

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: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 10:35 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013	Time: 10:35 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 INDIANA HEART HOSPITAL ( 150154 ) 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-35,069	-36,554	1,223,460	5,023,667	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	-35,069	-36,554	1,223,460	5,023,667	200.00

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

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Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013	Time: 10:35 am
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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 INDIANA HEART HOSPITAL ( 150154 ) 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.

Encryption Information  
 ECR: Date: 5/30/2013 Time: 10:35 am  
 I1RZCf3s0aU.1s0VPwKdckW3dlT1y0  
 02iYo0Fodd8I gkCsYHwHScuDH3h4I 7  
 0.1F1FMLsa0Bwsi o  
 PI: Date: 5/30/2013 Time: 10:35 am  
 FJRrq3DDvtI7T0qaEZ6354X1plgSq0  
 hVwV.0cuCVkpt0ZvqWWzLL7LpJeme9  
 Fbj e0eF1i90gLSGQ

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00		
		Part A 2.00	Part B 3.00				
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00	Hospital	0	-35,069	-36,554	1,223,460	5,023,667	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	-35,069	-36,554	1,223,460	5,023,667	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: 150154		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:34 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 8075 NORTH SHADELAND AVENUE			PO Box:						1.00	
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46256		County: MARION		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		INDIANA HEART HOSPITAL	150154	26900	1	02/25/2003	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N		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.		0	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0		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: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:34 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
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: 150154

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2013 10:34 am

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

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		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:34 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150154			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:34 am	
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 10:34 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.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/08/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 10:34 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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RONALD	HELMS		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501	RHELMS@COMMUNITY.COM		43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/08/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/30/2013 10:34 am	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150154

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 10:34 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si 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	40	14,640	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)		40	14,640	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT						8.00	
9.00 CORONARY CARE UNIT	32.00	16	5,856	0.00	0	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)		56	20,496	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00	
24.00 HOSPICE	116.00	0	0			24.00	
25.00 CMHC - CMHC	99.00				0	25.00	
25.10 CMHC - CORF	99.10				0	25.10	
26.00 RURAL HEALTH CLINIC	88.00				0	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		56			0	27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	
				I/P Days / O/P Vi si ts / Tri ps		Full Time Equivalents	
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	4,344	1,000	8,120			1.00	
2.00 HMO	1,747	1,000				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)	4,344	1,000	8,120			7.00	
8.00 INTENSIVE CARE UNIT						8.00	
9.00 CORONARY CARE UNIT	1,633	0	3,207			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)	5,977	1,000	11,327	0.00	404.61	14.00	
15.00 CAH visits	0	0	0			15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00	
24.00 HOSPICE	0	0	0	0.00	0.00	24.00	
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00	
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150154

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 10:34 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	404.61	27.00
28.00	Observation Bed Days		61	880			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	1,455	500	2,863	1.00
2.00	HMO			407			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,455	500	2,863	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150154

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2013 10:34 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	23,951,238	-3,640	23,947,598	838,303.00	28.57
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)		226,853	12,537	239,390	6,795.00	35.23
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		1,510,541	0	1,510,541	18,919.00	79.84
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		2,700,744	0	2,700,744	21,209.00	127.34
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		9,209,001	0	9,209,001		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		78,108	0	78,108		
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		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	224,017	0	224,017	8,684.00	25.80
27.00	Administrative & General	5.00	1,977,192	-3,640	1,973,552	58,516.00	33.73
28.00	Administrative & General under contract (see inst.)		1,200,514	0	1,200,514	10,355.00	115.94
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	290,099	0	290,099	11,621.00	24.96
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	438,325	0	438,325	34,730.00	12.62
33.00	Housekeeping under contract (see instructions)		111,288	3,940	115,228	0.00	0.00
34.00	Dietary	10.00	601,576	-465,236	136,340	51,442.00	2.65
35.00	Dietary under contract (see instructions)		450,363	12,456	462,819	0.00	0.00
36.00	Cafeteria	11.00	0	465,236	465,236	30,258.00	15.38
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,151,358	0	1,151,358	30,218.00	38.10
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	393,282	0	393,282	9,079.00	43.32

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150154

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2013 10:34 am

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	473,746	0	473,746	12,974.00	36.52	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150154

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2013 10:34 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	25,713,403	12,756	25,726,159	848,658.00	30.31	1.00
2.00	Excluded area salaries (see instructions)	226,853	12,537	239,390	6,795.00	35.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25,486,550	219	25,486,769	841,863.00	30.27	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,211,285	0	4,211,285	40,128.00	104.95	4.00
5.00	Subtotal wage-related costs (see inst.)	9,209,001	0	9,209,001	0.00	36.13	5.00
6.00	Total (sum of lines 3 thru 5)	38,906,836	219	38,907,055	881,991.00	44.11	6.00
7.00	Total overhead cost (see instructions)	7,311,760	12,756	7,324,516	257,877.00	28.40	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 10:34 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,901,636 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		848,125	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		15,082	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		4,571,533	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		43,919	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		105,640	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		58,001	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		1,691,328	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		51,845	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		9,287,109	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/30/2013 10:34 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 10:34 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.254675		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		2,469,238		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		16,630,792		6.00	
7.00	Medicaid cost (line 1 times line 6)		4,235,447		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)		1,766,209		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		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)		1,766,209		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		5,270,803	1,613,466	6,884,269	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,342,342	410,909	1,753,251	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)		1,342,342	410,909	1,753,251	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				3,153,959	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				165,847	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				2,988,112	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				760,997	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				2,514,248	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				4,280,457	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100			0	2,587,148	2,587,148	1.00
2.00	00200			0	6,129,580	6,129,580	2.00
3.00	00300			0	0	0	3.00
4.00	00400	224,017	4,963,670	5,187,687	1,793,659	6,981,346	4.00
5.00	00500	1,977,192	28,836,807	30,813,999	-8,785,293	22,028,706	5.00
7.00	00700	290,099	2,112,332	2,402,431	150,734	2,553,165	7.00
8.00	00800		127	127	206,758	206,885	8.00
9.00	00900	438,325	337,587	775,912	-7,018	768,894	9.00
10.00	01000	601,576	1,077,115	1,678,691	-1,273,720	404,971	10.00
11.00	01100		0	0	1,275,270	1,275,270	11.00
13.00	01300	1,151,358	2,006,524	3,157,882	-44,046	3,113,836	13.00
16.00	01600	393,282	1,066,999	1,460,281	-9,658	1,450,623	16.00
17.00	01700	473,746	465,346	939,092	-10,246	928,846	17.00
18.00	01850		0	0	0	0	18.00
19.00	01900		0	0	0	0	19.00
23.00	02300		0	0	5,454	5,454	23.00
23.01	02301		0	0	9,959	9,959	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	5,180,833	1,410,511	6,591,344	-259,778	6,331,566	30.00
32.00	03200	2,504,056	418,867	2,922,923	-121,524	2,801,399	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,501,286	8,220,614	9,721,900	-6,619,509	3,102,391	50.00
51.00	05100		0	0	0	0	51.00
54.00	05400	816,998	476,559	1,293,557	-824,324	469,233	54.00
55.00	05500		0	0	0	0	55.00
57.00	05700	832	124,883	125,715	624,151	749,866	57.00
58.00	05800		1,546	1,546	0	1,546	58.00
59.00	05900	1,509,975	16,227,965	17,737,940	-15,043,517	2,694,423	59.00
60.00	06000		2,001,755	2,001,755	-486	2,001,269	60.00
64.00	06400		489	489	0	489	64.00
65.00	06500	868,315	323,098	1,191,413	-235,425	955,988	65.00
66.00	06600		140,466	140,466	-55,739	84,727	66.00
67.00	06700		0	0	52,442	52,442	67.00
68.00	06800		0	0	3,297	3,297	68.00
69.00	06900	1,822,455	-936,060	886,395	-485,110	401,285	69.00
70.00	07000		2,634	2,634	0	2,634	70.00
71.00	07100		685,123	685,123	8,351,250	9,036,373	71.00
72.00	07200		182,971	182,971	12,782,891	12,965,862	72.00
73.00	07300	1,382,218	2,930,081	4,312,299	127,647	4,439,946	73.00
74.00	07400		176,816	176,816	-4,830	171,986	74.00
75.00	07500		0	0	0	0	75.00
76.00	03330	5,336	18,394	23,730	-11,490	12,240	76.00
76.97	07697	279,947	199,077	479,024	-160,559	318,465	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800		0	0	0	0	88.00
89.00	08900		0	0	0	0	89.00
90.00	09000	800,155	276,623	1,076,778	-84,304	992,474	90.00
91.00	09100	1,502,384	996,681	2,499,065	-57,395	2,441,670	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400		0	0	0	0	94.00
95.00	09500		0	0	0	0	95.00
96.00	09600		0	0	0	0	96.00
97.00	09700		0	0	0	0	97.00
98.00	05950		0	0	0	0	98.00
99.00	09900		0	0	0	0	99.00
99.10	09910		0	0	0	0	99.10
100.00	10000		0	0	0	0	100.00
101.00	10100		0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500		0	0	0	0	105.00
106.00	10600		0	0	0	0	106.00
107.00	10700		0	0	0	0	107.00
108.00	10800		0	0	0	0	108.00
109.00	10900		0	0	0	0	109.00
110.00	11000		0	0	0	0	110.00
111.00	11100		0	0	0	0	111.00
113.00	11300		0	0	0	0	113.00
114.00	11400		0	0	0	0	114.00
115.00	11500		0	0	0	0	115.00
116.00	11600		0	0	0	0	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/30/2013 10:34 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	23,724,385	74,745,600	98,469,985	6,269	98,476,254	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	
191.00	19100 RESEARCH	226,853	60,984	287,837	-6,269	281,568	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	
193.00	19300 NONPAID WORKERS	0	0	0	0	0	
200.00	TOTAL (SUM OF LINES 118-199)	23,951,238	74,806,584	98,757,822	0	98,757,822	
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation				
		6.00	7.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS-BLDG & FIXT	109,051	2,696,199				
2.00	00200 CAP REL COSTS-MVBLE EQUIP	-2,752,025	3,377,555				
3.00	00300 OTHER CAP REL COSTS	0	0				
4.00	00400 EMPLOYEE BENEFITS	0	6,981,346				
5.00	00500 ADMINISTRATION & GENERAL	-7,812,622	14,216,084				
7.00	00700 OPERATION OF PLANT	-20,000	2,533,165				
8.00	00800 LAUNDRY & LINEN SERVICE	0	206,885				
9.00	00900 HOUSEKEEPING	-34	768,860				
10.00	01000 DIETARY	-462,865	-57,894				
11.00	01100 CAFETERIA	0	1,275,270				
13.00	01300 NURSING ADMINISTRATION	-1,189,869	1,923,967				
16.00	01600 MEDICAL RECORDS & LIBRARY	0	1,450,623				
17.00	01700 SOCIAL SERVICE	0	928,846				
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0				
23.00	02300 ALLIED HEALTH - EMS PROGRAM	0	5,454				
23.01	02301 ALLIED HEALTH - RADIOLOGY SCHOOL	0	9,959				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	0	6,331,566				
32.00	03200 CORONARY CARE UNIT	0	2,801,399				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	-77,802	3,024,589				
51.00	05100 RECOVERY ROOM	0	0				
54.00	05400 RADIOLOGY-DIAGNOSTIC	-16,355	452,878				
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0				
57.00	05700 CT SCAN	0	749,866				
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,546				
59.00	05900 CARDIAC CATHETERIZATION	0	2,694,423				
60.00	06000 LABORATORY	-297,623	1,703,646				
64.00	06400 INTRAVENOUS THERAPY	0	489				
65.00	06500 RESPIRATORY THERAPY	0	955,988				
66.00	06600 PHYSICAL THERAPY	0	84,727				
67.00	06700 OCCUPATIONAL THERAPY	0	52,442				
68.00	06800 SPEECH PATHOLOGY	0	3,297				
69.00	06900 ELECTROCARDIOLOGY	-570,843	-169,558				
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,634				
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,036,373				
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,965,862				
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,439,946				
74.00	07400 RENAL DIALYSIS	0	171,986				
75.00	07500 ASC (NON-DISTINCT PART)	0	0				
76.00	03330 ENDOSCOPY	0	12,240				
76.97	07697 CARDIAC REHABILITATION	-7,266	311,199				
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				
90.00	09000 CLINIC	-56,950	935,524				
91.00	09100 EMERGENCY	0	2,441,670				
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0				
95.00	09500 AMBULANCE SERVICES	0	0				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0				
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0				
99.00	09900 CMHC	0	0				
99.10	09910 CORF	0	0				
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0				
101.00	10100 HOME HEALTH AGENCY	0	0				
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0				

