

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: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/29/2013 10:18 am
--	----------------------	---	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2013	Time: 10:18 am
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 HENDRICKS REGIONAL HEALTH (150005) 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

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-251,519	-90,602	-112,638	-583,945	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	-251,519	-90,602	-112,638	-583,945	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: 150005		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:43 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1000 EAST MAIN STREET	PO Box:						1.00		
2.00	City: DANVILLE	State: IN	Zip Code: 46122-1409	County: HENDRICKS				2.00		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	HENDRICKS REGIONAL HEALTH	150005	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
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	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,077	146	0	0	2,099	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural	S Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1							26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1							27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0							35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:43 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 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)		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: 150005

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2013 9:43 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	
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	
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:43 am		
		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)	N		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)	N		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		Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:43 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	847,310	650,958		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)		N		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	
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:43 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)							0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 9:43 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.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
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		03/20/2013	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150005

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2013 9:43 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI CHAEL		ALESSANDRI NI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959		MALESSANDRI NI@BLUEANDCO.COM	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)	03/20/2013	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.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 9:43 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / 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	112	40,992	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)		112	40,992	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	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)		124	45,384	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		124				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 Visi ts / Tri ps			Full Time Equivalents		
Component	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l	
	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)	8,015	1,066	18,095			1.00
2.00 HMO	1,301	2,106				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)	8,015	1,066	18,095			7.00
8.00 INTENSIVE CARE UNIT	1,109	0	2,214			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	2,618			13.00
14.00 Total (see instructions)	9,124	1,066	22,927	0.00	1,244.60	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 9:43 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
27.00	Total (sum of lines 14-26)					0.00	27.00
28.00	Observation Bed Days					1,244.60	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
Component	Full Time Equivalents	Discharges					
	Nonpaid Workers	Title V	Title VIII	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)					271	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						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)					271	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)					271	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: 150005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 9:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	81,146,318	0	81,146,318	2,588,775.00	31.35
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)		24,615,515	0	24,615,515	532,324.00	46.24
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,062,361	0	1,062,361	21,604.00	49.17
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		31,655	0	31,655	291.00	108.78
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		17,794,979	0	17,794,979		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		5,657,348	0	5,657,348		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
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	472,771	0	472,771	15,168.00	31.17
27.00	Administrative & General	5.00	7,127,190	0	7,127,190	243,055.00	29.32
28.00	Administrative & General under contract (see inst.)		802,718	0	802,718	5,950.00	134.91
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,087,661	0	2,087,661	94,807.00	22.02
31.00	Laundry & Linen Service	8.00	276,310	0	276,310	20,314.00	13.60
32.00	Housekeeping	9.00	1,970,310	0	1,970,310	136,526.00	14.43
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,559,332	-1,129,281	430,051	24,880.00	17.29
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,129,281	1,129,281	78,931.00	14.31
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,989,599	0	1,989,599	64,890.00	30.66
39.00	Central Services and Supply	14.00	621,395	0	621,395	32,122.00	19.34
40.00	Pharmacy	15.00	1,657,326	0	1,657,326	47,200.00	35.11
41.00	Medical Records & Medical Records Library	16.00	1,414,954	0	1,414,954	67,728.00	20.89

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 9:43 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	1,390,174	0	1,390,174	40,156.00	34.62	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: 150005

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2013 9:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	81,949,036	0	81,949,036	2,594,725.00	31.58	1.00
2.00	Excluded area salaries (see instructions)	24,615,515	0	24,615,515	532,324.00	46.24	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,333,521	0	57,333,521	2,062,401.00	27.80	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,094,016	0	1,094,016	21,895.00	49.97	4.00
5.00	Subtotal wage-related costs (see inst.)	17,794,979	0	17,794,979	0.00	31.04	5.00
6.00	Total (sum of lines 3 thru 5)	76,222,516	0	76,222,516	2,084,296.00	36.57	6.00
7.00	Total overhead cost (see instructions)	21,369,740	0	21,369,740	871,727.00	24.51	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2013 9:43 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,328,366	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		11,220,167	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		219,950	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)		12,098	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		253,411	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		3,981,189	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		28,342	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))		582,362	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		169,094	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,794,979	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: 150005

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2013 9:43 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	1,062,361	17,794,979	1.00
2.00	Hospital	1,062,361	17,794,979	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			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			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/29/2013 9:43 am
---	----------------------	---	--

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.336260	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,343,624	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		30,697,954	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,322,494	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)		3,978,870	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)		3,978,870	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,815,000	0	4,815,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,619,092	0	1,619,092	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)	1,619,092	0	1,619,092	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		21,429,984	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		33,752	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		21,396,232	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		7,194,697	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		8,813,789	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,792,659	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150005

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

Worksheet A
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		18,901,595	18,901,595	0	18,901,595	1.00
4.00 00400 EMPLOYEE BENEFITS	472,771	2,725,092	3,197,863	15	3,197,878	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	7,127,190	18,928,319	26,055,509	34,955	26,090,464	5.00
7.00 00700 OPERATION OF PLANT	2,087,661	3,680,753	5,768,414	12,251	5,780,665	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	276,310	358,976	635,286	14,426	649,712	8.00
9.00 00900 HOUSEKEEPING	1,970,310	1,176,574	3,146,884	0	3,146,884	9.00
10.00 01000 DIETARY	1,559,332	1,686,577	3,245,909	-2,403,624	842,285	10.00
11.00 01100 CAFETERIA	0	0	0	2,403,624	2,403,624	11.00
13.00 01300 NURSING ADMINISTRATION	1,989,599	817,546	2,807,145	0	2,807,145	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	621,395	1,337,529	1,958,924	-19,362	1,939,562	14.00
15.00 01500 PHARMACY	1,657,326	7,088,708	8,746,034	0	8,746,034	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,414,954	871,782	2,286,736	-5,528,169	-3,241,433	16.00
17.00 01700 SOCIAL SERVICE	1,390,174	761,644	2,151,818	2,409	2,154,227	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,833,372	3,994,692	14,828,064	0	14,828,064	30.00
31.00 03100 INTENSIVE CARE UNIT	1,847,872	835,149	2,683,021	-85	2,682,936	31.00
43.00 04300 NURSERY	187,132	168,159	355,291	0	355,291	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,434,862	6,719,453	8,154,315	-3,218,224	4,936,091	50.00
50.01 05001 ENDOSCOPY	748,951	522,680	1,271,631	0	1,271,631	50.01
51.00 05100 RECOVERY ROOM	1,323,037	502,077	1,825,114	0	1,825,114	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	603,163	167,299	770,462	0	770,462	52.00
53.00 05300 ANESTHESIOLOGY	0	2,208,640	2,208,640	0	2,208,640	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,334,362	3,066,883	6,401,245	-32,160	6,369,085	54.00
54.01 05401 RADIATION-ONCOLOGY	738,338	9,989,456	10,727,794	0	10,727,794	54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	159,579	257,456	417,035	75,379	492,414	56.00
59.00 05900 CARDIAC CATHETERIZATION	421,429	1,076,018	1,497,447	-584,610	912,837	59.00
60.00 06000 LABORATORY	2,433,227	4,321,917	6,755,144	11,410	6,766,554	60.00
64.00 06400 INTRAVENOUS THERAPY	860,083	314,364	1,174,447	50,954	1,225,401	64.00
65.00 06500 RESPIRATORY THERAPY	1,552,338	772,227	2,324,565	0	2,324,565	65.00
66.00 06600 PHYSICAL THERAPY	3,469,913	1,472,458	4,942,371	22,336	4,964,707	66.00
67.00 06700 OCCUPATIONAL THERAPY	298,783	126,786	425,569	2,483	428,052	67.00
68.00 06800 SPEECH PATHOLOGY	228,178	81,416	309,594	0	309,594	68.00
69.00 06900 ELECTROCARDIOLOGY	293,738	643,960	937,698	0	937,698	69.00
69.01 06901 CARDIAC REHAB	367,000	101,421	468,421	0	468,421	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	100,532	59,348	159,880	0	159,880	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,504,372	4,504,372	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	5,477,215	5,477,215	73.00
73.01 07301 ULTRA SOUND	454,138	134,804	588,942	0	588,942	73.01
74.00 07400 RENAL DIALYSIS	0	138,520	138,520	-2,548	135,972	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	1,441,518	4,055,329	5,496,847	-484,202	5,012,645	90.00
91.00 09100 EMERGENCY	2,832,236	1,858,013	4,690,249	0	4,690,249	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	56,530,803	101,923,620	158,454,423	338,845	158,793,268	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	20,600,513	12,830,543	33,431,056	-338,845	33,092,211	192.00
192.01 19201 HEALTH TRACKS	2,550,423	1,001,132	3,551,555	0	3,551,555	192.01
194.00 07950 PRIMARY CARE CLINIC	499,855	220,324	720,179	0	720,179	194.00
194.01 07951 PARTNERS IN CARE	410,139	219,002	629,141	0	629,141	194.01
194.02 07952 OCCUPATIONAL MEDICINE	175,734	590,094	765,828	0	765,828	194.02
194.03 07953 FOUNDATION	122,896	47,147	170,043	0	170,043	194.03
194.04 07954 SCHOOL & TOWN CLINICS	255,955	29,407	285,362	0	285,362	194.04
200.00 TOTAL (SUM OF LINES 118-199)	81,146,318	116,861,269	198,007,587	0	198,007,587	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150005

