			
ANCILLARY SERVICE COST CENTERS						
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
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
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
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 PATIENTS	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	03020 ENDOSCOPY	0	0			76.00
76.05	03480 ONCOLOGY	0	0			76.05
76.06	03485 IMAGING CENTER	0	0			76.06
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	04950 DIABETIC CARE CENTER	0	0			90.01
90.02	04951 HEALTHY HEARTS CLINIC	0	0			90.02
90.03	04952 PALLIATIVE CARE	0	0			90.03
90.04	04953 SPINE CENTER	0	0			90.04
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 11:11 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.209296	2,126,656	0	0	445,101
51.00 05100 RECOVERY ROOM	0.314487	1,626,435	0	0	511,493
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.276042	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.241925	3,198,869	0	0	773,886
55.00 05500 RADIOLOGY-THERAPEUTIC	0.126366	5,286,115	0	0	667,985
57.00 05700 CT SCAN	0.080953	4,409,563	0	0	356,967
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118862	1,538,788	0	0	182,903
59.00 05900 CARDIAC CATHETERIZATION	0.080035	8,242,557	0	0	659,693
60.00 06000 LABORATORY	0.119568	726,570	0	0	86,875
64.00 06400 INTRAVENOUS THERAPY	0.005342	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.231203	170,810	0	0	39,492
66.00 06600 PHYSICAL THERAPY	0.470560	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.337504	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.088018	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.179380	1,333,228	0	0	239,154
70.00 07000 ELECTROENCEPHALOGRAPHY	0.234081	1,170,223	0	0	273,927
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.344353	1,575,014	0	0	542,361
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.422742	2,497,476	0	0	1,055,788
73.00 07300 DRUGS CHARGED TO PATIENTS	0.232835	4,206,885	0	25,778	979,510
74.00 07400 RENAL DIALYSIS	0.475565	944	0	0	449
76.00 03020 ENDOSCOPY	0.299030	1,015,526	0	0	303,673
76.05 03480 ONCOLOGY	0.000000	0	0	0	0
76.06 03485 IMAGING CENTER	0.204493	1,352,318	0	0	276,540
76.97 07697 CARDIAC REHABILITATION	0.573428	147,848	0	0	84,780
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 DIABETIC CARE CENTER	0.005379	0	0	0	0
90.02 04951 HEALTHY HEARTS CLINIC	0.441227	303,280	0	0	133,815
90.03 04952 PALLIATIVE CARE	0.000000	0	0	0	0
90.04 04953 SPINE CENTER	1.233383	0	0	0	0
91.00 09100 EMERGENCY	0.171481	7,069,091	0	0	1,212,215
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.251351	1,276,161	0	0	320,764
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	49,274,357	0	25,778	9,147,371
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)	49,274,357	0	25,778	9,147,371