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,155,203	85,321,051	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,138	12,138	190.00
191.00	19100	RESEARCH	0	281,568	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	250,180	250,180	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-12,892,885	85,864,937	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150154

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAP REL COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
19.00 NONPHYSICIAN ANESTHETISTS	01900		19.00
23.00 ALLIED HEALTH - EMS PROGRAM	02300		23.00
23.01 ALLIED HEALTH - RADIOLOGY SCHOOL	02301		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
32.00 CORONARY CARE UNIT	03200		32.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
76.00 ENDOSCOPY	03330		76.00
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00 HOME PROGRAM DIALYSIS	09400		94.00
95.00 AMBULANCE SERVICES	09500		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	09550		98.00
99.00 CMHC	09900		99.00
99.10 CORF	09910		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00 HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00 KIDNEY ACQUISITION	10500		105.00
106.00 HEART ACQUISITION	10600		106.00
107.00 LIVER ACQUISITION	10700		107.00
108.00 LUNG ACQUISITION	10800		108.00
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
113.00 INTEREST EXPENSE	11300		113.00
114.00 UTILIZATION REVIEW-SNF	11400		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00 HOSPICE	11600		116.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/30/2013 10:34 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - DEPRECIATION EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,493,774	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,478,647	2.00	
	TOTALS		0	3,972,421		
<b>B - Interest Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,805,754	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	2,805,754		
<b>C - Implantable Device Recl ass</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	331,958	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,950,616	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	13,282,574		
<b>D - Laundry and Linen Recl ass</b>						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	206,758	1.00	
			0	206,758		
<b>F - Rent Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	845,179	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	61	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
	TOTALS		0	845,240		
<b>G - Cafeteria Salary</b>						
1.00	CAFETERIA	11.00	465,236	0	1.00	
			465,236	0		
<b>H - Cafeteria Other</b>						
1.00	CAFETERIA	11.00	0	810,034	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
	TOTALS		0	810,034		
<b>I - Chargeable Medical Supplies</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,240,612	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
TOTALS			0	8,240,612	
<b>J - Therapy Other</b>					
1.00	OCCUPATIONAL THERAPY	67.00		52,442	1.00
2.00	SPEECH PATHOLOGY	68.00		3,297	2.00
TOTALS			0	55,739	
<b>K - Drugs Charges to Pat</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	352,658	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
TOTALS			0	352,658	
<b>L - Dietary Food Service Allocation</b>					
1.00	DIETARY	10.00	0	5,941	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
TOTALS			0	5,941	
<b>O - Space Rental &amp; Property Tax</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	863,478	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
TOTALS			0	863,478	
<b>P - Repairs and Maintenance Recl ass</b>					
1.00	OPERATION OF PLANT	7.00	0	157,471	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
TOTALS			0	157,471	
<b>Q - Pension Expense Recl ass</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	1,793,701	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00

RECLASSIFICATIONS

Provider CCN: 150154

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

Worksheet A-6

Date/Time Prepared:  
5/30/2013 10:34 am

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
19.00			0.00	0	0	19.00
	TOTALS			0	1,793,701	
R - Capital Insurance Costs						
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	229,896	1.00
	TOTALS			0	229,896	
S - Cat Scan Salary Recl ass						
1.00	CT_SCAN		57.00	434,704	0	1.00
				434,704	0	
T - Cat Scan Other Recl ass						
1.00	CT_SCAN		57.00	0	189,447	1.00
				0	189,447	
W - EMS School Allied Heal th						
1.00	ALLIED HEALTH - EMS PROGRAM		23.00	3,286	0	1.00
				3,286	0	
X - EMS School Allied Heal th						
1.00	ALLIED HEALTH - EMS PROGRAM		23.00	0	2,168	1.00
				0	2,168	
Y - Radiology School Allied Heal th						
1.00	ALLIED HEALTH - RADIOLOGY SCHOOL		23.01	9,251	0	1.00
				9,251	0	
Z - Radiology School Allied Heal th						
1.00	ALLIED HEALTH - RADIOLOGY SCHOOL		23.01	0	708	1.00
				0	708	
AB - EIB LIABILITY RECLASS						
1.00	ADMINISTRATIVE & GENERAL		5.00	0	3,640	1.00
	TOTALS			0	3,640	
500.00	Grand Total: Increases			912,477	33,818,240	500.00

RECLASSIFICATIONS

Provider CCN: 150154

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2013 10:34 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - DEPRECIATION EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,972,421	9	1.00	
2.00		0.00	0	0	9	2.00	
	TOTALS		0	3,972,421			
<b>B - Interest Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,801,612	11	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,142	0	2.00	
	TOTALS		0	2,805,754			
<b>C - Implantable Device Recl ass</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	633	0	1.00	
2.00	OPERATING ROOM	50.00	0	3,380,231	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	9,901,710	0	3.00	
	TOTALS		0	13,282,574			
<b>D - Laundry and Linen Recl ass</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	206,758		1.00	
			0	206,758			
<b>F - Rent Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,756	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	1,934	0	2.00	
3.00	HOUSEKEEPING	9.00	0	309	0	3.00	
4.00	DIETARY	10.00	0	2,100	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	2,076	0	5.00	
6.00	SOCIAL SERVICE	17.00	0	76	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	15,183	0	7.00	
8.00	CORONARY CARE UNIT	32.00	0	162	0	8.00	
9.00	OPERATING ROOM	50.00	0	158,212	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	916	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	286,363	0	11.00	
12.00	LABORATORY	60.00	0	36	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	62,479	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00	0	1,690	0	14.00	
15.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	167,725	0	15.00	
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	133,716	0	16.00	
17.00	CLINIC	90.00	0	238	0	17.00	
18.00	EMERGENCY	91.00	0	269	0	18.00	
	TOTALS		0	845,240			
<b>G - Cafeteria Salary</b>							
1.00	DIETARY	10.00	465,236	0		1.00	
			465,236	0			
<b>H - Cafeteria Other</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	42	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,432	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	207	0	3.00	
4.00	HOUSEKEEPING	9.00	0	174	0	4.00	
5.00	DIETARY	10.00	0	792,508	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	21	0	6.00	
7.00	SOCIAL SERVICE	17.00	0	275	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	212	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	927	0	10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	795	0	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	60	0	12.00	
13.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,000	0	13.00	
14.00	CARDIAC REHABILITATION	76.97	0	61	0	14.00	
15.00	CLINIC	90.00	0	30	0	15.00	
16.00	EMERGENCY	91.00	0	265	0	16.00	
	TOTALS		0	810,034			
<b>I - Chargeable Medical Supplies</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	123,847	0	1.00	
2.00	CORONARY CARE UNIT	32.00	0	47,928	0	2.00	
3.00	OPERATING ROOM	50.00	0	3,027,993	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,325	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	4,814,191	0	5.00	
6.00	LABORATORY	60.00	0	450	0	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	147,671	0	7.00	
8.00	ELECTROCARDIOLOGY	69.00	0	4,489	0	8.00	
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	36,019	0	9.00	
10.00	RENAL DIALYSIS	74.00	0	4,830	0	10.00	
11.00	ENDOSCOPY	76.00	0	4,461	0	11.00	
12.00	CARDIAC REHABILITATION	76.97	0	36	0	12.00	
13.00	CLINIC	90.00	0	180	0	13.00	