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

Worksheet A
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-717,675	18,183,920	1.00
4.00	00400	EMPLOYEE BENEFITS	-12,267	3,185,611	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,404,491	14,685,973	5.00
7.00	00700	OPERATION OF PLANT	-4,947	5,775,718	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-43,956	605,756	8.00
9.00	00900	HOUSEKEEPING	-18	3,146,866	9.00
10.00	01000	DIETARY	-370,774	471,511	10.00
11.00	01100	CAFETERIA	-708,400	1,695,224	11.00
13.00	01300	NURSING ADMINISTRATION	-8,853	2,798,292	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,253	1,938,309	14.00
15.00	01500	PHARMACY	0	8,746,034	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-56,395	-3,297,828	16.00
17.00	01700	SOCIAL SERVICE	0	2,154,227	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,532,612	13,295,452	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,682,936	31.00
43.00	04300	NURSERY	0	355,291	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,045,740	2,890,351	50.00
50.01	05001	ENDOSCOPY	0	1,271,631	50.01
51.00	05100	RECOVERY ROOM	0	1,825,114	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	770,462	52.00
53.00	05300	ANESTHESIOLOGY	0	2,208,640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-86,122	6,282,963	54.00
54.01	05401	RADIATION-ONCOLOGY	-103	10,727,691	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	492,414	56.00
59.00	05900	CARDIAC CATHETERIZATION	-205,540	707,297	59.00
60.00	06000	LABORATORY	-69,272	6,697,282	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,225,401	64.00
65.00	06500	RESPIRATORY THERAPY	-468	2,324,097	65.00
66.00	06600	PHYSICAL THERAPY	-452,434	4,512,273	66.00
67.00	06700	OCCUPATIONAL THERAPY	-27,552	400,500	67.00
68.00	06800	SPEECH PATHOLOGY	-43	309,551	68.00
69.00	06900	ELECTROCARDIOLOGY	-129,964	807,734	69.00
69.01	06901	CARDIAC REHAB	0	468,421	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	159,880	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,504,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,477,215	73.00
73.01	07301	ULTRA SOUND	0	588,942	73.01
74.00	07400	RENAL DIALYSIS	0	135,972	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	5,012,645	90.00
91.00	09100	EMERGENCY	-570,070	4,120,179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,448,949	140,344,319	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	33,092,211	192.00
192.01	19201	HEALTH TRACKS	0	3,551,555	192.01
194.00	07950	PRIMARY CARE CLINIC	0	720,179	194.00
194.01	07951	PARTNERS IN CARE	0	629,141	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	765,828	194.02
194.03	07953	FOUNDATION	0	170,043	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	285,362	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-18,448,949	179,558,638	200.00

RECLASSIFICATIONS

Provider CCN: 150005

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

Worksheet A-6

Date/Time Prepared:
5/29/2013 9:43 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,477,215	1.00
2.00	INTRAVENOUS THERAPY	64.00	0	50,954	2.00
	TOTALS		0	5,528,169	
B - MOB PLANT					
1.00	EMPLOYEE BENEFITS	4.00	0	15	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	34,955	2.00
3.00	OPERATION OF PLANT	7.00	0	12,251	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	14,426	4.00
5.00	SOCIAL SERVICE	17.00	0	2,409	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47,022	6.00
7.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	75,379	7.00
8.00	LABORATORY	60.00	0	11,410	8.00
9.00	PHYSICAL THERAPY	66.00	0	22,336	9.00
10.00	OCCUPATIONAL THERAPY	67.00	0	2,483	10.00
11.00	CLINIC	90.00	0	116,159	11.00
	TOTALS		0	338,845	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,129,281	1,274,343	1.00
	TOTALS		1,129,281	1,274,343	
D - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,504,372	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
	TOTALS		0	4,504,372	
500.00	Grand Total: Increases		1,129,281	11,645,729	500.00

RECLASSIFICATIONS

Provider CCN: 150005

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

Worksheet A-6

Date/Time Prepared:
5/29/2013 9:43 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUG RECLASS							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,528,169	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	5,528,169			
B - MOB PLANT							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	338,845	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		0	338,845			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,129,281	1,274,343	0		1.00
	TOTALS		1,129,281	1,274,343			
D - IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,362	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	85	0		2.00
3.00	OPERATING ROOM	50.00	0	3,218,224	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	79,182	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	584,610	0		5.00
6.00	RENAL DIALYSIS	74.00	0	2,548	0		6.00
7.00	CLINIC	90.00	0	600,361	0		7.00
	TOTALS		0	4,504,372			
500.00	Grand Total : Decreases		1,129,281	11,645,729			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2013 9:43 am

	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	16,876,853	0	0	569,152	1.00
2.00	Land Improvements	5,972,071	33,496	0	0	2.00
3.00	Buildings and Fixtures	233,768,989	4,261,831	0	2,100	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	69,356,204	7,149,867	0	3,911,676	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	325,974,117	11,445,194	0	4,482,928	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	325,974,117	11,445,194	0	4,482,928	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	16,307,701	0			1.00
2.00	Land Improvements	6,005,567	0			2.00
3.00	Buildings and Fixtures	238,028,720	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	72,594,395	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	332,936,383	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	332,936,383	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2013 9:43 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	NEW CAP REL COSTS-BLDG & FIXT	12,874,528	0	5,775,375	251,692	0	1.00
3.00	Total (sum of lines 1-2)	12,874,528	0	5,775,375	251,692	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	NEW CAP REL COSTS-BLDG & FIXT	0	18,901,595				1.00
3.00	Total (sum of lines 1-2)	0	18,901,595				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2013 9:43 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,874,528	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	12,874,528	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,057,700	251,692	0	0	18,183,920	1.00
3.00	Total (sum of lines 1-2)	5,057,700	251,692	0	0	18,183,920	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150005

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 9:43 am

Line #	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		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-703,245	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00		2.00
3.00	Investment income - other (chapter 2)		0		0.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00		7.00
8.00	Television and radio service (chapter 21)		0		0.00		8.00
9.00	Parking lot (chapter 21)		0		0.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-4,901,558				10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				12.00
13.00	Laundry and linen service		0		0.00		13.00
14.00	Cafeteria-employees and guests	A	-696,202	CAFETERIA	11.00		14.00
15.00	Rental of quarters to employee and others		0		0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00	Sale of drugs to other than patients		0		0.00		17.00
18.00	Sale of medical records and abstracts		0		0.00		18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00		19.00
20.00	Vending machines		0		0.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00		26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00		27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		32.00
33.00	ADMINISTRATIVE TELEPHONE (EQUIPMENT)	A	-23,503	ADMINISTRATIVE & GENERAL	5.00		33.00
34.00	ADMINISTRATIVE TELEPHONE (SALARY)	A	-55,574	ADMINISTRATIVE & GENERAL	5.00		34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150005

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 9:43 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	
35.00 MARKETING DEPARTMENT	A	-1,715,779	ADMINISTRATIVE & GENERAL		5.00	0 35.00
36.00 STAFF EDUCATION ED DEPT COURSES	B	-8,853	NURSING ADMINISTRATION		13.00	0 36.00
37.00 CBC - OB UNIT ED DEPT COURSES	B	-6,775	ADULTS & PEDIATRICS		30.00	0 37.00
38.00 EMS PROGRAM ED DEPT COURSES	B	-46,232	EMERGENCY		91.00	0 38.00
39.00 LABORATORY MISC. SERVICES	B	-3,430	LABORATORY		60.00	0 39.00
40.00 RADIOLOGY MISC./OTHER	B	-14,016	RADIOLOGY-DIAGNOSTIC		54.00	0 40.00
41.00 RADIOLOGY SALE OF X-RAYS	B	-1,890	RADIOLOGY-DIAGNOSTIC		54.00	0 41.00
42.00 RAD ONCOLOGY SALE OF X-RAYS	B	-103	RADIATION-ONCOLOGY		54.01	0 42.00
43.00 PHYSICAL THERAPY SUPPLIES SOLD TO OT	B	-1,114	PHYSICAL THERAPY		66.00	0 43.00
44.00 SPORTS MEDICINE ED DEPT. COURSES	B	-108,949	PHYSICAL THERAPY		66.00	0 44.00
45.00 PLAINFIELD PT SUPPLIES SOLD TO OTHER	B	-2,846	PHYSICAL THERAPY		66.00	0 45.00
45.01 SPEECH THERAPY ED DEPT COURSES	B	-43	SPEECH PATHOLOGY		68.00	0 45.01
45.02 DIETARY CATERING	B	-12,198	CAFETERIA		11.00	0 45.02
45.03 REGISTRATION ANSWERING SERVICE	B	-5,093	ADMINISTRATIVE & GENERAL		5.00	0 45.03
45.04 ACCOUNTING MISCELLANEOUS/OTHER	B	-207,299	ADMINISTRATIVE & GENERAL		5.00	0 45.04
45.05 ACCOUNTING PURCHASE DISCOUNTS TAKEN	B	-2,258	ADMINISTRATIVE & GENERAL		5.00	0 45.05
45.06 GUEST ROOM RENTAL	B	-98	ADMINISTRATIVE & GENERAL		5.00	0 45.06
45.07 HEALTH INFO MGMT MEDICAL RECORDS TRA	B	-7,762	MEDICAL RECORDS & LIBRARY		16.00	0 45.07
45.08 HEALTH INFO MGMT TRANSCRIPTION SERVI	B	-48,633	MEDICAL RECORDS & LIBRARY		16.00	0 45.08
45.09 HUMAN RESOURCES FITNESS CENTER	B	-60	EMPLOYEE BENEFITS		4.00	0 45.09
45.10 HUMAN RESOURCES JURY DUTY RECEIPTS	B	-160	EMPLOYEE BENEFITS		4.00	0 45.10
45.11 MATERIALS MGMT. SUPPLIES SOLD TO OTH	B	-1,253	CENTRAL SERVICES & SUPPLY		14.00	0 45.11
45.12 PLAINFIELD PT ED DEPT COURSES	B	-1,200	PHYSICAL THERAPY		66.00	0 45.12
45.13 AVON ORTH/SPORT MISC./OTHER	B	-470	PHYSICAL THERAPY		66.00	0 45.13
45.14 OCC THERAPY REHAB SUPPLIES SOLD TO O	B	-27,552	OCCUPATIONAL THERAPY		67.00	0 45.14
45.15 HUMAN RESOURCES ED DEPT COURSES	B	-12	EMPLOYEE BENEFITS		4.00	0 45.15
45.16 ECHO MISCELLANEOUS	B	-3,217	ELECTROCARDIOLOGY		69.00	0 45.16
45.17 BROWNSBURG PT MISCELLANEOUS	B	-175	PHYSICAL THERAPY		66.00	0 45.17
45.18 BROWNSBURG LEASE REVENUE	B	-350	PHYSICAL THERAPY		66.00	0 45.18
45.19 MAINTENANCE MISCELLANEOUS	B	-4,947	OPERATION OF PLANT		7.00	0 45.19
45.20 SUPPORT SERVICE MISCELLANEOUS	B	-18	HOUSEKEEPING		9.00	0 45.20
45.21 LAUNDRY MISCELLANEOUS	B	-43,956	LAUNDRY & LINEN SERVICE		8.00	9 45.21
45.22 HRH WELLNESS ED DEPARTMENT COURSES	B	-12,035	EMPLOYEE BENEFITS		4.00	9 45.22
45.23 QUALITY ASSURAN MISCELLANEOUS/OTHER	B	-60	ADMINISTRATIVE & GENERAL		5.00	0 45.23
45.24 MARKETING ED DEPT COURSES	B	-46,297	ADMINISTRATIVE & GENERAL		5.00	0 45.24
45.25 MEALS ON WHEELS	A	-370,774	DIETARY		10.00	0 45.25
45.26 1993 CARRYFORWARD	A	-11,142	NEW CAP REL COSTS-BLDG & FIXT		1.00	11 45.26
45.27 1994 CARRYFORWARD	A	-3,288	NEW CAP REL COSTS-BLDG & FIXT		1.00	11 45.27
45.28 PHYSICIAN RECRUITMENT	A	-826,059	ADMINISTRATIVE & GENERAL		5.00	0 45.28
45.29 IHA LOBBYING EXPENSE	A	-3,238	ADMINISTRATIVE & GENERAL		5.00	0 45.29
45.30 AHA LOBBYING EXPENSE	A	-5,815	ADMINISTRATIVE & GENERAL		5.00	0 45.30
45.31 HOSPITAL ASSESSMENT FEE	A	-8,513,418	ADMINISTRATIVE & GENERAL		5.00	0 45.31
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,448,949				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150005