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 11:11 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
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 PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,002	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ENDOSCOPY	0	0	76.00
76.05	03480 ONCOLOGY	0	0	76.05
76.06	03485 IMAGING CENTER	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 HEALTHY HEARTS CLINIC	0	0	90.02
90.03	04952 PALLIATIVE CARE	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	6,002	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	6,002	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 11:11 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.209296	0	0	614,280	0
51.00 05100 RECOVERY ROOM	0.314487	0	0	384,192	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.276042	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.241925	0	0	1,741,048	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.126366	0	0	194,979	0
57.00 05700 CT SCAN	0.080953	0	0	2,574,264	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118862	0	0	410,623	0
59.00 05900 CARDIAC CATHETERIZATION	0.080035	0	0	878,211	0
60.00 06000 LABORATORY	0.119568	0	0	2,190,237	0
64.00 06400 INTRAVENOUS THERAPY	0.005342	0	0	160	0
65.00 06500 RESPIRATORY THERAPY	0.231203	0	0	116,670	0
66.00 06600 PHYSICAL THERAPY	0.470560	0	0	372,615	0
67.00 06700 OCCUPATIONAL THERAPY	0.337504	0	0	119,862	0
68.00 06800 SPEECH PATHOLOGY	0.088018	0	0	214,992	0
69.00 06900 ELECTROCARDIOLOGY	0.179380	0	0	195,340	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.234081	0	0	359,228	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.344353	0	0	344,845	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.422742	0	0	278,739	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.232835	0	0	761,866	0
74.00 07400 RENAL DIALYSIS	0.475565	0	0	2,160	0
76.00 03020 ENDOSCOPY	0.299030	0	0	92,107	0
76.05 03480 ONCOLOGY	0.000000	0	0	0	0
76.06 03485 IMAGING CENTER	0.204493	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.573428	0	0	7,884	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 DIABETIC CARE CENTER	0.005379	0	0	238	0
90.02 04951 HEALTHY HEARTS CLINIC	0.441227	0	0	46,596	0
90.03 04952 PALLIATIVE CARE	0.000000	0	0	0	0
90.04 04953 SPINE CENTER	1.233383	0	0	8,446	0
91.00 09100 EMERGENCY	0.171481	0	0	8,079,296	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.251351	0	0	1,257,991	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00 Subtotal (see instructions)		0	0	21,246,869	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	21,246,869	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 11:11 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	128,566	50.00
51.00	05100	RECOVERY ROOM	0	120,823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	421,203	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	24,639	55.00
57.00	05700	CT SCAN	0	208,394	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	48,807	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	70,288	59.00
60.00	06000	LABORATORY	0	261,882	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,974	65.00
66.00	06600	PHYSICAL THERAPY	0	175,338	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	40,454	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,923	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,040	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	84,088	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	118,748	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	117,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	177,389	73.00
74.00	07400	RENAL DIALYSIS	0	1,027	74.00
76.00	03020	ENDOSCOPY	0	27,543	76.00
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03485	IMAGING CENTER	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	4,521	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	1	90.01
90.02	04951	HEALTHY HEARTS CLINIC	0	20,559	90.02
90.03	04952	PALLIATIVE CARE	0	0	90.03
90.04	04953	SPINE CENTER	0	10,417	90.04
91.00	09100	EMERGENCY	0	1,385,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	316,197	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	3,845,103	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	3,845,103	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 11:11 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,814	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,814	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)		20,784	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)		8,242	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		24,556,728	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)		24,556,728	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		44,907,019	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		44,907,019	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.546835	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)		2,160.65	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)		24,556,728	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,076.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,871,606	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)		8,871,606	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		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
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,683,479	8,046	1,452.09	4,021	5,838,854	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,384,041	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,094,501	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,488,159	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,857,304	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,345,463	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,749,038	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)					2,030	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,076.39	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,185,072	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 11:11 am	
		Title XVIII		Hospital		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	2,433,991	24,556,728	0.099117	2,185,072	216,578	90.00
91.00	Nursing School cost	0	24,556,728	0.000000	2,185,072	0	91.00
92.00	Allied health cost	0	24,556,728	0.000000	2,185,072	0	92.00
93.00	All other Medical Education	0	24,556,728	0.000000	2,185,072	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2013 11:11 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,814	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,814	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)		20,784	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)		1,746	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,787	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		24,541,328	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)		24,541,328	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		44,907,019	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		44,907,019	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.546492	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)		2,160.65	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)		24,541,328	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,075.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,878,190	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)		1,878,190	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 11:11 am	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	2,862,288	3,787	755.82	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	11,683,479	8,046	1,452.09	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				3,063,434	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				4,941,624	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				2,030	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,075.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,183,691	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150128