RECLASSIFICATIONS

Provider CCN: 150154

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2013 10:34 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
14.00	EMERGENCY	91.00	0	9,192	0		14.00
	TOTALS		0	8,240,612			
J - Therapy Other							
1.00	PHYSICAL THERAPY	66.00		55,739			1.00
2.00			0	55,739			2.00
K - Drugs Charges to Pat							
1.00	OPERATING ROOM	50.00	0	184	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	145,148	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	205,482	0		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,183	0		4.00
5.00	CARDIAC REHABILITATION	76.97	0	13	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00		648	0		6.00
	TOTALS		0	352,658			
L - Dietary Food Service Allocation							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,270	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	21	0		2.00
3.00	SOCIAL SERVICE	17.00	0	275	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	212	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	927	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	795	0		7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	60	0		8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,000	0		9.00
10.00	CARDIAC REHABILITATION	76.97	0	61	0		10.00
11.00	CLINIC	90.00	0	30	0		11.00
12.00	EMERGENCY	91.00	0	265	0		12.00
	TOTALS		0	5,941			
O - Space Rental & Property Tax							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	476,302	10		1.00
2.00	DIETARY	10.00	0	12,633	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	159,204	0		3.00
4.00	CARDIAC REHABILITATION	76.97	0	150,883	0		4.00
5.00	CLINIC	90.00	0	64,456	0		5.00
	TOTALS		0	863,478			
P - Repairs and Maintenance Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,550	0		1.00
2.00	HOUSEKEEPING	9.00	0	4,181	0		2.00
3.00	DIETARY	10.00	0	1,632	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	198	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	8,624	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	5,980	0		6.00
7.00	OPERATING ROOM	50.00	0	22,905	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,863	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	9,337	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	1,723	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	59,838	0		11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,320	0		12.00
13.00	ENDOSCOPY	76.00	0	7,029	0		13.00
14.00	CARDIAC REHABILITATION	76.97	0	826	0		14.00
15.00	CLINIC	90.00	0	614	0		15.00
16.00	EMERGENCY	91.00	0	4,797	0		16.00
17.00	RESEARCH	191.00	0	54	0		17.00
	TOTALS		0	157,471			
Q - Pension Expense Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,270,406	0		1.00
2.00	OPERATION OF PLANT	7.00	0	4,596	0		2.00
3.00	HOUSEKEEPING	9.00	0	2,354	0		3.00
4.00	DIETARY	10.00	0	5,552	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	41,772	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,616	0		6.00
7.00	SOCIAL SERVICE	17.00	0	9,620	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	111,067	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	67,454	0		9.00
10.00	OPERATING ROOM	50.00	0	29,984	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,770	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	31,916	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	21,698	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	52,817	0		14.00
15.00	DRUGS CHARGED TO PATIENTS	73.00	0	51,276	0		15.00
16.00	CARDIAC REHABILITATION	76.97	0	8,679	0		16.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	CLINIC	90.00	0	18,756	0		17.00
18.00	EMERGENCY	91.00	0	37,153	0		18.00
19.00	RESEARCH	191.00	0	6,215	0		19.00
	TOTALS		0	1,793,701			
R - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	229,896	12		1.00
	TOTALS		0	229,896			
S - Cat Scan Salary Recl ass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	434,704				1.00
			434,704	0			
T - Cat Scan Other Recl ass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	189,447			1.00
			0	189,447			
W - EMS School Allied Health							
1.00	EMERGENCY	91.00	3,286				1.00
			3,286	0			
X - EMS School Allied Health							
1.00	EMERGENCY	91.00	0	2,168			1.00
			0	2,168			
Y - Radiology School Allied Health							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	9,251				1.00
			9,251	0			
Z - Radiology School Allied Health							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	708			1.00
			0	708			
AB - EIB LIABILITY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,640	0	0		1.00
	TOTALS		3,640	0			
500.00	Grand Total: Decreases		916,117	33,814,600			500.00

RECLASSIFICATIONS

Provider CCN: 150154

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/30/2013 10:34 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - DEPRECIATION EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	2.00
	TOTALS		TOTALS		0	0
<b>B - Interest Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2.00
	TOTALS		TOTALS		0	0
<b>C - Implantable Device Recl ass</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	ADULTS & PEDIATRICS	30.00	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	OPERATING ROOM	50.00	0	2.00
3.00		0.00	CARDIAC CATHETERIZATION	59.00	0	3.00
	TOTALS		TOTALS		0	0
<b>D - Laundry and Linen Recl ass</b>						
1.00	LAUNDRY & LINEN SERVICE	8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1.00
					0	0
<b>F - Rent Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	OPERATION OF PLANT	7.00	0	2.00
3.00		0.00	HOUSEKEEPING	9.00	0	3.00
4.00		0.00	DIETARY	10.00	0	4.00
5.00		0.00	NURSING ADMINISTRATION	13.00	0	5.00
6.00		0.00	SOCIAL SERVICE	17.00	0	6.00
7.00		0.00	ADULTS & PEDIATRICS	30.00	0	7.00
8.00		0.00	CORONARY CARE UNIT	32.00	0	8.00
9.00		0.00	OPERATING ROOM	50.00	0	9.00
10.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10.00
11.00		0.00	CARDIAC CATHETERIZATION	59.00	0	11.00
12.00		0.00	LABORATORY	60.00	0	12.00
13.00		0.00	RESPIRATORY THERAPY	65.00	0	13.00
14.00		0.00	ELECTROCARDIOLOGY	69.00	0	14.00
15.00		0.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15.00
16.00		0.00	DRUGS CHARGED TO PATIENTS	73.00	0	16.00
17.00		0.00	CLINIC	90.00	0	17.00
18.00		0.00	EMERGENCY	91.00	0	18.00
	TOTALS		TOTALS		0	0
<b>G - Cafeteria Salary</b>						
1.00	CAFETERIA	11.00	DIETARY	10.00	465,236	1.00
					465,236	
<b>H - Cafeteria Other</b>						
1.00	CAFETERIA	11.00	EMPLOYEE BENEFITS	4.00	0	1.00
2.00		0.00	ADMINISTRATIVE & GENERAL	5.00	0	2.00
3.00		0.00	OPERATION OF PLANT	7.00	0	3.00
4.00		0.00	HOUSEKEEPING	9.00	0	4.00
5.00		0.00	DIETARY	10.00	0	5.00
6.00		0.00	MEDICAL RECORDS & LIBRARY	16.00	0	6.00
7.00		0.00	SOCIAL SERVICE	17.00	0	7.00
8.00		0.00	ADULTS & PEDIATRICS	30.00	0	8.00
9.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9.00
10.00		0.00	RESPIRATORY THERAPY	65.00	0	10.00
11.00		0.00	ELECTROCARDIOLOGY	69.00	0	11.00
12.00		0.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12.00
13.00		0.00	DRUGS CHARGED TO PATIENTS	73.00	0	13.00
14.00		0.00	CARDIAC REHABILITATION	76.97	0	14.00
15.00		0.00	CLINIC	90.00	0	15.00
16.00		0.00	EMERGENCY	91.00	0	16.00
	TOTALS		TOTALS		0	0
<b>I - Chargeable Medical Supplies</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	ADULTS & PEDIATRICS	30.00	0	1.00
2.00		0.00	CORONARY CARE UNIT	32.00	0	2.00
3.00		0.00	OPERATING ROOM	50.00	0	3.00
4.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4.00
5.00		0.00	CARDIAC CATHETERIZATION	59.00	0	5.00
6.00		0.00	LABORATORY	60.00	0	6.00
7.00		0.00	RESPIRATORY THERAPY	65.00	0	7.00
8.00		0.00	ELECTROCARDIOLOGY	69.00	0	8.00
9.00		0.00	DRUGS CHARGED TO PATIENTS	73.00	0	9.00