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 9:43 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,525,837	1,525,837	0	177,200	0	1.00
2.00	91.00	EMERGENCY	82,705	82,705	0	177,200	0	2.00
3.00	91.00	EMERGENCY	93,940	93,940	0	177,200	0	3.00
4.00	60.00	LABORATORY	65,842	65,842	0	215,700	0	4.00
5.00	66.00	PHYSICAL THERAPY	24,300	24,300	0	177,200	0	5.00
6.00	66.00	PHYSICAL THERAPY	313,030	313,030	0	177,200	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	135,351	120,351	15,000	177,200	101	7.00
8.00	59.00	CARDIAC CATHETERIZATION	205,540	205,540	0	177,200	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	70,216	70,216	0	177,200	0	9.00
10.00	91.00	EMERGENCY	347,193	347,193	0	177,200	0	10.00
11.00	50.00	OPERATING ROOM	2,045,740	2,045,740	0	177,200	0	11.00
12.00	65.00	RESPIRATORY THERAPY	16,655	0	16,655	177,200	190	12.00
200.00			4,926,349	4,894,694	31,655		291	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	91.00	EMERGENCY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	8,604	430	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	50.00	OPERATING ROOM	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	16,187	809	0	0	0	12.00
200.00			24,791	1,239	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,525,837	1.00
2.00	91.00	EMERGENCY	0	0	0	82,705	2.00
3.00	91.00	EMERGENCY	0	0	0	93,940	3.00
4.00	60.00	LABORATORY	0	0	0	65,842	4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	24,300	5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	313,030	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	8,604	6,396	126,747	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	205,540	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	70,216	9.00
10.00	91.00	EMERGENCY	0	0	0	347,193	10.00
11.00	50.00	OPERATING ROOM	0	0	0	2,045,740	11.00
12.00	65.00	RESPIRATORY THERAPY	0	16,187	468	468	12.00
200.00			0	24,791	6,864	4,901,558	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B Part I Date/Time Prepared: 5/29/2013 9:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	18,183,920	18,183,920				1.00
4.00 00400 EMPLOYEE BENEFITS	3,185,611	116,395	3,302,006			4.00
5.00 00500 ADMINISTRATIVE & GENERAL	14,685,973	1,585,879	291,716	16,563,568	16,563,568	5.00
7.00 00700 OPERATION OF PLANT	5,775,718	2,596,533	85,448	8,457,699	843,562	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	605,756	290,591	11,309	907,656	90,529	8.00
9.00 00900 HOUSEKEEPING	3,146,866	130,448	80,645	3,357,959	334,919	9.00
10.00 01000 DIETARY	471,511	511,773	17,602	1,000,886	99,827	10.00
11.00 01100 CAFETERIA	1,695,224	90,886	46,221	1,832,331	182,755	11.00
13.00 01300 NURSING ADMINISTRATION	2,798,292	264,532	81,434	3,144,258	313,605	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,938,309	392,628	25,434	2,356,371	235,022	14.00
15.00 01500 PHARMACY	8,746,034	61,253	67,834	8,875,121	885,196	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	-3,297,828	165,825	57,914	-3,074,089	0	16.00
17.00 01700 SOCIAL SERVICE	2,154,227	28,595	56,900	2,239,722	223,388	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,295,452	2,134,862	443,410	15,873,724	1,583,229	30.00
31.00 03100 INTENSIVE CARE UNIT	2,682,936	269,176	75,633	3,027,745	301,984	31.00
43.00 04300 NURSERY	355,291	50,957	7,659	413,907	41,283	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,890,351	847,456	58,729	3,796,536	378,663	50.00
50.01 05001 ENDOSCOPY	1,271,631	156,233	30,655	1,458,519	145,471	50.01
51.00 05100 RECOVERY ROOM	1,825,114	498,423	54,152	2,377,689	237,148	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	770,462	172,821	24,687	967,970	96,544	52.00
53.00 05300 ANESTHESIOLOGY	2,208,640	0	0	2,208,640	220,288	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,282,963	941,000	136,475	7,360,438	734,123	54.00
54.01 05401 RADIOLOGY-ONCOLOGY	10,727,691	399,746	30,220	11,157,657	1,112,854	54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	492,414	16,100	6,532	515,046	51,370	56.00
59.00 05900 CARDIAC CATHETERIZATION	707,297	271,223	17,249	995,769	99,317	59.00
60.00 06000 LABORATORY	6,697,282	345,306	99,592	7,142,180	712,354	60.00
64.00 06400 INTRAVENOUS THERAPY	1,225,401	41,395	35,203	1,301,999	129,860	64.00
65.00 06500 RESPIRATORY THERAPY	2,324,097	194,114	63,537	2,581,748	257,501	65.00
66.00 06600 PHYSICAL THERAPY	4,512,273	517,975	142,024	5,172,272	515,877	66.00
67.00 06700 OCCUPATIONAL THERAPY	400,500	30,428	12,229	443,157	44,200	67.00
68.00 06800 SPEECH PATHOLOGY	309,551	30,244	9,339	349,134	34,822	68.00
69.00 06900 ELECTROCARDIOLOGY	807,734	127,882	12,023	947,639	94,517	69.00
69.01 06901 CARDIAC REHAB	468,421	120,000	15,021	603,442	60,187	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	159,880	81,935	4,115	245,930	24,529	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	4,504,372	0	0	4,504,372	449,262	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,477,215	0	0	5,477,215	546,292	73.00
73.01 07301 ULTRA SOUND	588,942	16,802	18,588	624,332	62,270	73.01
74.00 07400 RENAL DIALYSIS	135,972	0	0	135,972	13,562	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	5,012,645	616,010	59,001	5,687,656	567,281	90.00
91.00 09100 EMERGENCY	4,120,179	690,857	115,923	4,926,959	491,410	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	140,344,319	14,806,283	2,294,453	135,959,129	12,215,001	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	33,092,211	2,725,029	843,219	36,660,459	3,656,473	192.00
192.01 19201 HEALTH TRACKS	3,551,555	379,583	104,389	4,035,527	402,499	192.01
194.00 07950 PRIMARY CARE CLINIC	720,179	0	20,459	740,638	73,870	194.00
194.01 07951 PARTNERS IN CARE	629,141	121,314	16,787	767,242	76,524	194.01
194.02 07952 OCCUPATIONAL MEDICINE	765,828	144,593	7,193	917,614	91,522	194.02
194.03 07953 FOUNDATION	170,043	7,118	5,030	182,191	18,172	194.03
194.04 07954 SCHOOL & TOWN CLINICS	285,362	0	10,476	295,838	29,507	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	179,558,638	18,183,920	3,302,006	179,558,638	16,563,568	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	9,301,261				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	998,185			8.00
9.00	00900	HOUSEKEEPING	141,962	0	3,834,840		9.00
10.00	01000	DIETARY	556,945	0	0	1,657,658	10.00
11.00	01100	CAFETERIA	98,908	0	0	0	2,113,994
13.00	01300	NURSING ADMINISTRATION	287,881	0	0	0	89,085
14.00	01400	CENTRAL SERVICES & SUPPLY	427,283	4,257	59,703	0	31,079
15.00	01500	PHARMACY	66,659	2,193	17,707	0	80,895
16.00	01600	MEDICAL RECORDS & LIBRARY	180,462	0	0	0	117,167
17.00	01700	SOCIAL SERVICE	0	0	0	0	22,697
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,323,295	230,859	1,600,633	1,315,465	569,249
31.00	03100	INTENSIVE CARE UNIT	292,935	27,027	141,653	79,346	108,685
43.00	04300	NURSERY	55,455	16,835	12,485	262,847	9,158
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	922,257	13,223	133,707	0	93,147
50.01	05001	ENDOSCOPY	170,022	55,279	6,810	0	45,879
51.00	05100	RECOVERY ROOM	542,416	53,731	198,632	0	64,928
52.00	05200	DELIVERY ROOM & LABOR ROOM	188,075	60,568	5,902	0	28,532
53.00	05300	ANESTHESIOLOGY	0	0	6,356	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	659,111	118,557	171,845	0	175,711
54.01	05401	RADIATION-ONCOLOGY	0	7,095	81,496	0	39,398
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	17,521	0	7,037	0	7,249
59.00	05900	CARDIAC CATHETERIZATION	295,162	0	0	0	21,315
60.00	06000	LABORATORY	270,892	0	109,418	0	143,179
64.00	06400	INTRAVENOUS THERAPY	45,049	5,160	8,853	0	42,204
65.00	06500	RESPIRATORY THERAPY	211,248	0	14,301	0	95,666
66.00	06600	PHYSICAL THERAPY	233,689	64,761	108,510	0	65,822
67.00	06700	OCCUPATIONAL THERAPY	14,396	0	17,480	0	10,361
68.00	06800	SPEECH PATHOLOGY	32,914	0	7,037	0	11,395
69.00	06900	ELECTROCARDIOLOGY	139,170	18,770	96,705	0	30,792
69.01	06901	CARDIAC REHAB	98,277	645	18,842	0	17,033
70.00	07000	ELECTROENCEPHALOGRAPHY	89,167	645	38,364	0	6,461
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	ULTRA SOUND	18,286	0	7,945	0	18,787
74.00	07400	RENAL DIALYSIS	0	774	10,669	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	90,304	157,770	0	0
91.00	09100	EMERGENCY	751,835	161,064	301,012	0	168,120
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,131,272	931,747	3,340,872	1,657,658	2,113,994
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	37,967	52,118	305,325	0	0
192.01	19201	HEALTH TRACKS	0	10,837	96,251	0	0
194.00	07950	PRIMARY CARE CLINIC	0	0	4,994	0	0
194.01	07951	PARTNERS IN CARE	132,022	774	26,333	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	2,709	59,022	0	0
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	SCHOOL & TOWN CLINICS	0	0	2,043	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	9,301,261	998,185	3,834,840	1,657,658	2,113,994