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

Worksheet D-1
Date/Time Prepared:
5/30/2013 11:11 am

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 11:11 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		9,613,464		30.00
31.00	03100 INTENSIVE CARE UNIT		8,872,378		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.210168	12,893,980	2,709,902	50.00
51.00	05100 RECOVERY ROOM	0.314487	1,705,822	536,459	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.276042	15,069	4,160	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.241925	2,636,667	637,876	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.126366	1,658,351	209,559	55.00
57.00	05700 CT SCAN	0.080953	3,600,339	291,458	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118862	703,864	83,663	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.080035	5,284,263	422,926	59.00
60.00	06000 LABORATORY	0.119568	12,132,264	1,450,631	60.00
64.00	06400 INTRAVENOUS THERAPY	0.005342	8,653	46	64.00
65.00	06500 RESPIRATORY THERAPY	0.231203	4,841,968	1,119,478	65.00
66.00	06600 PHYSICAL THERAPY	0.470560	1,209,399	569,095	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.337504	688,765	232,461	67.00
68.00	06800 SPEECH PATHOLOGY	0.088018	186,652	16,429	68.00
69.00	06900 ELECTROCARDIOLOGY	0.179380	3,476,180	623,557	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.234322	85,491	20,032	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.344353	5,084,355	1,750,813	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.422742	10,140,551	4,286,837	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232835	12,117,601	2,821,402	73.00
74.00	07400 RENAL DIALYSIS	0.475565	527,848	251,026	74.00
76.00	03020 ENDOSCOPY	0.299030	529,044	158,200	76.00
76.05	03480 ONCOLOGY	0.000000	0	0	76.05
76.06	03485 IMAGING CENTER	0.204493	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	0.573428	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.005379	0	0	90.01
90.02	04951 HEALTHY HEARTS CLINIC	0.441227	5,315	2,345	90.02
90.03	04952 PALLIATIVE CARE	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	1.233383	0	0	90.04
91.00	09100 EMERGENCY	0.171654	6,720,618	1,153,621	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.251351	127,572	32,065	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		86,380,631	19,384,041	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)		86,380,631		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 11:11 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		3,203,784		30.00
31.00	03100 INTENSIVE CARE UNIT		1,448,324		31.00
43.00	04300 NURSERY		2,876,772		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.209296	786,647	164,642	50.00
51.00	05100 RECOVERY ROOM	0.314487	271,439	85,364	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.276042	2,161,937	596,785	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.241925	389,887	94,323	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.126366	213,084	26,927	55.00
57.00	05700 CT SCAN	0.080953	526,284	42,604	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118862	101,034	12,009	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.080035	640,175	51,236	59.00
60.00	06000 LABORATORY	0.119568	2,263,008	270,583	60.00
64.00	06400 INTRAVENOUS THERAPY	0.005342	928	5	64.00
65.00	06500 RESPIRATORY THERAPY	0.231203	1,064,836	246,193	65.00
66.00	06600 PHYSICAL THERAPY	0.470560	88,634	41,708	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.337504	53,021	17,895	67.00
68.00	06800 SPEECH PATHOLOGY	0.088018	8,825	777	68.00
69.00	06900 ELECTROCARDIOLOGY	0.179380	347,169	62,275	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.234081	16,292	3,814	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.344353	728,620	250,902	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.422742	549,027	232,097	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232835	2,819,803	656,549	73.00
74.00	07400 RENAL DIALYSIS	0.475565	41,040	19,517	74.00
76.00	03020 ENDOSCOPY	0.299030	52,108	15,582	76.00
76.05	03480 ONCOLOGY	0.000000	0	0	76.05
76.06	03485 IMAGING CENTER	0.204493	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	0.573428	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.005379	0	0	90.01
90.02	04951 HEALTHY HEARTS CLINIC	0.441227	0	0	90.02
90.03	04952 PALLIATIVE CARE	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	1.233383	0	0	90.04
91.00	09100 EMERGENCY	0.171481	970,086	166,351	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.251351	21,070	5,296	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		14,114,954	3,063,434	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)		14,114,954		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 11:11 am
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		23,568,576	1.00
2.00	Outlier payments for discharges. (see instructions)		561,892	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)		128.45	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (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
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.21	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.21	31.00
32.00	Sum of lines 30 and 31		16.42	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.42	33.00
34.00	Disproportionate share adjustment (see instructions)		806,045	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 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)		24,936,513	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)		24,936,513	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,042,367	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		17,080	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 11:11 am
		Title XVIIII	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)			71,332 58.00
59.00	Total (sum of amounts on lines 49 through 58)			27,067,292 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			27,067,292 61.00
62.00	Deductibles billed to program beneficiaries			2,476,564 62.00
63.00	Coinurance billed to program beneficiaries			62,713 63.00
64.00	Allowable bad debts (see instructions)			99,818 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			69,873 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			7,222 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			24,597,888 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)			-5,869 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-7,799 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)			24,584,220 71.00
72.00	Interim payments			24,149,378 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)			434,842 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 11:11 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,002	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,071,348	2.00
3.00	PPS payments		8,720,175	3.00
4.00	Outlier payment (see instructions)		43,100	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		76,023	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,002	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		25,778	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)		25,778	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		25,778	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,776	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)		6,002	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)		8,839,298	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,896,969	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)		6,948,331	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)		6,948,331	30.00
31.00	Primary payer payments		1,216	31.00
32.00	Subtotal (line 30 minus line 31)		6,947,115	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		187,163	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		131,014	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		82,182	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,078,129	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)		7,078,129	40.00
41.00	Interim payments		7,114,413	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)		-36,284	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150128