RECLASSIFICATIONS

Provider CCN: 150154

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/30/2013 10:34 am

Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
2.00	3.00	4.00		6.00	7.00	8.00	
10.00	0.00			RENAL DIALYSIS	74.00	0	10.00
11.00	0.00			ENDOSCOPY	76.00	0	11.00
12.00	0.00			CARDIAC REHABILITATION	76.97	0	12.00
13.00	0.00			CLINIC	90.00	0	13.00
14.00	0.00			EMERGENCY	91.00	0	14.00
TOTALS				TOTALS			
J - Therapy Other							
1.00	67.00			PHYSICAL THERAPY	66.00		1.00
2.00	68.00						2.00
				0			
K - Drugs Charges to Pat							
1.00	73.00			OPERATING ROOM	50.00	0	1.00
2.00	0.00			RADIOLOGY-DIAGNOSTIC	54.00	0	2.00
3.00	0.00			ELECTROCARDIOLOGY	69.00	0	3.00
4.00	0.00			MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4.00
5.00	0.00			CARDIAC REHABILITATION	76.97	0	5.00
6.00	0.00			ADMINISTRATIVE & GENERAL	5.00	0	6.00
TOTALS				TOTALS			
L - Dietary Food Service Allocation							
1.00	10.00			ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	0.00			MEDICAL RECORDS & LIBRARY	16.00	0	2.00
3.00	0.00			SOCIAL SERVICE	17.00	0	3.00
4.00	0.00			ADULTS & PEDIATRICS	30.00	0	4.00
5.00	0.00			RADIOLOGY-DIAGNOSTIC	54.00	0	5.00
6.00	0.00			RESPIRATORY THERAPY	65.00	0	6.00
7.00	0.00			ELECTROCARDIOLOGY	69.00	0	7.00
8.00	0.00			MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8.00
9.00	0.00			DRUGS CHARGED TO PATIENTS	73.00	0	9.00
10.00	0.00			CARDIAC REHABILITATION	76.97	0	10.00
11.00	0.00			CLINIC	90.00	0	11.00
12.00	0.00			EMERGENCY	91.00	0	12.00
TOTALS				TOTALS			
O - Space Rental & Property Tax							
1.00	1.00			ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	0.00			DIETARY	10.00	0	2.00
3.00	0.00			ELECTROCARDIOLOGY	69.00	0	3.00
4.00	0.00			CARDIAC REHABILITATION	76.97	0	4.00
5.00	0.00			CLINIC	90.00	0	5.00
TOTALS				TOTALS			
P - Repairs and Maintenance Recl ass							
1.00	7.00			ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	0.00			HOUSEKEEPING	9.00	0	2.00
3.00	0.00			DIETARY	10.00	0	3.00
4.00	0.00			NURSING ADMINISTRATION	13.00	0	4.00
5.00	0.00			ADULTS & PEDIATRICS	30.00	0	5.00
6.00	0.00			CORONARY CARE UNIT	32.00	0	6.00
7.00	0.00			OPERATING ROOM	50.00	0	7.00
8.00	0.00			RADIOLOGY-DIAGNOSTIC	54.00	0	8.00
9.00	0.00			CARDIAC CATHETERIZATION	59.00	0	9.00
10.00	0.00			RESPIRATORY THERAPY	65.00	0	10.00
11.00	0.00			ELECTROCARDIOLOGY	69.00	0	11.00
12.00	0.00			MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12.00
13.00	0.00			ENDOSCOPY	76.00	0	13.00
14.00	0.00			CARDIAC REHABILITATION	76.97	0	14.00
15.00	0.00			CLINIC	90.00	0	15.00
16.00	0.00			EMERGENCY	91.00	0	16.00
17.00	0.00			RESEARCH	191.00	0	17.00
TOTALS				TOTALS			
Q - Pension Expense Recl ass							
1.00	4.00			ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	0.00			OPERATION OF PLANT	7.00	0	2.00
3.00	0.00			HOUSEKEEPING	9.00	0	3.00
4.00	0.00			DIETARY	10.00	0	4.00
5.00	0.00			NURSING ADMINISTRATION	13.00	0	5.00
6.00	0.00			MEDICAL RECORDS & LIBRARY	16.00	0	6.00
7.00	0.00			SOCIAL SERVICE	17.00	0	7.00
8.00	0.00			ADULTS & PEDIATRICS	30.00	0	8.00
9.00	0.00			CORONARY CARE UNIT	32.00	0	9.00
10.00	0.00			OPERATING ROOM	50.00	0	10.00
11.00	0.00			RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	0.00			CARDIAC CATHETERIZATION	59.00	0	12.00

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
13.00		0.00		0 RESPIRATORY THERAPY	65.00	0	13.00
14.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	14.00
15.00		0.00		0 DRUGS CHARGED TO PATIENTS	73.00	0	15.00
16.00		0.00		0 CARDIAC REHABILITATION	76.97	0	16.00
17.00		0.00		0 CLINIC	90.00	0	17.00
18.00		0.00		0 EMERGENCY	91.00	0	18.00
19.00		0.00		0 RESEARCH	191.00	0	19.00
	TOTALS			0 TOTALS		0	
R - Capital Insurance Costs							
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0 ADMINSTRATIVE & GENERAL	5.00	0	1.00
	TOTALS			0 TOTALS		0	
S - Cat Scan Salary Recl ass							
1.00	CT_SCAN	57.00	434,704	RADIOLOGY-DIAGNOSTIC	54.00	434,704	1.00
			434,704			434,704	
T - Cat Scan Other Recl ass							
1.00	CT_SCAN	57.00		RADIOLOGY-DIAGNOSTIC	54.00		1.00
			0			0	
W - EMS School Allied Heal th							
1.00	ALLIED HEALTH - EMS PROGRAM	23.00	3,286	EMERGENCY	91.00	3,286	1.00
			3,286			3,286	
X - EMS School Allied Heal th							
1.00	ALLIED HEALTH - EMS PROGRAM	23.00		EMERGENCY	91.00		1.00
			0			0	
Y - Radiology School Allied Heal th							
1.00	ALLIED HEALTH - RADIOLOGY SCHOOL	23.01	9,251	RADIOLOGY-DIAGNOSTIC	54.00	9,251	1.00
			9,251			9,251	
Z - Radiology School Allied Heal th							
1.00	ALLIED HEALTH - RADIOLOGY SCHOOL	23.01		RADIOLOGY-DIAGNOSTIC	54.00		1.00
			0			0	
AB - EIB LIABILITY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00		ADMINISTRATIVE & GENERAL	5.00	3,640	1.00
	TOTALS			0 TOTALS		3,640	
500.00	Grand Total: Increases		912,477	Grand Total: Decreases		916,117	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150154

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2013 10:34 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	48,097,975	9,815,951	0	9,815,951	2,785,013	3.00
4.00	Building Improvements	915,312	0	0	0	185,260	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	26,937,936	1,415,209	0	1,415,209	3,357,954	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	75,951,223	11,231,160	0	11,231,160	6,328,227	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	75,951,223	11,231,160	0	11,231,160	6,328,227	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	55,128,913	0				3.00
4.00	Building Improvements	730,052	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	24,995,191	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	80,854,156	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	80,854,156	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150154

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2013 10:34 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150154

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	55,858,965	0	55,858,965	0.690861	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,995,191	0	24,995,191	0.309139	0	2.00
3.00	Total (sum of lines 1-2)	80,854,156	0	80,854,156	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,602,825	863,478	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,478,647	845,179	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,081,472	1,708,657	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	229,896	0	0	2,696,199	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,142	0	0	49,587	3,377,555	2.00
3.00	Total (sum of lines 1-2)	4,142	229,896	0	49,587	6,073,754	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150154

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

Worksheet A-8

Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7	Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-27,336		ADMINISTRATIVE & GENERAL	5.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-13,256		ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,174,929					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,102,154					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-385,017		DIETARY	10.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)				UTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		0	28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00			30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 MIS. REVENUE ACCT 35000	B	-75,366		ADMINISTRATIVE & GENERAL	5.00		0	33.00
33.01 MIS. REVENUE ACCT 35000	B	-63,569		DIETARY	10.00		0	33.01
33.02 MIS. REVENUE ACCT 35000	B	-1,000		NURSING ADMINISTRATIVE	13.00		0	33.02
33.03 MIS. REVENUE ACCT 35000	B	-48,000		OPERATING ROOM	50.00		0	33.03

Provider CCN: 150154

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

Worksheet A-8

Date/Time Prepared:  
 5/30/2013 10:34 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	4.00
33.04	MISC. REVENUE ACCT 35000	B	-300	ELECTROCARDIOLOGY	69.00	0	33.04
33.05	MISC. REVENUE ACCT 35000	B	-42,242	CARDIAC REHABILITATION	76.97	0	33.05
33.06	MISC. REVENUE ACCT 35000	B	-9,354	CLINIC	90.00	0	33.06
34.00	HAF Tax Offset	A	-4,111,475	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	Misc Rev Acct 35100	B	-20,000	OPERATION OF PLANT	7.00	0	34.01
34.02	Misc Rev Acct 35100	B	-330	DIETARY	10.00	0	34.02
34.03	Misc Rev Acct 35100	B	-504	CLINIC	90.00	0	34.03
35.00	Disposal of Assets	B	49,587	CAP REL COSTS-MVBLE EQUIP	2.00	14	35.00
36.00	IHH Leased Employee	B	-377,532	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00	Non-Allow Interest Expense	A	-2,801,612	CAP REL COSTS-MVBLE EQUIP	2.00	11	37.00
38.00	Bad Debt Expense	A	-1,983,996	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.01	Bad Debt Expense	A	-12,158	OPERATING ROOM	50.00	0	38.01
38.02	Bad Debt Expense	A	-637,280	ELECTROCARDIOLOGY	69.00	0	38.02
39.00	Non-Allowable Penalties	A	-322	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	Non-Allowable Penalties	A	-34	HOUSEKEEPING	9.00	0	40.00
41.00	Medical Director Site-CHE	A	-83,966	NURSING ADMINISTRATION	13.00	0	41.00
42.00	Medical Director Site-CHN	A	-69,422	NURSING ADMINISTRATION	13.00	0	42.00
43.00	Medical Director Site-CHS	A	-77,454	NURSING ADMINISTRATION	13.00	0	43.00
45.00	Meals of Wheels Cost	A	-6,030	DIETARY	10.00	0	45.00
46.00	Medical Director Site-CHP	A	182,166	NURSING ADMINISTRATION	13.00	0	46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,892,885				50.00

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

Provider CCN: 150154

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2013 10:34 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	5.00	ADMINISTRATIVE & GENERAL	MARKETING	328,982	1,447,086	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	BOARD OF DIRECTORS EXPENSE	0	25,441	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	IHH POB	109,051	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	IHH POB	53,795	132,952	3.01
3.02	10.00	DIETARY	IHH POB	4,714	12,633	3.02
3.03	69.00	ELECTROCARDIOLOGY	IHH POB	66,737	0	3.03
3.04	76.97	CARDIAC REHABILITATION	IHH POB	34,976	0	3.04
3.05	90.00	CLINIC	IHH POB	17,464	64,456	3.05
3.06	190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	IHH POB	12,138	0	3.06
3.07	192.00	PHYSICIANS' PRIVATE OFFICES	IHH POB	250,180	0	3.07
4.00	60.00	LABORATORY	MID AMERICA CLINICAL LABORATORY	807,347	1,104,970	4.00
5.00	0			1,685,384	2,787,538	5.00

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

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

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

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

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

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

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

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

Provider CCN: 150154

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2013 10:34 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-1,118,104	0		1.00
2.00	-25,441	0		2.00
3.00	109,051	9		3.00
3.01	-79,157	0		3.01
3.02	-7,919	0		3.02
3.03	66,737	0		3.03
3.04	34,976	0		3.04
3.05	-46,992	0		3.05
3.06	12,138	0		3.06
3.07	250,180	0		3.07
4.00	-297,623	0		4.00
5.00	-1,102,154			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150154