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
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	3,834,829					13.00
14.00	01400	0	3,113,715				14.00
15.00	01500	0	0	9,927,771			15.00
16.00	01600	0	0	0	-2,776,460		16.00
17.00	01700	0	0	0	0	2,485,807	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,528,456	0	0	0	2,116,665	30.00
31.00	03100	291,826	0	0	0	202,457	31.00
43.00	04300	24,591	0	0	0	42,623	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	250,104	0	0	0	22,072	50.00
50.01	05001	123,187	0	0	0	0	50.01
51.00	05100	174,334	0	0	0	85,245	51.00
52.00	05200	76,611	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	471,795	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	03450	0	0	0	0	0	56.00
59.00	05900	57,232	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	256,868	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	82,678	0	0	0	0	69.00
69.01	06901	45,735	0	0	0	0	69.01
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	3,113,715	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	9,927,771	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	451,412	0	0	0	16,745	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		3,834,829	3,113,715	9,927,771	0	2,485,807	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	-2,776,460	0	201.00
202.00		3,834,829	3,113,715	9,927,771	-2,776,460	2,485,807	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
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
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	27,141,575	0	27,141,575	30.00
31.00	03100	4,473,658	0	4,473,658	31.00
43.00	04300	879,184	0	879,184	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	5,609,709	0	5,609,709	50.00
50.01	05001	2,005,167	0	2,005,167	50.01
51.00	05100	3,734,123	0	3,734,123	51.00
52.00	05200	1,424,202	0	1,424,202	52.00
53.00	05300	2,435,284	0	2,435,284	53.00
54.00	05400	9,691,580	0	9,691,580	54.00
54.01	05401	12,398,500	0	12,398,500	54.01
56.00	03450	598,223	0	598,223	56.00
59.00	05900	1,468,795	0	1,468,795	59.00
60.00	06000	8,378,023	0	8,378,023	60.00
64.00	06400	1,533,125	0	1,533,125	64.00
65.00	06500	3,417,332	0	3,417,332	65.00
66.00	06600	6,160,931	0	6,160,931	66.00
67.00	06700	529,594	0	529,594	67.00
68.00	06800	435,302	0	435,302	68.00
69.00	06900	1,410,271	0	1,410,271	69.00
69.01	06901	844,161	0	844,161	69.01
70.00	07000	405,096	0	405,096	70.00
71.00	07100	3,113,715	0	3,113,715	71.00
72.00	07200	4,953,634	0	4,953,634	72.00
73.00	07300	15,951,278	0	15,951,278	73.00
73.01	07301	731,620	0	731,620	73.01
74.00	07400	160,977	0	160,977	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	6,503,011	0	6,503,011	90.00
91.00	09100	7,268,557	0	7,268,557	91.00
92.00	09200		0		92.00
SPECIAL PURPOSE COST CENTERS					
118.00		133,656,627	0	133,656,627	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	40,712,342	0	40,712,342	192.00
192.01	19201	4,545,114	0	4,545,114	192.01
194.00	07950	819,502	0	819,502	194.00
194.01	07951	1,002,895	0	1,002,895	194.01
194.02	07952	1,070,867	0	1,070,867	194.02
194.03	07953	200,363	0	200,363	194.03
194.04	07954	327,388	0	327,388	194.04
200.00		0	0	0	200.00
201.00		-2,776,460	0	-2,776,460	201.00
202.00		179,558,638	0	179,558,638	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150005

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

Worksheet B Part II Date/Time Prepared: 5/29/2013 9:43 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS	0	116,395	116,395	116,395		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,585,879	1,585,879	10,285	1,596,164	5.00
7.00 00700	OPERATION OF PLANT	0	2,596,533	2,596,533	3,012	81,287	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	290,591	290,591	399	8,723	8.00
9.00 00900	HOUSEKEEPING	0	130,448	130,448	2,843	32,273	9.00
10.00 01000	DIETARY	0	511,773	511,773	621	9,620	10.00
11.00 01100	CAFETERIA	0	90,886	90,886	1,630	17,611	11.00
13.00 01300	NURSING ADMINISTRATION	0	264,532	264,532	2,871	30,219	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	392,628	392,628	897	22,647	14.00
15.00 01500	PHARMACY	0	61,253	61,253	2,392	85,299	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	165,825	165,825	2,042	0	16.00
17.00 01700	SOCIAL SERVICE	0	28,595	28,595	2,006	21,526	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,134,862	2,134,862	15,633	152,562	30.00
31.00 03100	INTENSIVE CARE UNIT	0	269,176	269,176	2,666	29,100	31.00
43.00 04300	NURSERY	0	50,957	50,957	270	3,978	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	847,456	847,456	2,071	36,489	50.00
50.01 05001	ENDOSCOPY	0	156,233	156,233	1,081	14,018	50.01
51.00 05100	RECOVERY ROOM	0	498,423	498,423	1,909	22,852	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	172,821	172,821	870	9,303	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	21,227	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	941,000	941,000	4,811	70,741	54.00
54.01 05401	RADIATION-ONCOLOGY	0	399,746	399,746	1,065	107,236	54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	16,100	16,100	230	4,950	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	271,223	271,223	608	9,570	59.00
60.00 06000	LABORATORY	0	345,306	345,306	3,511	68,643	60.00
64.00 06400	INTRAVENOUS THERAPY	0	41,395	41,395	1,241	12,514	64.00
65.00 06500	RESPIRATORY THERAPY	0	194,114	194,114	2,240	24,813	65.00
66.00 06600	PHYSICAL THERAPY	0	517,975	517,975	5,007	49,711	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	30,428	30,428	431	4,259	67.00
68.00 06800	SPEECH PATHOLOGY	0	30,244	30,244	329	3,356	68.00
69.00 06900	ELECTROCARDIOLOGY	0	127,882	127,882	424	9,108	69.00
69.01 06901	CARDIAC REHAB	0	120,000	120,000	530	5,800	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	81,935	81,935	145	2,364	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	43,292	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	52,642	73.00
73.01 07301	ULTRA SOUND	0	16,802	16,802	655	6,000	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	0	1,307	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	616,010	616,010	2,080	54,664	90.00
91.00 09100	EMERGENCY	0	690,857	690,857	4,087	47,353	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	14,806,283	14,806,283	80,892	1,177,057	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	2,725,029	2,725,029	29,710	352,417	192.00
192.01 19201	HEALTH TRACKS	0	379,583	379,583	3,680	38,785	192.01
194.00 07950	PRIMARY CARE CLINIC	0	0	0	721	7,118	194.00
194.01 07951	PARTNERS IN CARE	0	121,314	121,314	592	7,374	194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	144,593	144,593	254	8,819	194.02
194.03 07953	FOUNDATION	0	7,118	7,118	177	1,751	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	0	0	369	2,843	194.04
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	18,183,920	18,183,920	116,395	1,596,164	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150005

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	2,680,832				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	299,713			8.00
9.00	00900	HOUSEKEEPING	40,917	0	206,481		9.00
10.00	01000	DIETARY	160,524	0	0	682,538	10.00
11.00	01100	CAFETERIA	28,508	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	82,974	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	123,153	1,278	3,215	0	14.00
15.00	01500	PHARMACY	19,213	658	953	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,013	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	669,626	69,318	86,183	541,641	37,330
31.00	03100	INTENSIVE CARE UNIT	84,430	8,115	7,627	32,670	7,128
43.00	04300	NURSERY	15,983	5,055	672	108,227	601
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	265,815	3,970	7,199	0	6,109
50.01	05001	ENDOSCOPY	49,004	16,598	367	0	3,009
51.00	05100	RECOVERY ROOM	156,336	16,133	10,695	0	4,258
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,207	18,186	318	0	1,871
53.00	05300	ANESTHESIOLOGY	0	0	342	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	189,971	35,598	9,253	0	11,523
54.01	05401	RADIATION-ONCOLOGY	0	2,130	4,388	0	2,584
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,050	0	379	0	475
59.00	05900	CARDIAC CATHETERIZATION	85,072	0	0	0	1,398
60.00	06000	LABORATORY	78,077	0	5,891	0	9,390
64.00	06400	INTRAVENOUS THERAPY	12,984	1,549	477	0	2,768
65.00	06500	RESPIRATORY THERAPY	60,886	0	770	0	6,274
66.00	06600	PHYSICAL THERAPY	67,355	19,445	5,843	0	4,317
67.00	06700	OCCUPATIONAL THERAPY	4,149	0	941	0	679
68.00	06800	SPEECH PATHOLOGY	9,487	0	379	0	747
69.00	06900	ELECTROCARDIOLOGY	40,112	5,636	5,207	0	2,019
69.01	06901	CARDIAC REHAB	28,325	194	1,014	0	1,117
70.00	07000	ELECTROENCEPHALOGRAPHY	25,700	194	2,066	0	424
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	ULTRA SOUND	5,270	0	428	0	1,232
74.00	07400	RENAL DIALYSIS	0	232	574	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	27,115	8,495	0	0
91.00	09100	EMERGENCY	216,696	48,361	16,208	0	11,025
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,631,837	279,765	179,884	682,538	138,635
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,943	15,649	16,440	0	0
192.01	19201	HEALTH TRACKS	0	3,254	5,182	0	0
194.00	07950	PRIMARY CARE CLINIC	0	0	269	0	0
194.01	07951	PARTNERS IN CARE	38,052	232	1,418	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	813	3,178	0	0
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	SCHOOL & TOWN CLINICS	0	0	110	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,680,832	299,713	206,481	682,538	138,635