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 11:11 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		24,149,378		7,084,613	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	08/29/2012	29,800	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)		0		29,800	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)		24,149,378		7,114,413	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		434,842		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		36,284	6.02	
7.00	Total Medicare program liability (see instructions)		24,584,220		7,078,129	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150128

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

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2013 11:11 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			8,356 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			12,263 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,771 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			28,830 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			478,872,974 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			18,102,148 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,989,164 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			1,989,164 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2013 11:11 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	4,941,624			1.00
2.00	Medical and other services		3,845,103		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4,941,624	3,845,103		4.00
5.00	Inpatient primary payer payments	811,920			5.00
6.00	Outpatient primary payer payments		348,596		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	4,129,704	3,496,507		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	14,114,954	21,246,869		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	14,114,954	21,246,869		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	14,114,954	21,246,869		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	9,173,330	17,401,766		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	4,941,624	3,845,103		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	4,941,624	3,845,103		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	4,129,704	3,496,507		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	4,129,704	3,496,507		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	4,129,704	3,496,507		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	4,129,704	3,496,507		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus 41)	4,129,704	3,496,507		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

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

Provider CCN: 150128

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

Worksheet G

Date/Time Prepared:
5/30/2013 11:11 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,725	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	142,758,103	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-116,599,769	0	0	0	6.00
7.00	Inventory	2,648,272	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	28,809,331	0	0	0	11.00
FIXED ASSETS						
12.00	Land	497,000	0	0	0	12.00
13.00	Land improvements	2,645,221	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	158,111,509	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,534,316	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	880,245	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	57,971,067	0	0	0	23.00
24.00	Accumulated depreciation	-92,693,639	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)	128,945,719	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	72,292,300	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	72,292,300	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	230,047,350	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	38,850	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	541,946	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	580,796	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,858,878	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,858,878	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	5,439,674	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	224,607,676	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	224,607,676	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	230,047,350	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150128

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

Worksheet G-1

Date/Time Prepared:
5/30/2013 11:11 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		201,537,665		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,070,011			2.00
3.00	Total (sum of line 1 and line 2)		224,607,676		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)		224,607,676		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)		224,607,676		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150128

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2013 11:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	44,907,019		44,907,019	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	44,907,019		44,907,019	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,471,697		18,471,697	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,471,697		18,471,697	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	63,378,716		63,378,716	17.00
18.00	Ancillary services	201,497,059	224,960,796	426,457,855	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	264,875,775	224,960,796	489,836,571	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		161,010,160		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		161,010,160		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150128

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

Worksheet G-3

Date/Time Prepared:
5/30/2013 11:11 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	489,836,571	1.00
2.00	Less contractual allowances and discounts on patients' accounts	310,403,505	2.00
3.00	Net patient revenues (line 1 minus line 2)	179,433,066	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	161,010,160	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,422,906	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	19,401	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	26,639	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	8,224	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	29,673	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	4,563,168	24.00
25.00	Total other income (sum of lines 6-24)	4,647,105	25.00
26.00	Total (line 5 plus line 25)	23,070,011	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,070,011	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150128	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 11:11 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,891,636	1.00
2.00	Capital DRG outlier payments		86,794	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		78.77	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)		2.21	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		14.21	8.00
9.00	Sum of lines 7 and 8		16.42	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.38	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		63,937	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,042,367	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00