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

Worksheet A-8-2

Date/Time Prepared: 5/30/2013 10:34 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	DR. A	3,333	0	3,333	200,300	28	1.00
2.00	13.00	DR. B	131,993	0	131,993	200,300	234	2.00
3.00	13.00	DR. C	275,466	0	275,466	200,300	494	3.00
4.00	13.00	DR. D	40,922	0	40,922	200,300	42	4.00
5.00	13.00	DR. E	230,193	0	230,193	200,300	468	5.00
6.00	13.00	DR. F	93,452	0	93,452	200,300	208	6.00
7.00	13.00	DR. G	18,411	0	18,411	200,300	31	7.00
8.00	13.00	DR. H	100,544	0	100,544	200,300	224	8.00
9.00	13.00	DR. I	63,395	0	63,395	200,300	179	9.00
10.00	13.00	DR. J	58,042	0	58,042	200,300	179	10.00
11.00	13.00	DR. K	81,558	0	81,558	200,300	234	11.00
12.00	13.00	DR. L	278,077	0	278,077	200,300	749	12.00
13.00	13.00	DR. M	60,606	0	60,606	200,300	176	13.00
14.00	13.00	DR. N	23,102	0	23,102	200,300	59	14.00
15.00	50.00	DR. A	40,000	0	40,000	200,300	336	15.00
16.00	50.00	DR. O	517,650	0	517,650	200,300	8,784	16.00
17.00	50.00	DR. P	10,000	10,000	0	0	0	17.00
18.00	54.00	RADIOLOGY-DIAGNOSTIC	16,355	16,355	0	0	0	18.00
19.00	90.00	CLINIC	100	100	0	0	0	19.00
20.00	91.00	DR. Q	684,000	0	684,000	200,300	8,784	20.00
200.00			2,727,199	26,455	2,700,744		21,209	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	DR. A	2,696	135	0	0	0	1.00
2.00	13.00	DR. B	22,534	1,127	0	0	0	2.00
3.00	13.00	DR. C	47,571	2,379	0	0	0	3.00
4.00	13.00	DR. D	4,044	202	0	0	0	4.00
5.00	13.00	DR. E	45,068	2,253	0	0	0	5.00
6.00	13.00	DR. F	20,030	1,002	0	0	0	6.00
7.00	13.00	DR. G	2,985	149	0	0	0	7.00
8.00	13.00	DR. H	21,571	1,079	0	0	0	8.00
9.00	13.00	DR. I	17,237	862	0	0	0	9.00
10.00	13.00	DR. J	17,237	862	0	0	0	10.00
11.00	13.00	DR. K	22,534	1,127	0	0	0	11.00
12.00	13.00	DR. L	72,127	3,606	0	0	0	12.00
13.00	13.00	DR. M	16,948	847	0	0	0	13.00
14.00	13.00	DR. N	5,682	284	0	0	0	14.00
15.00	50.00	DR. A	32,356	1,618	0	0	0	15.00
16.00	50.00	DR. O	845,882	42,294	0	0	0	16.00
17.00	50.00	DR. P	0	0	0	0	0	17.00
18.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	18.00
19.00	90.00	CLINIC	0	0	0	0	0	19.00
20.00	91.00	DR. Q	845,882	42,294	0	0	0	20.00
200.00			2,042,384	102,120	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	DR. A	0	2,696	637	637		1.00
2.00	13.00	DR. B	0	22,534	109,459	109,459		2.00
3.00	13.00	DR. C	0	47,571	227,895	227,895		3.00
4.00	13.00	DR. D	0	4,044	36,878	36,878		4.00
5.00	13.00	DR. E	0	45,068	185,125	185,125		5.00
6.00	13.00	DR. F	0	20,030	73,422	73,422		6.00
7.00	13.00	DR. G	0	2,985	15,426	15,426		7.00
8.00	13.00	DR. H	0	21,571	78,973	78,973		8.00
9.00	13.00	DR. I	0	17,237	46,158	46,158		9.00
10.00	13.00	DR. J	0	17,237	40,805	40,805		10.00
11.00	13.00	DR. K	0	22,534	59,024	59,024		11.00
12.00	13.00	DR. L	0	72,127	205,950	205,950		12.00
13.00	13.00	DR. M	0	16,948	43,658	43,658		13.00
14.00	13.00	DR. N	0	5,682	17,420	17,420		14.00
15.00	50.00	DR. A	0	32,356	7,644	7,644		15.00
16.00	50.00	DR. O	0	845,882	0	0		16.00
17.00	50.00	DR. P	0	0	0	10,000		17.00
18.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	16,355		18.00
19.00	90.00	CLINIC	0	0	0	100		19.00
20.00	91.00	DR. Q	0	845,882	0	0		20.00
200.00			0	2,042,384	1,148,474	1,174,929		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,696,199	2,696,199			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,377,555		3,377,555		2.00
4.00 00400	EMPLOYEE BENEFITS	6,981,346	0	0	6,981,346	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	14,216,084	495,361	620,544	580,775	15,912,764
7.00 00700	OPERATION OF PLANT	2,533,165	558,092	699,127	85,370	3,875,754
8.00 00800	LAUNDRY & LINEN SERVICE	206,885	0	0	0	206,885
9.00 00900	HOUSEKEEPING	768,860	48,909	61,269	128,990	1,008,028
10.00 01000	DIETARY	-57,894	28,054	35,143	40,122	45,425
11.00 01100	CAFETERIA	1,275,270	79,840	100,016	136,909	1,592,035
13.00 01300	NURSING ADMINISTRATION	1,923,967	28,136	35,246	338,820	2,326,169
16.00 01600	MEDICAL RECORDS & LIBRARY	1,450,623	1,973	2,471	115,735	1,570,802
17.00 01700	SOCIAL SERVICE	928,846	8,537	10,694	139,413	1,087,490
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	ALLIED HEALTH - EMS PROGRAM	5,454	0	0	967	6,421
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	9,959	0	0	2,722	12,681
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,331,566	633,880	794,069	1,524,605	9,284,120
32.00 03200	CORONARY CARE UNIT	2,801,399	236,725	296,547	736,891	4,071,562
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,024,589	150,908	189,044	441,797	3,806,338
51.00 05100	RECOVERY ROOM	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	452,878	12,999	16,284	109,779	591,940
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00 05700	CT SCAN	749,866	15,782	19,771	128,169	913,588
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,546	30,355	38,026	0	69,927
59.00 05900	CARDIAC CATHETERIZATION	2,694,423	182,625	228,776	444,354	3,550,178
60.00 06000	LABORATORY	1,703,646	11,649	14,593	0	1,729,888
64.00 06400	INTRAVENOUS THERAPY	489	0	0	0	489
65.00 06500	RESPIRATORY THERAPY	955,988	8,267	10,356	255,527	1,230,138
66.00 06600	PHYSICAL THERAPY	84,727	0	0	0	84,727
67.00 06700	OCCUPATIONAL THERAPY	52,442	0	0	0	52,442
68.00 06800	SPEECH PATHOLOGY	3,297	0	0	0	3,297
69.00 06900	ELECTROCARDIOLOGY	-169,558	5,566	6,973	536,310	379,291
70.00 07000	ELECTROENCEPHALOGRAPHY	2,634	0	0	0	2,634
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,036,373	0	0	0	9,036,373
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,965,862	0	0	0	12,965,862
73.00 07300	DRUGS CHARGED TO PATIENTS	4,439,946	17,239	21,595	406,758	4,885,538
74.00 07400	RENAL DIALYSIS	171,986	0	0	0	171,986
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03330	ENDOSCOPY	12,240	0	0	1,570	13,810
76.97 07697	CARDIAC REHABILITATION	311,199	0	0	82,383	393,582
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	935,524	20,679	25,905	235,469	1,217,577
91.00 09100	EMERGENCY	2,441,670	111,452	139,617	441,153	3,133,892
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00 09900	CMHC	0	0	0	0	0
99.10 09910	CORF	0	0	0	0	0
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00 10600	HEART ACQUISITION	0	0	0	0	0
107.00 10700	LIVER ACQUISITION	0	0	0	0	0
108.00 10800	LUNG ACQUISITION	0	0	0	0	0
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	85,321,051	2,687,028	3,366,066	6,914,588	85,233,633	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,138	0	0	0	12,138	190.00
191.00	19100	RESEARCH	281,568	9,171	11,489	66,758	368,986	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	250,180	0	0	0	250,180	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	85,864,937	2,696,199	3,377,555	6,981,346	85,864,937	202.00
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,912,764					5.00
7.00	00700	OPERATION OF PLANT	881,660	4,757,414				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,062	0	253,947			8.00
9.00	00900	HOUSEKEEPING	229,307	141,641	0	1,378,976		9.00
10.00	01000	DIETARY	10,333	81,244	0	24,272	161,274	10.00
11.00	01100	CAFETERIA	362,158	231,217	0	69,077	0	11.00
13.00	01300	NURSING ADMINISTRATION	529,159	81,482	0	24,343	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	357,328	5,713	0	1,707	0	16.00
17.00	01700	SOCIAL SERVICE	247,383	24,723	0	7,386	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM	1,461	0	0	0	0	23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	2,885	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,111,961	1,835,728	173,756	548,428	115,612	30.00
32.00	03200	CORONARY CARE UNIT	926,203	685,558	22,132	204,812	45,662	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	865,870	437,031	15,954	130,564	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	134,655	37,646	0	11,247	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	207,824	45,706	0	13,655	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,907	87,909	0	26,263	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	807,598	528,885	25,817	158,006	0	59.00
60.00	06000	LABORATORY	393,517	33,735	0	10,079	0	60.00
64.00	06400	INTRAVENOUS THERAPY	111	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	279,833	23,941	0	7,153	0	65.00
66.00	06600	PHYSICAL THERAPY	19,274	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,930	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	750	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,281	16,120	0	4,816	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	599	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,055,603	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,949,461	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,111,367	49,923	0	14,915	0	73.00
74.00	07400	RENAL DIALYSIS	39,124	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	3,142	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	89,532	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	276,976	59,887	0	17,891	0	90.00
91.00	09100	EMERGENCY	712,901	322,765	16,288	96,427	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,769,155	4,730,854	253,947	1,371,041	161,274	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,761	0	0	0	0	190.00
191.00	19100	RESEARCH	83,937	26,560	0	7,935	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,911	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	15,912,764	4,757,414	253,947	1,378,976	161,274	202.00
Cost Center Description			CAFETERIA	NURSING ADMINISTRATIVE	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
			11.00	13.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,254,487					11.00
13.00	01300	NURSING ADMINISTRATION	121,645	3,082,798				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,658	0	1,984,208			16.00
17.00	01700	SOCIAL SERVICE	48,658	0	0	1,415,640		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0	0	23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	721,760	1,507,522	135,809	1,014,832	0	30.00
32.00	03200	CORONARY CARE UNIT	283,838	592,846	63,482	400,808	0	32.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	145,974	304,892	158,179	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,548	0	26,929	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	48,658	0	35,236	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	232	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	178,413	372,646	536,992	0	0	59.00
60.00	06000	LABORATORY	0	0	118,463	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	72	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	113,535	0	30,988	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,287	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,031	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	124	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	202,742	0	259,421	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	267	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	180,331	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	213,131	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,645	0	119,361	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,300	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	0	605	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	48,658	0	6,636	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