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 9:43 am				
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
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	386,438			13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	545,856		14.00		
15.00	01500	PHARMACY	0	0	175,073	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	227,564	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	53,615	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	154,023	0	0	0	45,653	30.00
31.00	03100	INTENSIVE CARE UNIT	29,408	0	0	0	4,367	31.00
43.00	04300	NURSERY	2,478	0	0	0	919	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,203	0	0	0	476	50.00
50.01	05001	ENDOSCOPY	12,414	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	17,568	0	0	0	1,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,720	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,543	0	0	0	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,767	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	25,885	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,331	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	4,609	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	545,856	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	175,073	0	0	73.00
73.01	07301	ULTRA SOUND	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	45,489	0	0	0	361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	386,438	545,856	175,073	0	53,615	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HEALTH TRACKS	0	0	0	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	0	0	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	227,564	0	201.00
202.00		TOTAL (sum lines 118-201)	386,438	545,856	175,073	227,564	53,615	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150005

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
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
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,906,831	0	3,906,831	30.00
31.00	03100	474,687	0	474,687	31.00
43.00	04300	189,140	0	189,140	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,194,788	0	1,194,788	50.00
50.01	05001	252,724	0	252,724	50.01
51.00	05100	730,013	0	730,013	51.00
52.00	05200	265,296	0	265,296	52.00
53.00	05300	21,569	0	21,569	53.00
54.00	05400	1,310,440	0	1,310,440	54.00
54.01	05401	517,149	0	517,149	54.01
56.00	03450	27,184	0	27,184	56.00
59.00	05900	373,638	0	373,638	59.00
60.00	06000	510,818	0	510,818	60.00
64.00	06400	72,928	0	72,928	64.00
65.00	06500	314,982	0	314,982	65.00
66.00	06600	669,653	0	669,653	66.00
67.00	06700	40,887	0	40,887	67.00
68.00	06800	44,542	0	44,542	68.00
69.00	06900	198,719	0	198,719	69.00
69.01	06901	161,589	0	161,589	69.01
70.00	07000	112,828	0	112,828	70.00
71.00	07100	545,856	0	545,856	71.00
72.00	07200	43,292	0	43,292	72.00
73.00	07300	227,715	0	227,715	73.00
73.01	07301	30,387	0	30,387	73.01
74.00	07400	2,113	0	2,113	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	708,364	0	708,364	90.00
91.00	09100	1,080,437	0	1,080,437	91.00
92.00	09200		0		92.00
SPECIAL PURPOSE COST CENTERS					
118.00		14,028,569	0	14,028,569	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	3,150,188	0	3,150,188	192.00
192.01	19201	430,484	0	430,484	192.01
194.00	07950	8,108	0	8,108	194.00
194.01	07951	168,982	0	168,982	194.01
194.02	07952	157,657	0	157,657	194.02
194.03	07953	9,046	0	9,046	194.03
194.04	07954	3,322	0	3,322	194.04
200.00		0	0	0	200.00
201.00		227,564	0	227,564	201.00
202.00		18,183,920	0	18,183,920	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	595,219					1.00
4.00 00400	EMPLOYEE BENEFITS	3,810	80,673,547				4.00
5.00 00500	ADMINISTRATIVE & GENERAL	51,911	7,127,190	-16,563,568	166,069,159		5.00
7.00 00700	OPERATION OF PLANT	84,993	2,087,661	0	8,457,699	279,767	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	9,512	276,310	0	907,656	0	8.00
9.00 00900	HOUSEKEEPING	4,270	1,970,310	0	3,357,959	4,270	9.00
10.00 01000	DIETARY	16,752	430,051	0	1,000,886	16,752	10.00
11.00 01100	CAFETERIA	2,975	1,129,281	0	1,832,331	2,975	11.00
13.00 01300	NURSING ADMINISTRATION	8,659	1,989,599	0	3,144,258	8,659	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,852	621,395	0	2,356,371	12,852	14.00
15.00 01500	PHARMACY	2,005	1,657,326	0	8,875,121	2,005	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,428	1,414,954	3,074,089	0	5,428	16.00
17.00 01700	SOCIAL SERVICE	936	1,390,174	0	2,239,722	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	69,881	10,833,372	0	15,873,724	69,881	30.00
31.00 03100	INTENSIVE CARE UNIT	8,811	1,847,872	0	3,027,745	8,811	31.00
43.00 04300	NURSERY	1,668	187,132	0	413,907	1,668	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	27,740	1,434,862	0	3,796,536	27,740	50.00
50.01 05001	ENDOSCOPY	5,114	748,951	0	1,458,519	5,114	50.01
51.00 05100	RECOVERY ROOM	16,315	1,323,037	0	2,377,689	16,315	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,657	603,163	0	967,970	5,657	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	2,208,640	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	30,802	3,334,362	0	7,360,438	19,825	54.00
54.01 05401	RADIATION-ONCOLOGY	13,085	738,338	0	11,157,657	0	54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	527	159,579	0	515,046	527	56.00
59.00 05900	CARDIAC CATHETERIZATION	8,878	421,429	0	995,769	8,878	59.00
60.00 06000	LABORATORY	11,303	2,433,227	0	7,142,180	8,148	60.00
64.00 06400	INTRAVENOUS THERAPY	1,355	860,083	0	1,301,999	1,355	64.00
65.00 06500	RESPIRATORY THERAPY	6,354	1,552,338	0	2,581,748	6,354	65.00
66.00 06600	PHYSICAL THERAPY	16,955	3,469,913	0	5,172,272	7,029	66.00
67.00 06700	OCCUPATIONAL THERAPY	996	298,783	0	443,157	433	67.00
68.00 06800	SPEECH PATHOLOGY	990	228,178	0	349,134	990	68.00
69.00 06900	ELECTROCARDIOLOGY	4,186	293,738	0	947,639	4,186	69.00
69.01 06901	CARDIAC REHAB	3,928	367,000	0	603,442	2,956	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	2,682	100,532	0	245,930	2,682	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,504,372	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,477,215	0	73.00
73.01 07301	ULTRA SOUND	550	454,138	0	624,332	550	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	135,972	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	20,164	1,441,518	0	5,687,656	0	90.00
91.00 09100	EMERGENCY	22,614	2,832,236	0	4,926,959	22,614	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	484,658	56,058,032	-13,489,479	122,469,650	274,654	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	89,199	20,600,513	0	36,660,459	1,142	192.00
192.01 19201	HEALTH TRACKS	12,425	2,550,423	0	4,035,527	0	192.01
194.00 07950	PRIMARY CARE CLINIC	0	499,855	0	740,638	0	194.00
194.01 07951	PARTNERS IN CARE	3,971	410,139	0	767,242	3,971	194.01
194.02 07952	OCCUPATIONAL MEDICINE	4,733	175,734	0	917,614	0	194.02
194.03 07953	FOUNDATION	233	122,896	0	182,191	0	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	255,955	0	295,838	0	194.04
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)	18,183,920	3,302,006		16,563,568	9,301,261	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	30.549966	0.040930		0.099739	33.246455	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		116,395		1,596,164	2,680,832	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.001443		0.009611	9.582374	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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	15,475				8.00
9.00	00900	HOUSEKEEPING	0	16,893			9.00
10.00	01000	DIETARY	0	0	6,748		10.00
11.00	01100	CAFETERIA	0	0	0	1,221,982	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	51,495	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	66	263	0	17,965	0 14.00
15.00	01500	PHARMACY	34	78	0	46,761	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	67,728	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	13,120	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,579	7,051	5,355	329,049	329,049 30.00
31.00	03100	INTENSIVE CARE UNIT	419	624	323	62,825	62,825 31.00
43.00	04300	NURSERY	261	55	1,070	5,294	5,294 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	205	589	0	53,843	53,843 50.00
50.01	05001	ENDOSCOPY	857	30	0	26,520	26,520 50.01
51.00	05100	RECOVERY ROOM	833	875	0	37,531	37,531 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	939	26	0	16,493	16,493 52.00
53.00	05300	ANESTHESIOLOGY	0	28	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,838	757	0	101,569	101,569 54.00
54.01	05401	RADIATION-ONCOLOGY	110	359	0	22,774	0 54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	31	0	4,190	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,321	12,321 59.00
60.00	06000	LABORATORY	0	482	0	82,764	0 60.00
64.00	06400	INTRAVENOUS THERAPY	80	39	0	24,396	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	63	0	55,299	55,299 65.00
66.00	06600	PHYSICAL THERAPY	1,004	478	0	38,048	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	77	0	5,989	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	31	0	6,587	0 68.00
69.00	06900	ELECTROCARDIOLOGY	291	426	0	17,799	17,799 69.00
69.01	06901	CARDIAC REHAB	10	83	0	9,846	9,846 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	10	169	0	3,735	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.01	07301	ULTRA SOUND	0	35	0	10,860	0 73.01
74.00	07400	RENAL DIALYSIS	12	47	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,400	695	0	0	0 90.00
91.00	09100	EMERGENCY	2,497	1,326	0	97,181	97,181 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,445	14,717	6,748	1,221,982	825,570 118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	808	1,345	0	0	0 192.00
192.01	19201	HEALTH TRACKS	168	424	0	0	0 192.01
194.00	07950	PRIMARY CARE CLINIC	0	22	0	0	0 194.00
194.01	07951	PARTNERS IN CARE	12	116	0	0	0 194.01
194.02	07952	OCCUPATIONAL MEDICINE	42	260	0	0	0 194.02
194.03	07953	FOUNDATION	0	0	0	0	0 194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	9	0	0	0 194.04
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)	998,185	3,834,840	1,657,658	2,113,994	3,834,829 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	64.503069	227.007636	245.651749	1.729971	4.645068 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	299,713	206,481	682,538	138,635	386,438 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.367561	12.222873	101.146710	0.113451	0.468086 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
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
14.00	01400	100				14.00
15.00	01500	0	100			15.00
16.00	01600	0	0	257,743,855		16.00
17.00	01700	0	0	0	3,266	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	21,889,388	2,781	30.00
31.00	03100	0	0	5,912,726	266	31.00
43.00	04300	0	0	0	56	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	30,775,442	29	50.00
50.01	05001	0	0	8,337,043	0	50.01
51.00	05100	0	0	0	112	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	59,296,623	0	54.00
54.01	05401	0	0	0	0	54.01
56.00	03450	0	0	0	0	56.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	69,324,022	0	60.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	0	7,427,917	0	65.00
66.00	06600	0	0	16,181,008	0	66.00
67.00	06700	0	0	1,757,393	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	6,853,102	0	69.00
69.01	06901	0	0	69	0	69.01
70.00	07000	0	0	6,853,102	0	70.00
71.00	07100	100	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	100	0	0	73.00
73.01	07301	0	0	0	0	73.01
74.00	07400	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
91.00	09100	0	0	23,136,020	22	91.00
92.00	09200					92.00
SPECIAL PURPOSE COST CENTERS						
118.00		100	100	257,743,855	3,266	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	0	0	0	0	192.00
192.01	19201	0	0	0	0	192.01
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
194.04	07954	0	0	0	0	194.04
200.00						200.00
201.00						201.00
202.00		3,113,715	9,927,771	-2,776,460	2,485,807	202.00
203.00		31,137.150000	99,277.710000	0.000000	761.116656	203.00
204.00		545,856	175,073	227,564	53,615	204.00
205.00		5,458.560000	1,750.730000	0.000883	16.416105	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:43 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	27,141,575		27,141,575	0	27,141,575	21,907,388	30.00
31.00	03100	INTENSIVE CARE UNIT	4,473,658		4,473,658	0	4,473,658	5,912,556	31.00
43.00	04300	NURSERY	879,184		879,184	0	879,184	4,399,057	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,609,709		5,609,709	0	5,609,709	10,173,399	50.00
50.01	05001	ENDOSCOPY	2,005,167		2,005,167	0	2,005,167	521,391	50.01
51.00	05100	RECOVERY ROOM	3,734,123		3,734,123	0	3,734,123	1,844,393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,424,202		1,424,202	0	1,424,202	6,546,115	52.00
53.00	05300	ANESTHESIOLOGY	2,435,284		2,435,284	0	2,435,284	2,782,690	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,691,580		9,691,580	0	9,691,580	9,919,193	54.00
54.01	05401	RADIATION-ONCOLOGY	12,398,500		12,398,500	0	12,398,500	399,330	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	598,223		598,223	0	598,223	403,176	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,468,795		1,468,795	0	1,468,795	2,961,681	59.00
60.00	06000	LABORATORY	8,378,023		8,378,023	0	8,378,023	17,780,742	60.00
64.00	06400	INTRAVENOUS THERAPY	1,533,125		1,533,125	0	1,533,125	1,559,551	64.00
65.00	06500	RESPIRATORY THERAPY	3,417,332	0	3,417,332	468	3,417,800	3,683,729	65.00
66.00	06600	PHYSICAL THERAPY	6,160,931	0	6,160,931	0	6,160,931	2,254,691	66.00
67.00	06700	OCCUPATIONAL THERAPY	529,594	0	529,594	0	529,594	729,167	67.00
68.00	06800	SPEECH PATHOLOGY	435,302	0	435,302	0	435,302	110,010	68.00
69.00	06900	ELECTROCARDIOLOGY	1,410,271		1,410,271	6,396	1,416,667	2,309,192	69.00
69.01	06901	CARDIAC REHAB	844,161		844,161	0	844,161	32,100	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	405,096		405,096	0	405,096	117,968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,113,715		3,113,715	0	3,113,715	3,985,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,953,634		4,953,634	0	4,953,634	6,099,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,951,278		15,951,278	0	15,951,278	10,123,972	73.00
73.01	07301	ULTRA SOUND	731,620		731,620	0	731,620	1,656,507	73.01
74.00	07400	RENAL DIALYSIS	160,977		160,977	0	160,977	195,189	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	6,503,011		6,503,011	0	6,503,011	44,843	90.00
91.00	09100	EMERGENCY	7,268,557		7,268,557	0	7,268,557	4,847,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,988,326		3,988,326		3,988,326	0	92.00
200.00		Subtotal (see instructions)	137,644,953	0	137,644,953	6,864	137,651,817	123,300,667	200.00
201.00		Less Observation Beds	3,988,326		3,988,326		3,988,326		201.00
202.00		Total (see instructions)	133,656,627	0	133,656,627	6,864	133,663,491	123,300,667	202.00
Charges									
Cost Center Description	Outpatient		Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	7.00	8.00					9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		21,907,388					30.00
31.00	03100	INTENSIVE CARE UNIT		5,912,556					31.00
43.00	04300	NURSERY		4,399,057					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	14,165,596	24,338,995	0.230482	0.000000	0.230482		50.00
50.01	05001	ENDOSCOPY	7,815,652	8,337,043	0.240513	0.000000	0.240513		50.01
51.00	05100	RECOVERY ROOM	5,107,235	6,951,628	0.537158	0.000000	0.537158		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	482,273	7,028,388	0.202636	0.000000	0.202636		52.00
53.00	05300	ANESTHESIOLOGY	4,161,296	6,943,986	0.350704	0.000000	0.350704		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,219,066	59,138,259	0.163880	0.000000	0.163880		54.00
54.01	05401	RADIATION-ONCOLOGY	34,680,412	35,079,742	0.353438	0.000000	0.353438		54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,468,917	2,872,093	0.208288	0.000000	0.208288		56.00
59.00	05900	CARDIAC CATHETERIZATION	5,484,911	8,446,592	0.173892	0.000000	0.173892		59.00
60.00	06000	LABORATORY	54,319,481	72,100,223	0.116200	0.000000	0.116200		60.00
64.00	06400	INTRAVENOUS THERAPY	3,493,199	5,052,750	0.303424	0.000000	0.303424		64.00
65.00	06500	RESPIRATORY THERAPY	3,744,188	7,427,917	0.460066	0.000000	0.460129		65.00
66.00	06600	PHYSICAL THERAPY	13,926,317	16,181,008	0.380751	0.000000	0.380751		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,028,226	1,757,393	0.301352	0.000000	0.301352		67.00
68.00	06800	SPEECH PATHOLOGY	328,348	438,358	0.993029	0.000000	0.993029		68.00
69.00	06900	ELECTROCARDIOLOGY	4,543,910	6,853,102	0.205786	0.000000	0.206719		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00					
69.01	06901	CARDI AC REHAB	962,025	994,125	0.849150	0.000000	0.849150		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	350,595	468,563	0.864550	0.000000	0.864550		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,349,001	6,334,530	0.491546	0.000000	0.491546		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,909,473	9,008,741	0.549870	0.000000	0.549870		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,532,379	21,656,351	0.736564	0.000000	0.736564		73.00
73.01	07301	ULTRA SOUND	5,995,786	7,652,293	0.095608	0.000000	0.095608		73.01
74.00	07400	RENAL DIALYSIS	5,989	201,178	0.800172	0.000000	0.800172		74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	23,867,017	23,911,860	0.271958	0.000000	0.271958		90.00
91.00	09100	EMERGENCY	18,288,180	23,136,020	0.314166	0.000000	0.314166		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,950,077	2,950,077	1.351940	0.000000	1.351940		92.00
200.00		Subtotal (see instructions)	274,179,549	397,480,216					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	274,179,549	397,480,216					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:43 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 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	27,141,575		27,141,575	0	0	21,907,388	30.00
31.00	03100	INTENSIVE CARE UNIT	4,473,658		4,473,658	0	0	5,912,556	31.00
43.00	04300	NURSERY	879,184		879,184	0	0	4,399,057	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,609,709		5,609,709	0	0	10,173,399	50.00
50.01	05001	ENDOSCOPY	2,005,167		2,005,167	0	0	521,391	50.01
51.00	05100	RECOVERY ROOM	3,734,123		3,734,123	0	0	1,844,393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,424,202		1,424,202	0	0	6,546,115	52.00
53.00	05300	ANESTHESIOLOGY	2,435,284		2,435,284	0	0	2,782,690	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,691,580		9,691,580	0	0	9,919,193	54.00
54.01	05401	RADIATION-ONCOLOGY	12,398,500		12,398,500	0	0	399,330	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	598,223		598,223	0	0	403,176	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,468,795		1,468,795	0	0	2,961,681	59.00
60.00	06000	LABORATORY	8,378,023		8,378,023	0	0	17,780,742	60.00
64.00	06400	INTRAVENOUS THERAPY	1,533,125		1,533,125	0	0	1,559,551	64.00
65.00	06500	RESPIRATORY THERAPY	3,417,332	0	3,417,332	0	0	3,683,729	65.00
66.00	06600	PHYSICAL THERAPY	6,160,931	0	6,160,931	0	0	2,254,691	66.00
67.00	06700	OCCUPATIONAL THERAPY	529,594	0	529,594	0	0	729,167	67.00
68.00	06800	SPEECH PATHOLOGY	435,302	0	435,302	0	0	110,010	68.00
69.00	06900	ELECTROCARDIOLOGY	1,410,271		1,410,271	0	0	2,309,192	69.00
69.01	06901	CARDIAC REHAB	844,161		844,161	0	0	32,100	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	405,096		405,096	0	0	117,968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,113,715		3,113,715	0	0	3,985,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,953,634		4,953,634	0	0	6,099,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,951,278		15,951,278	0	0	10,123,972	73.00
73.01	07301	ULTRA SOUND	731,620		731,620	0	0	1,656,507	73.01
74.00	07400	RENAL DIALYSIS	160,977		160,977	0	0	195,189	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	6,503,011		6,503,011	0	0	44,843	90.00
91.00	09100	EMERGENCY	7,268,557		7,268,557	0	0	4,847,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,988,326		3,988,326	0	0	0	92.00
200.00		Subtotal (see instructions)	137,644,953	0	137,644,953	0	0	123,300,667	200.00
201.00		Less Observation Beds	3,988,326		3,988,326	0	0	0	201.00
202.00		Total (see instructions)	133,656,627	0	133,656,627	0	0	123,300,667	202.00
Charges									
Cost Center Description	Outpatient		Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	7.00	8.00					9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		21,907,388					30.00
31.00	03100	INTENSIVE CARE UNIT		5,912,556					31.00
43.00	04300	NURSERY		4,399,057					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	14,165,596	24,338,995	0.230482	0.000000	0.000000		50.00
50.01	05001	ENDOSCOPY	7,815,652	8,337,043	0.240513	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	5,107,235	6,951,628	0.537158	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	482,273	7,028,388	0.202636	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	4,161,296	6,943,986	0.350704	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,219,066	59,138,259	0.163880	0.000000	0.000000		54.00
54.01	05401	RADIATION-ONCOLOGY	34,680,412	35,079,742	0.353438	0.000000	0.000000		54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,468,917	2,872,093	0.208288	0.000000	0.000000		56.00
59.00	05900	CARDIAC CATHETERIZATION	5,484,911	8,446,592	0.173892	0.000000	0.000000		59.00
60.00	06000	LABORATORY	54,319,481	72,100,223	0.116200	0.000000	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	3,493,199	5,052,750	0.303424	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	3,744,188	7,427,917	0.460066	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	13,926,317	16,181,008	0.380751	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,028,226	1,757,393	0.301352	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	328,348	438,358	0.993029	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,543,910	6,853,102	0.205786	0.000000	0.000000		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:43 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	
69.01	06901	CARDI AC REHAB	962,025	994,125	0.849150	0.000000	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	350,595	468,563	0.864550	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,349,001	6,334,530	0.491546	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,909,473	9,008,741	0.549870	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,532,379	21,656,351	0.736564	0.000000	0.000000	73.00
73.01	07301	ULTRA SOUND	5,995,786	7,652,293	0.095608	0.000000	0.000000	73.01
74.00	07400	RENAL DIALYSIS	5,989	201,178	0.800172	0.000000	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	23,867,017	23,911,860	0.271958	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	18,288,180	23,136,020	0.314166	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,950,077	2,950,077	1.351940	0.000000	0.000000	92.00
200.00		Subtotal (see instructions)	274,179,549	397,480,216				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	274,179,549	397,480,216				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150005		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/29/2013 9:43 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,906,831	0	3,906,831	21,212	184.18	30.00
31.00	INTENSIVE CARE UNIT	474,687		474,687	2,214	214.40	31.00
43.00	NURSERY	189,140		189,140	2,618	72.25	43.00
200.00	Total (Lines 30-199)	4,570,658		4,570,658	26,044		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	8,015	1,476,203				
31.00	INTENSIVE CARE UNIT	1,109	237,770				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	9,124	1,713,973				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/29/2013 9:43 am
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,194,788	24,338,995	0.049089	4,381,866	215,101	50.00
50.01	05001 ENDOSCOPY	252,724	8,337,043	0.030313	135,778	4,116	50.01
51.00	05100 RECOVERY ROOM	730,013	6,951,628	0.105013	745,587	78,296	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	265,296	7,028,388	0.037746	2,251	85	52.00
53.00	05300 ANESTHESIOLOGY	21,569	6,943,986	0.003106	1,059,894	3,292	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,310,440	59,138,259	0.022159	4,947,482	109,631	54.00
54.01	05401 RADIATION-ONCOLOGY	517,149	35,079,742	0.014742	137,255	2,023	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	27,184	2,872,093	0.009465	257,834	2,440	56.00
59.00	05900 CARDIAC CATHETERIZATION	373,638	8,446,592	0.044235	1,253,899	55,466	59.00
60.00	06000 LABORATORY	510,818	72,100,223	0.007085	9,252,870	65,557	60.00
64.00	06400 INTRAVENOUS THERAPY	72,928	5,052,750	0.014433	601,251	8,678	64.00
65.00	06500 RESPIRATORY THERAPY	314,982	7,427,917	0.042405	1,688,387	71,596	65.00
66.00	06600 PHYSICAL THERAPY	669,653	16,181,008	0.041385	1,342,846	55,574	66.00
67.00	06700 OCCUPATIONAL THERAPY	40,887	1,757,393	0.023266	449,368	10,455	67.00
68.00	06800 SPEECH PATHOLOGY	44,542	438,358	0.101611	69,443	7,056	68.00
69.00	06900 ELECTROCARDIOLOGY	198,719	6,853,102	0.028997	1,459,295	42,315	69.00
69.01	06901 CARDIAC REHAB	161,589	994,125	0.162544	8,460	1,375	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	112,828	468,563	0.240796	61,150	14,725	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	545,856	6,334,530	0.086172	1,752,064	150,979	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	43,292	9,008,741	0.004806	2,826,538	13,584	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	227,715	21,656,351	0.010515	4,558,546	47,933	73.00
73.01	07301 ULTRA SOUND	30,387	7,652,293	0.003971	585,736	2,326	73.01
74.00	07400 RENAL DIALYSIS	2,113	201,178	0.010503	497	5	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	708,364	23,911,860	0.029624	8,400	249	90.00
91.00	09100 EMERGENCY	1,080,437	23,136,020	0.046699	2,522,980	117,821	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	574,092	2,950,077	0.194602	0	0	92.00
200.00	Total (lines 50-199)	10,032,003	365,261,215		40,109,677	1,080,678	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150005		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/29/2013 9:43 am	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
43.00	04300	NURSERY	0	0	0	0	0 43.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,212	0.00	8,015	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,214	0.00	1,109	0	31.00	
43.00	04300	NURSERY	2,618	0.00	0	0	43.00	
200.00		Total (lines 30-199)	26,044		9,124	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0	0	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.00
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
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
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 PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,338,995	0.000000	0.000000	4,381,866	50.00
50.01	05001	ENDOSCOPY	0	8,337,043	0.000000	0.000000	135,778	50.01
51.00	05100	RECOVERY ROOM	0	6,951,628	0.000000	0.000000	745,587	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,028,388	0.000000	0.000000	2,251	52.00
53.00	05300	ANESTHESIOLOGY	0	6,943,986	0.000000	0.000000	1,059,894	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,138,259	0.000000	0.000000	4,947,482	54.00
54.01	05401	RADIATION-ONCOLOGY	0	35,079,742	0.000000	0.000000	137,255	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,872,093	0.000000	0.000000	257,834	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,446,592	0.000000	0.000000	1,253,899	59.00
60.00	06000	LABORATORY	0	72,100,223	0.000000	0.000000	9,252,870	60.00
64.00	06400	INTRAVENOUS THERAPY	0	5,052,750	0.000000	0.000000	601,251	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,427,917	0.000000	0.000000	1,688,387	65.00
66.00	06600	PHYSICAL THERAPY	0	16,181,008	0.000000	0.000000	1,342,846	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,757,393	0.000000	0.000000	449,368	67.00
68.00	06800	SPEECH PATHOLOGY	0	438,358	0.000000	0.000000	69,443	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,853,102	0.000000	0.000000	1,459,295	69.00
69.01	06901	CARDIAC REHAB	0	994,125	0.000000	0.000000	8,460	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	468,563	0.000000	0.000000	61,150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,334,530	0.000000	0.000000	1,752,064	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,008,741	0.000000	0.000000	2,826,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,656,351	0.000000	0.000000	4,558,546	73.00
73.01	07301	ULTRA SOUND	0	7,652,293	0.000000	0.000000	585,736	73.01
74.00	07400	RENAL DIALYSIS	0	201,178	0.000000	0.000000	497	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	23,911,860	0.000000	0.000000	8,400	90.00
91.00	09100	EMERGENCY	0	23,136,020	0.000000	0.000000	2,522,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,950,077	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	0	365,261,215			40,109,677	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 9:43 am