Period:  
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
	11.00	13.00	16.00	17.00	18.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	97,316	0	14,293	0	0	90.00
91.00 09100 EMERGENCY	0	304,892	75,039	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,222,048	3,082,798	1,984,208	1,415,640	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	32,439	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,254,487	3,082,798	1,984,208	1,415,640	0	202.00
Cost Center Description	NONPHYSICIAN ANESTHETISTS	ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	19.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
23.00 02300 ALLIED HEALTH - EMS PROGRAM	0	7,882				23.00
23.01 02301 ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	15,566			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	17,449,528	0	30.00
32.00 03200 CORONARY CARE UNIT	0	0	0	7,296,903	0	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	5,864,802	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	15,566	858,531	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	1,264,667	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	200,238	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	6,158,535	0	59.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			19.00	23.00	23.01	24.00	25.00	
60.00	06000	LABORATORY	0	0	0	2,285,682	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	672	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,685,588	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	107,288	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	66,403	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,171	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	948,671	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,500	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,272,307	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,128,454	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,302,749	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	214,410	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	0	0	17,557	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	538,408	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	1,683,940	0	90.00
91.00	09100	EMERGENCY	0	7,882	0	4,670,086	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,882	15,566	85,023,090	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	14,899	0	190.00
191.00	19100	RESEARCH	0	0	0	519,857	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	307,091	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	7,882	15,566	85,864,937	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 10:34 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 ALLIED HEALTH - EMS PROGRAM		23.00
23.01	02301 ALLIED HEALTH - RADIOLOGY SCHOOL		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	17,449,528	30.00
32.00	03200 CORONARY CARE UNIT	7,296,903	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	5,864,802	50.00
51.00	05100 RECOVERY ROOM	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	858,531	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700 CT SCAN	1,264,667	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	200,238	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,158,535	59.00
60.00	06000 LABORATORY	2,285,682	60.00
64.00	06400 INTRAVENOUS THERAPY	672	64.00
65.00	06500 RESPIRATORY THERAPY	1,685,588	65.00
66.00	06600 PHYSICAL THERAPY	107,288	66.00
67.00	06700 OCCUPATIONAL THERAPY	66,403	67.00
68.00	06800 SPEECH PATHOLOGY	4,171	68.00
69.00	06900 ELECTROCARDIOLOGY	948,671	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,500	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,272,307	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,128,454	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,302,749	73.00
74.00	07400 RENAL DIALYSIS	214,410	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03330 ENDOSCOPY	17,557	76.00
76.97	07697 CARDIAC REHABILITATION	538,408	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	1,683,940	90.00
91.00	09100 EMERGENCY	4,670,086	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	85,023,090	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,899	190.00
191.00	19100 RESEARCH	519,857	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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Cost Center Description		Total	
		26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	307,091
193.00	19300	NONPAID WORKERS	0
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	85,864,937

192.00  
193.00  
200.00  
201.00  
202.00

COST ALLOCATION STATISTICS

Provider CCN: 150154

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

Worksheet Non-CMS W

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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	495,361	620,544	1,115,905	5.00
7.00 00700	OPERATION OF PLANT	0	558,092	699,127	1,257,219	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	48,909	61,269	110,178	9.00
10.00 01000	DIETARY	0	28,054	35,143	63,197	10.00
11.00 01100	CAFETERIA	0	79,840	100,016	179,856	11.00
13.00 01300	NURSING ADMINISTRATION	0	28,136	35,246	63,382	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	1,973	2,471	4,444	16.00
17.00 01700	SOCIAL SERVICE	0	8,537	10,694	19,231	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0	23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	633,880	794,069	1,427,949	30.00
32.00 03200	CORONARY CARE UNIT	0	236,725	296,547	533,272	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	150,908	189,044	339,952	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	12,999	16,284	29,283	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	15,782	19,771	35,553	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	30,355	38,026	68,381	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	182,625	228,776	411,401	59.00
60.00 06000	LABORATORY	0	11,649	14,593	26,242	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	8,267	10,356	18,623	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	5,566	6,973	12,539	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	17,239	21,595	38,834	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03330	ENDOSCOPY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	20,679	25,905	46,584	90.00
91.00 09100	EMERGENCY	0	111,452	139,617	251,069	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