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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	11,724,604	0	50.00
50.01	05001 ENDOSCOPY	0	267,477	0	50.01
51.00	05100 RECOVERY ROOM	0	281,809	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	203,934	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,375,501	0	54.00
54.01	05401 RADIATION-ONCOLOGY	0	12,446,748	0	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	880,489	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,944,183	0	59.00
60.00	06000 LABORATORY	0	1,007,714	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,326,684	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	210,551	0	65.00
66.00	06600 PHYSICAL THERAPY	0	138,564	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,341	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	17,602	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,178,677	0	69.00
69.01	06901 CARDIAC REHAB	0	397,745	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	328,811	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	210,547	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,039,968	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,074,805	0	73.00
73.01	07301 ULTRASOUND	0	1,127,631	0	73.01
74.00	07400 RENAL DIALYSIS	0	3,249	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	932,490	0	90.00
91.00	09100 EMERGENCY	0	2,938,651	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	705,758	0	92.00
200.00	Total (lines 50-199)	0	53,769,533	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 9:43 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	0.230482	11,724,604	164	0	2,702,310	50.00
50.01	05001	ENDOSCOPY	0.240513	267,477	74	0	64,332	50.01
51.00	05100	RECOVERY ROOM	0.537158	281,809	3	0	151,376	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202636	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.350704	203,934	19	0	71,520	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163880	11,375,501	15	1,153	1,864,217	54.00
54.01	05401	RADIATION-ONCOLOGY	0.353438	12,446,748	0	10,141	4,399,154	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.208288	880,489	0	0	183,395	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.173892	1,944,183	0	0	338,078	59.00
60.00	06000	LABORATORY	0.116200	1,007,714	0	0	117,096	60.00
64.00	06400	INTRAVENOUS THERAPY	0.303424	1,326,684	0	0	402,548	64.00
65.00	06500	RESPIRATORY THERAPY	0.460066	210,551	4	0	96,867	65.00
66.00	06600	PHYSICAL THERAPY	0.380751	138,564	6	0	52,758	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301352	5,341	1	0	1,610	67.00
68.00	06800	SPEECH PATHOLOGY	0.993029	17,602	0	0	17,479	68.00
69.00	06900	ELECTROCARDIOLOGY	0.205786	1,178,677	10	0	242,555	69.00
69.01	06901	CARDIAC REHAB	0.849150	397,745	0	0	337,745	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.864550	328,811	0	0	284,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491546	210,547	59	0	103,494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.549870	1,039,968	0	0	571,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.736564	3,074,805	0	3,947	2,264,791	73.00
73.01	07301	ULTRA SOUND	0.095608	1,127,631	2	0	107,811	73.01
74.00	07400	RENAL DIALYSIS	0.800172	3,249	0	0	2,600	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.271958	932,490	252	0	253,598	90.00
91.00	09100	EMERGENCY	0.314166	2,938,651	16	0	923,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.351940	705,758	2	0	954,142	92.00
200.00		Subtotal (see instructions)		53,769,533	627	15,241	16,508,821	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		53,769,533	627	15,241	16,508,821	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 9:43 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	38	0		50.00
50.01 05001 ENDOSCOPY	18	0		50.01
51.00 05100 RECOVERY ROOM	2	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	7	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2	189		54.00
54.01 05401 RADIATION-ONCOLOGY	0	3,584		54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
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	2	0		65.00
66.00 06600 PHYSICAL THERAPY	2	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	2	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,907		73.00
73.01 07301 ULTRA SOUND	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	69	0		90.00
91.00 09100 EMERGENCY	5	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3	0		92.00
200.00 Subtotal (see instructions)	179	6,680		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	179	6,680		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2013 9:43 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)		21,212	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,212	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)		18,095	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)		8,015	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)		27,141,575	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)		27,141,575	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		21,907,388	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		21,907,388	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.238923	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,210.69	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)		27,141,575	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)		1,279.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,255,513	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)		10,255,513	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		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	4,473,658	2,214	2,020.62	1,109	2,240,868	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)					12,682,613	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,178,994	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)					1,713,973	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,080,678	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,794,651	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,384,343	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)					3,117	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,279.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,988,326	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 9:43 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	3,906,831	27,141,575	0.143943	3,988,326	574,092	90.00
91.00	Nursing School cost	0	27,141,575	0.000000	3,988,326	0	91.00
92.00	Allied health cost	0	27,141,575	0.000000	3,988,326	0	92.00
93.00	All other Medical Education	0	27,141,575	0.000000	3,988,326	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2013 9:43 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)		21,212	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,212	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)		18,095	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)		1,066	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)		2,618	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)		27,141,575	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)		27,141,575	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		21,907,388	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		21,907,388	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.238923	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,210.69	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)		27,141,575	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)		1,279.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,363,990	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)		1,363,990	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	879,184	2,618	335.82	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,473,658	2,214	2,020.62	0	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							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					934,194	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,298,184	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)					3,117	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,279.54	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,988,326	89.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150005