Period:  
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To 12/31/2012

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	2,687,028	3,366,066	6,053,094	4.00	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	9,171	11,489	20,660	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	2,696,199	3,377,555	6,073,754		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	1,115,905					5.00
7.00	00700	61,826	1,319,045				7.00
8.00	00800	3,300	0	3,300			8.00
9.00	00900	16,080	39,272	0	165,530		9.00
10.00	01000	725	22,526	0	2,914	65,757	10.00
11.00	01100	25,396	64,107	0	8,292	0	11.00
13.00	01300	37,107	22,592	0	2,922	0	13.00
16.00	01600	25,057	1,584	0	205	0	16.00
17.00	01700	17,348	6,855	0	887	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	102	0	0	0	0	23.00
23.01	02301	202	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	148,100	508,974	2,258	65,831	47,139	30.00
32.00	03200	64,950	190,078	288	24,585	18,618	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	60,719	121,172	207	15,673	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	9,443	10,438	0	1,350	0	54.00
55.00	05500	0	0	0	0	0	55.00
57.00	05700	14,574	12,673	0	1,639	0	57.00
58.00	05800	1,115	24,374	0	3,153	0	58.00
59.00	05900	56,632	146,639	335	18,967	0	59.00
60.00	06000	27,595	9,354	0	1,210	0	60.00
64.00	06400	8	0	0	0	0	64.00
65.00	06500	19,623	6,638	0	859	0	65.00
66.00	06600	1,352	0	0	0	0	66.00
67.00	06700	837	0	0	0	0	67.00
68.00	06800	53	0	0	0	0	68.00
69.00	06900	6,050	4,469	0	578	0	69.00
70.00	07000	42	0	0	0	0	70.00
71.00	07100	144,148	0	0	0	0	71.00
72.00	07200	206,859	0	0	0	0	72.00
73.00	07300	77,934	13,842	0	1,790	0	73.00
74.00	07400	2,744	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03330	220	0	0	0	0	76.00
76.97	07697	6,278	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	19,423	16,604	0	2,148	0	90.00
91.00	09100	49,992	89,490	212	11,575	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	05950	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,105,834	1,311,681	3,300	164,578	65,757	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	194	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150154		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 10:34 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
191.00	19100	RESEARCH	5,886	7,364	0	952	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,991	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	23,605	201.00
202.00		TOTAL (sum lines 118-201)	1,115,905	1,319,045	3,300	165,530	89,362	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
						11.00	13.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	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	277,651					11.00
13.00	01300	14,981	140,984				13.00
16.00	01600	5,992		37,282			16.00
17.00	01700	5,992				50,313	17.00
18.00	01850						18.00
19.00	01900						19.00
23.00	02300						23.00
23.01	02301						23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	88,891	68,944	2,559	36,068		30.00
32.00	03200	34,956	27,112	1,196	14,245		32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	17,977	13,943	2,981			50.00
51.00	05100						51.00
54.00	05400	4,994		507			54.00
55.00	05500						55.00
57.00	05700	5,992		664			57.00
58.00	05800						58.00
59.00	05900	21,972	17,042	10,012			59.00
60.00	06000			2,233			60.00
64.00	06400			1			64.00
65.00	06500	13,982		584			65.00
66.00	06600			62			66.00
67.00	06700			38			67.00
68.00	06800			2			68.00
69.00	06900	24,969		4,889			69.00
70.00	07000			5			70.00
71.00	07100			3,398			71.00
72.00	07200			4,017			72.00
73.00	07300	14,981		2,249			73.00
74.00	07400			62			74.00
75.00	07500						75.00
76.00	03330			11			76.00
76.97	07697	5,992		125			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000	11,985		269			90.00
91.00	09100		13,943	1,414			91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400						94.00
95.00	09500						95.00
96.00	09600						96.00
97.00	09700						97.00
98.00	05950						98.00
99.00	09900						99.00
99.10	09910						99.10
100.00	10000						100.00
101.00	10100						101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500						105.00
106.00	10600						106.00
107.00	10700						107.00
108.00	10800						108.00
109.00	10900						109.00
110.00	11000						110.00
111.00	11100						111.00
113.00	11300						113.00
114.00	11400						114.00
115.00	11500						115.00
116.00	11600						116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
						(SPECIFY)	
		11.00	13.00	16.00	17.00	18.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	273,656	140,984	37,282	50,313	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	3,995	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	277,651	140,984	37,282	50,313	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 10:34 am
Cost Center	Description	NONPHYSICIAN ANESTHETISTS	ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		19.00	23.00	23.01	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
16.00	01600					16.00
17.00	01700					17.00
18.00	01850					18.00
19.00	01900	0				19.00
23.00	02300		102			23.00
23.01	02301			202		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000				2,396,713	0 30.00
32.00	03200				909,300	0 32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000				572,624	0 50.00
51.00	05100				0	0 51.00
54.00	05400				56,015	0 54.00
55.00	05500				0	0 55.00
57.00	05700				71,095	0 57.00
58.00	05800				97,027	0 58.00
59.00	05900				683,000	0 59.00
60.00	06000				66,634	0 60.00
64.00	06400				9	0 64.00
65.00	06500				60,309	0 65.00
66.00	06600				1,414	0 66.00
67.00	06700				875	0 67.00
68.00	06800				55	0 68.00
69.00	06900				53,494	0 69.00
70.00	07000				47	0 70.00
71.00	07100				147,546	0 71.00
72.00	07200				210,876	0 72.00
73.00	07300				149,630	0 73.00
74.00	07400				2,806	0 74.00
75.00	07500				0	0 75.00
76.00	03330				231	0 76.00
76.97	07697				12,395	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800				0	0 88.00
89.00	08900				0	0 89.00
90.00	09000				97,013	0 90.00
91.00	09100				417,695	0 91.00
92.00	09200					0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400				0	0 94.00
95.00	09500				0	0 95.00
96.00	09600				0	0 96.00
97.00	09700				0	0 97.00
98.00	05950				0	0 98.00
99.00	09900				0	0 99.00
99.10	09910				0	0 99.10
100.00	10000				0	0 100.00
101.00	10100				0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500				0	0 105.00
106.00	10600				0	0 106.00
107.00	10700				0	0 107.00
108.00	10800				0	0 108.00
109.00	10900				0	0 109.00
110.00	11000				0	0 110.00
111.00	11100				0	0 111.00
113.00	11300				0	0 113.00
114.00	11400				0	0 114.00
115.00	11500				0	0 115.00
116.00	11600				0	0 116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		NONPHYSICIAN ANESTHETISTS	ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
118.00	SUBTOTALS (SUM OF LINES 1-117)	19.00	23.00	23.01	24.00	25.00	0
	NONREIMBURSABLE COST CENTERS				6,006,803		118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				194		0
191.00	19100 RESEARCH				38,857		0
192.00	19200 PHYSICIANS' PRIVATE OFFICES				3,991		0
193.00	19300 NONPAID WORKERS				0		0
200.00	Cross Foot Adjustments	0	102	202	304		0
201.00	Negative Cost Centers	0	0	0	23,605		0
202.00	TOTAL (sum lines 118-201)	0	102	202	6,073,754		0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 10:34 am
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
16.00	01600			16.00
17.00	01700			17.00
18.00	01850			18.00
19.00	01900			19.00
23.00	02300			23.00
23.01	02301			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	2,396,713		30.00
32.00	03200	909,300		32.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	572,624		50.00
51.00	05100	0		51.00
54.00	05400	56,015		54.00
55.00	05500	0		55.00
57.00	05700	71,095		57.00
58.00	05800	97,027		58.00
59.00	05900	683,000		59.00
60.00	06000	66,634		60.00
64.00	06400	9		64.00
65.00	06500	60,309		65.00
66.00	06600	1,414		66.00
67.00	06700	875		67.00
68.00	06800	55		68.00
69.00	06900	53,494		69.00
70.00	07000	47		70.00
71.00	07100	147,546		71.00
72.00	07200	210,876		72.00
73.00	07300	149,630		73.00
74.00	07400	2,806		74.00
75.00	07500	0		75.00
76.00	03330	231		76.00
76.97	07697	12,395		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	0		88.00
89.00	08900	0		89.00
90.00	09000	97,013		90.00
91.00	09100	417,695		91.00
92.00	09200	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	0		94.00
95.00	09500	0		95.00
96.00	09600	0		96.00
97.00	09700	0		97.00
98.00	05950	0		98.00
99.00	09900	0		99.00
99.10	09910	0		99.10
100.00	10000	0		100.00
101.00	10100	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500	0		105.00
106.00	10600	0		106.00
107.00	10700	0		107.00
108.00	10800	0		108.00
109.00	10900	0		109.00
110.00	11000	0		110.00
111.00	11100	0		111.00
113.00	11300	0		113.00
114.00	11400	0		114.00
115.00	11500	0		115.00
116.00	11600	0		116.00
118.00		6,006,803		118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	194		190.00
191.00	19100	38,857		191.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 10:34 am
Cost Center Description		Total		
		26.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,991	192.00
193.00	19300	NONPAID WORKERS	0	193.00
200.00		Cross Foot Adjustments	304	200.00
201.00		Negative Cost Centers	23,605	201.00
202.00		TOTAL (sum lines 118-201)	6,073,754	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	229,603				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		229,603			2.00
4.00 00400	EMPLOYEE BENEFITS	0	0	23,723,581		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	42,184	42,184	1,973,552	-15,912,764	5.00
7.00 00700	OPERATION OF PLANT	47,526	47,526	290,099	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,165	4,165	438,325	0	9.00
10.00 01000	DIETARY	2,389	2,389	136,340	0	10.00
11.00 01100	CAFETERIA	6,799	6,799	465,236	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,396	2,396	1,151,358	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	168	168	393,282	0	16.00
17.00 01700	SOCIAL SERVICE	727	727	473,746	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM	0	0	3,286	0	23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	9,251	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	53,980	53,980	5,180,833	0	30.00
32.00 03200	CORONARY CARE UNIT	20,159	20,159	2,504,056	0	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	12,851	12,851	1,501,286	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,107	1,107	373,043	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	1,344	1,344	435,536	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,585	2,585	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	15,552	15,552	1,509,975	0	59.00
60.00 06000	LABORATORY	992	992	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	704	704	868,315	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	474	474	1,822,455	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,468	1,468	1,382,218	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03330	ENDOSCOPY	0	0	5,336	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	279,947	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,761	1,761	800,155	0	90.00
91.00 09100	EMERGENCY	9,491	9,491	1,499,098	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00				
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	228,822	228,822	23,496,728	-15,912,764	69,320,869	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	12,138	190.00
191.00	19100	RESEARCH	781	781	226,853	0	368,986	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	250,180	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,696,199	3,377,555	6,981,346		15,912,764	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.742874	14.710413	0.294279		0.227481	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		1,115,905	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.015952	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	139,893					7.00
8.00	00800		59,403				8.00
9.00	00900	4,165	0	135,728			9.00
10.00	01000	2,389	0	2,389	29,110		10.00
11.00	01100	6,799	0	6,799	0	278	11.00
13.00	01300	2,396	0	2,396	0	15	13.00
16.00	01600	168	0	168	0	6	16.00
17.00	01700	727	0	727	0	6	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	53,980	40,645	53,980	20,868	89	30.00
32.00	03200	20,159	5,177	20,159	8,242	35	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	12,851	3,732	12,851	0	18	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	1,107	0	1,107	0	5	54.00
55.00	05500	0	0	0	0	0	55.00
57.00	05700	1,344	0	1,344	0	6	57.00
58.00	05800	2,585	0	2,585	0	0	58.00
59.00	05900	15,552	6,039	15,552	0	22	59.00
60.00	06000	992	0	992	0	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	704	0	704	0	14	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	474	0	474	0	25	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	1,468	0	1,468	0	15	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03330	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	6	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,761	0	1,761	0	12	90.00
91.00	09100	9,491	3,810	9,491	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	05950	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		139,112	59,403	134,947	29,110	274	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	781	0	781	0	4 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,757,414	253,947	1,378,976	161,274	2,254,487 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.007520	4.274986	10.159849	5.540158	8,109.665468 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,319,045	3,300	165,530	89,362	277,651 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.428956	0.055553	1.219571	2.258914	998.744604 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	(DIRECT NURS. HRS.)					
	13.00	16.00	17.00	18.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 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	182					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	333,849,088				16.00
17.00 01700 SOCIAL SERVICE	0	0	11,327			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 02300 ALLIED HEALTH - EMS PROGRAM	0	0	0	0	0	23.00
23.01 02301 ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	89	22,851,883	8,120	0		30.00
32.00 03200 CORONARY CARE UNIT	35	10,681,743	3,207	0		32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	18	26,616,022	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	4,531,191	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	5,928,974	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	39,114	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	22	90,332,874	0	0	0	59.00
60.00 06000 LABORATORY	0	19,933,279	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	12,159	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	5,214,156	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	553,061	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	341,796	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	20,862	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	43,651,569	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	44,858	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,343,368	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	35,862,536	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	20,084,335	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	555,347	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03330 ENDOSCOPY	0	101,866	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	1,116,564	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	2,405,008	0	0	0	90.00
91.00 09100 EMERGENCY	18	12,626,523	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	16.00	17.00	18.00	19.00	
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		182	333,849,088	11,327	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
200.00							200.00
201.00							201.00
202.00		3,082,798	1,984,208	1,415,640	0	0	202.00
203.00		16,938.450549	0.005943	124.979253	0.000000	0.000000	203.00
204.00		140,984	37,282	50,313	0	0	204.00
205.00		774.637363	0.000112	4.441865	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		ALLIED HEALTH - EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH - RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
16.00	01600			16.00
17.00	01700			17.00
18.00	01850			18.00
19.00	01900			19.00
23.00	02300	100		23.00
23.01	02301	0	100	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	0	0	30.00
32.00	03200	0	0	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	0	0	50.00
51.00	05100	0	0	51.00
54.00	05400	0	100	54.00
55.00	05500	0	0	55.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
64.00	06400	0	0	64.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
67.00	06700	0	0	67.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
75.00	07500	0	0	75.00
76.00	03330	0	0	76.00
76.97	07697	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	0	0	88.00
89.00	08900	0	0	89.00
90.00	09000	0	0	90.00
91.00	09100	100	0	91.00
92.00	09200	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	0	0	94.00
95.00	09500	0	0	95.00
96.00	09600	0	0	96.00
97.00	09700	0	0	97.00
98.00	05950	0	0	98.00
99.00	09900	0	0	99.00
99.10	09910	0	0	99.10
100.00	10000	0	0	100.00
101.00	10100	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500	0	0	105.00
106.00	10600	0	0	106.00
107.00	10700	0	0	107.00
108.00	10800	0	0	108.00
109.00	10900	0	0	109.00
110.00	11000	0	0	110.00
111.00	11100	0	0	111.00
113.00	11300	0	0	113.00
114.00	11400	0	0	114.00
115.00	11500	0	0	115.00
116.00	11600	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		ALLIED HEALTH - EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH - RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
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)	7,882	15,566	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	78.820000	155.660000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	102	202	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.020000	2.020000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/30/2013 10:34 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 Dissallowance	Total Costs	Inpatient		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000 ADULTS & PEDIATRICS	17,449,528		17,449,528	0	17,449,528	15,986,322	30.00
32.00	03200 CORONARY CARE UNIT	7,296,903		7,296,903	0	7,296,903	10,681,743	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	5,864,802		5,864,802	7,644	5,872,446	25,383,285	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	858,531		858,531	0	858,531	2,425,939	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
57.00	05700 CT SCAN	1,264,667		1,264,667	0	1,264,667	1,568,043	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	200,238		200,238	0	200,238	28,164	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,158,535		6,158,535	0	6,158,535	36,503,460	59.00
60.00	06000 LABORATORY	2,285,682		2,285,682	0	2,285,682	13,709,613	60.00
64.00	06400 INTRAVENOUS THERAPY	672		672	0	672	12,159	64.00
65.00	06500 RESPIRATORY THERAPY	1,685,588	0	1,685,588	0	1,685,588	4,946,238	65.00
66.00	06600 PHYSICAL THERAPY	107,288	0	107,288	0	107,288	537,952	66.00
67.00	06700 OCCUPATIONAL THERAPY	66,403	0	66,403	0	66,403	332,443	67.00
68.00	06800 SPEECH PATHOLOGY	4,171	0	4,171	0	4,171	20,274	68.00
69.00	06900 ELECTROCARDIOLOGY	948,671		948,671	0	948,671	5,072,427	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,500		3,500	0	3,500	41,498	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,272,307		11,272,307	0	11,272,307	19,749,604	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,128,454		16,128,454	0	16,128,454	18,715,274	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,302,749		6,302,749	0	6,302,749	14,760,651	73.00
74.00	07400 RENAL DIALYSIS	214,410		214,410	0	214,410	521,391	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03330 ENDOSCOPY	17,557		17,557	0	17,557	92,205	76.00
76.97	07697 CARDIAC REHABILITATION	538,408		538,408	0	538,408	848	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000 CLINIC	1,683,940		1,683,940	0	1,683,940	3,352	90.00
91.00	09100 EMERGENCY	4,670,086		4,670,086	0	4,670,086	2,838,860	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,706,179		1,706,179	0	1,706,179	224,960	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	0	99.00
99.10	09910 CORF	0		0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	115.00
116.00	11600 HOSPICE	0		0	0	0	0	116.00
200.00	Subtotal (see instructions)	86,729,269	0	86,729,269	7,644	86,736,913	174,156,705	200.00
201.00	Less Observation Beds	1,706,179		1,706,179		1,706,179		201.00
202.00	Total (see instructions)	85,023,090	0	85,023,090	7,644	85,030,734	174,156,705	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
Title VIII Hospital								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		15,986,322				30.00
32.00	03200	CORONARY CARE UNIT		10,681,743				32.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,232,737	26,616,022	0.220349	0.000000	0.220636	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,105,252	4,531,191	0.189471	0.000000	0.189471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
57.00	05700	CT SCAN	4,360,931	5,928,974	0.213303	0.000000	0.213303	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,950	39,114	5.119343	0.000000	5.119343	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,829,414	90,332,874	0.068176	0.000000	0.068176	59.00
60.00	06000	LABORATORY	6,223,666	19,933,279	0.114667	0.000000	0.114667	60.00
64.00	06400	INTRAVENOUS THERAPY	0	12,159	0.055268	0.000000	0.055268	64.00
65.00	06500	RESPIRATORY THERAPY	267,918	5,214,156	0.323271	0.000000	0.323271	65.00
66.00	06600	PHYSICAL THERAPY	15,109	553,061	0.193989	0.000000	0.193989	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,353	341,796	0.194277	0.000000	0.194277	67.00
68.00	06800	SPEECH PATHOLOGY	588	20,862	0.199933	0.000000	0.199933	68.00
69.00	06900	ELECTROCARDIOLOGY	38,579,142	43,651,569	0.021733	0.000000	0.021733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,360	44,858	0.078024	0.000000	0.078024	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,593,764	30,343,368	0.371492	0.000000	0.371492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,147,262	35,862,536	0.449730	0.000000	0.449730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,323,684	20,084,335	0.313814	0.000000	0.313814	73.00
74.00	07400	RENAL DIALYSIS	33,956	555,347	0.386083	0.000000	0.386083	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
76.00	03330	ENDOSCOPY	9,661	101,866	0.172354	0.000000	0.172354	76.00
76.97	07697	CARDIAC REHABILITATION	1,115,716	1,116,564	0.482201	0.000000	0.482201	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	2,401,656	2,405,008	0.700181	0.000000	0.700181	90.00
91.00	09100	EMERGENCY	9,787,663	12,626,523	0.369863	0.000000	0.369863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,640,601	6,865,561	0.248513	0.000000	0.248513	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	159,692,383	333,849,088				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	159,692,383	333,849,088				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 10:34 am