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

Worksheet D-1
Date/Time Prepared:
5/29/2013 9:43 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: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 9:43 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		7,254,593		30.00
31.00	03100 INTENSIVE CARE UNIT		2,993,671		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.230482	4,381,866	1,009,941	50.00
50.01	05001 ENDOSCOPY	0.240513	135,778	32,656	50.01
51.00	05100 RECOVERY ROOM	0.537158	745,587	400,498	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202636	2,251	456	52.00
53.00	05300 ANESTHESIOLOGY	0.350704	1,059,894	371,709	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163880	4,947,482	810,793	54.00
54.01	05401 RADIATION-ONCOLOGY	0.353438	137,255	48,511	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.208288	257,834	53,704	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.173892	1,253,899	218,043	59.00
60.00	06000 LABORATORY	0.116200	9,252,870	1,075,183	60.00
64.00	06400 INTRAVENOUS THERAPY	0.303424	601,251	182,434	64.00
65.00	06500 RESPIRATORY THERAPY	0.460129	1,688,387	776,876	65.00
66.00	06600 PHYSICAL THERAPY	0.380751	1,342,846	511,290	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.301352	449,368	135,418	67.00
68.00	06800 SPEECH PATHOLOGY	0.993029	69,443	68,959	68.00
69.00	06900 ELECTROCARDIOLOGY	0.206719	1,459,295	301,664	69.00
69.01	06901 CARDIAC REHAB	0.849150	8,460	7,184	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.864550	61,150	52,867	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491546	1,752,064	861,220	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.549870	2,826,538	1,554,228	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.736564	4,558,546	3,357,661	73.00
73.01	07301 ULTRA SOUND	0.095608	585,736	56,001	73.01
74.00	07400 RENAL DIALYSIS	0.800172	497	398	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.271958	8,400	2,284	90.00
91.00	09100 EMERGENCY	0.314166	2,522,980	792,635	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.351940	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		40,109,677	12,682,613	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)		40,109,677		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 9:43 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		958,094		30.00
31.00	03100 INTENSIVE CARE UNIT		110,883		31.00
43.00	04300 NURSERY		134,400		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.230482	264,231	60,900	50.00
50.01	05001 ENDOSCOPY	0.240513	7,659	1,842	50.01
51.00	05100 RECOVERY ROOM	0.537158	49,318	26,492	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202636	940,284	190,535	52.00
53.00	05300 ANESTHESIOLOGY	0.350704	80,382	28,190	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163880	265,472	43,506	54.00
54.01	05401 RADIATION-ONCOLOGY	0.353438	19,149	6,768	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.208288	6,706	1,397	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.173892	0	0	59.00
60.00	06000 LABORATORY	0.116200	515,283	59,876	60.00
64.00	06400 INTRAVENOUS THERAPY	0.303424	65,384	19,839	64.00
65.00	06500 RESPIRATORY THERAPY	0.460066	87,364	40,193	65.00
66.00	06600 PHYSICAL THERAPY	0.380751	26,842	10,220	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.301352	8,749	2,637	67.00
68.00	06800 SPEECH PATHOLOGY	0.993029	623	619	68.00
69.00	06900 ELECTROCARDIOLOGY	0.205786	88,817	18,277	69.00
69.01	06901 CARDIAC REHAB	0.849150	1,139	967	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.864550	3,955	3,419	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491546	221,114	108,688	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.549870	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.736564	334,489	246,373	73.00
73.01	07301 ULTRA SOUND	0.095608	65,050	6,219	73.01
74.00	07400 RENAL DIALYSIS	0.800172	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.271958	24	7	90.00
91.00	09100 EMERGENCY	0.314166	182,165	57,230	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.351940	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,234,199	934,194	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)		3,234,199		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 9:43 am
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		15,503,160	1.00
2.00	Outlier payments for discharges. (see instructions)		488,140	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)		115.48	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)		1.99	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.25	31.00
32.00	Sum of lines 30 and 31		16.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.30	33.00
34.00	Disproportionate share adjustment (see instructions)		511,604	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)		16,502,904	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)		16,502,904	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,381,135	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 9:43 am
		Title XVII	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)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			17,884,039 59.00
60.00	Primary payer payments			16,160 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			17,867,879 61.00
62.00	Deductibles billed to program beneficiaries			1,865,280 62.00
63.00	Coinurance billed to program beneficiaries			49,708 63.00
64.00	Allowable bad debts (see instructions)			-48,966 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			-34,276 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-63,682 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			15,918,615 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)			1,639 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			15,920,254 71.00
72.00	Interim payments			16,171,773 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)			-251,519 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			221,275 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: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/29/2013 9:43 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,859	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,508,821	2.00
3.00	PPS payments		12,652,549	3.00
4.00	Outlier payment (see instructions)		80,004	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.850	5.00
6.00	Line 2 times line 5		14,032,498	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		90.74	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,859	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		15,868	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)		15,868	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)		15,868	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,009	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)		6,859	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)		12,732,553	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		125	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,997,722	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)		9,741,565	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)		9,741,565	30.00
31.00	Primary payer payments		3,207	31.00
32.00	Subtotal (line 30 minus line 31)		9,738,358	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)		97,183	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		68,028	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		61,167	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		9,806,386	37.00
38.00	MSP-LCC reconciliation amount from PS&R		24	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)		9,806,362	40.00
41.00	Interim payments		9,896,964	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)		-90,602	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150005

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 9:43 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		16,036,573		9,733,261	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	12/19/2012	135,200	12/19/2012	130,603	3.01
3.02			0	08/31/2012	33,100	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)		135,200		163,703	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)		16,171,773		9,896,964	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		251,519		90,602	6.02
7.00	Total Medicare program liability (see instructions)		15,920,254		9,806,362	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: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/29/2013 9:43 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		5,678	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		9,124	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		1,301	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		20,309	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		397,480,216	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		4,815,000	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)		1,509,891	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,622,529	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)		-112,638	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2013 9:43 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		2,298,184		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,298,184	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,298,184	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,203,377		8.00
9.00	Ancillary service charges		3,234,199	0	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)		4,437,576	0	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)		4,437,576	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,139,392	0	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)		2,298,184	0	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)		2,298,184	0	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)		2,298,184	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		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)		2,298,184	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		2,298,184	0	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)		2,298,184	0	40.00
41.00	Interim payments		2,882,129	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-583,945		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		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: 150005

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

Worksheet G

Date/Time Prepared:
5/29/2013 9:43 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	6,856,226	0	0	0	1.00
2.00	Temporary investments	4,573,887	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	39,990,599	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	824,382	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	18,286,430	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	70,531,524	0	0	0	11.00
FIXED ASSETS						
12.00	Land	16,307,701	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	317,045,875	0	0	0	15.00
16.00	Accumulated depreciation	-129,512,818	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	203,840,758	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	117,142,916	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	3,922,194	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	121,065,110	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	395,437,392	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,726,028	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,918,395	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	17,048,841	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	46,693,264	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	114,179,185	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	114,179,185	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	160,872,449	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	234,564,943				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	234,564,943	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	395,437,392	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150005

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

Worksheet G-1

Date/Time Prepared:
5/29/2013 9:43 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		206,717,846		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		27,847,097			2.00
3.00	Total (sum of line 1 and line 2)		234,564,943		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)		234,564,943		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)		234,564,943		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: 150005

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2013 9:43 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	28,949,818		28,949,818	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)	28,949,818		28,949,818	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,108,190		6,108,190	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)	6,108,190		6,108,190	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	35,058,008		35,058,008	17.00
18.00	Ancillary services	86,186,029	225,211,376	311,397,405	18.00
19.00	Outpatient services	4,895,524	43,353,078	48,248,602	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	1,093,290	47,849,278	48,942,568	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	127,232,851	316,413,732	443,646,583	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		198,007,587		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)		198,007,587		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150005

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

Worksheet G-3

Date/Time Prepared:
5/29/2013 9:43 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	443,646,583	1.00
2.00	Less contractual allowances and discounts on patients' accounts	169,696,152	2.00
3.00	Net patient revenues (line 1 minus line 2)	273,950,431	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	198,007,587	4.00
5.00	Net income from service to patients (line 3 minus line 4)	75,942,844	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	5,575,749	24.00
24.01	INVESTMENT INCOME	8,408,923	24.01
25.00	Total other income (sum of lines 6-24)	13,984,672	25.00
26.00	Total (line 5 plus line 25)	89,927,516	26.00
27.00	SPECIAL ITEM - CONTRIBUTION	221,096	27.00
27.01	ADJUSTMENT - LTC	61,859,323	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	62,080,419	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	27,847,097	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150005	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/29/2013 9:43 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,244,107	1.00
2.00	Capital DRG outlier payments		95,475	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		55.49	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)		1.99	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		14.25	8.00
9.00	Sum of lines 7 and 8		16.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.34	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		41,553	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,381,135	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