		Title XIX			Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	17,449,528		17,449,528	0	0	15,986,322	30.00
32.00	03200	CORONARY CARE UNIT	7,296,903		7,296,903	0	0	10,681,743	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	5,864,802		5,864,802	0	0	25,383,285	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	858,531		858,531	0	0	2,425,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
57.00	05700	CT SCAN	1,264,667		1,264,667	0	0	1,568,043	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	200,238		200,238	0	0	28,164	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,158,535		6,158,535	0	0	36,503,460	59.00
60.00	06000	LABORATORY	2,285,682		2,285,682	0	0	13,709,613	60.00
64.00	06400	INTRAVENOUS THERAPY	672		672	0	0	12,159	64.00
65.00	06500	RESPIRATORY THERAPY	1,685,588	0	1,685,588	0	0	4,946,238	65.00
66.00	06600	PHYSICAL THERAPY	107,288	0	107,288	0	0	537,952	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,403	0	66,403	0	0	332,443	67.00
68.00	06800	SPEECH PATHOLOGY	4,171	0	4,171	0	0	20,274	68.00
69.00	06900	ELECTROCARDIOLOGY	948,671		948,671	0	0	5,072,427	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,500		3,500	0	0	41,498	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,272,307		11,272,307	0	0	19,749,604	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,128,454		16,128,454	0	0	18,715,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,302,749		6,302,749	0	0	14,760,651	73.00
74.00	07400	RENAL DIALYSIS	214,410		214,410	0	0	521,391	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03330	ENDOSCOPY	17,557		17,557	0	0	92,205	76.00
76.97	07697	CARDIAC REHABILITATION	538,408		538,408	0	0	848	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	1,683,940		1,683,940	0	0	3,352	90.00
91.00	09100	EMERGENCY	4,670,086		4,670,086	0	0	2,838,860	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,706,179		1,706,179	0	0	224,960	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	0	99.00
99.10	09910	CORF	0		0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	0	116.00
200.00		Subtotal (see instructions)	86,729,269	0	86,729,269	0	0	174,156,705	200.00
201.00		Less Observation Beds	1,706,179		1,706,179	0	0	0	201.00
202.00		Total (see instructions)	85,023,090	0	85,023,090	0	0	174,156,705	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital Cost	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		15,986,322				30.00
32.00	03200	CORONARY CARE UNIT		10,681,743				32.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,232,737	26,616,022	0.220349	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,105,252	4,531,191	0.189471	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
57.00	05700	CT SCAN	4,360,931	5,928,974	0.213303	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,950	39,114	5.119343	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,829,414	90,332,874	0.068176	0.000000	0.000000	59.00
60.00	06000	LABORATORY	6,223,666	19,933,279	0.114667	0.000000	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	12,159	0.055268	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	267,918	5,214,156	0.323271	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,109	553,061	0.193989	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,353	341,796	0.194277	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	588	20,862	0.199933	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	38,579,142	43,651,569	0.021733	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,360	44,858	0.078024	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,593,764	30,343,368	0.371492	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,147,262	35,862,536	0.449730	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,323,684	20,084,335	0.313814	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	33,956	555,347	0.386083	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
76.00	03330	ENDOSCOPY	9,661	101,866	0.172354	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,115,716	1,116,564	0.482201	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00	09000	CLINIC	2,401,656	2,405,008	0.700181	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	9,787,663	12,626,523	0.369863	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,640,601	6,865,561	0.248513	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	159,692,383	333,849,088				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	159,692,383	333,849,088				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150154		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/30/2013 10:34 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	2,396,713	0	2,396,713	9,000	266.30	30.00
32.00	CORONARY CARE UNIT	909,300		909,300	3,207	283.54	32.00
200.00	Total (Lines 30-199)	3,306,013		3,306,013	12,207		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	4,344	1,156,807				
32.00	CORONARY CARE UNIT	1,633	463,021				
200.00	Total (Lines 30-199)	5,977	1,619,828				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150154

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	572,624	26,616,022	0.021514	12,571,081	270,454	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,015	4,531,191	0.012362	1,357,379	16,780	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	71,095	5,928,974	0.011991	864,369	10,365	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	97,027	39,114	2.480621	24,278	60,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	683,000	90,332,874	0.007561	17,579,713	132,920	59.00
60.00	06000	LABORATORY	66,634	19,933,279	0.003343	7,309,689	24,436	60.00
64.00	06400	INTRAVENOUS THERAPY	9	12,159	0.000740	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	60,309	5,214,156	0.011566	2,354,015	27,227	65.00
66.00	06600	PHYSICAL THERAPY	1,414	553,061	0.002557	350,403	896	66.00
67.00	06700	OCCUPATIONAL THERAPY	875	341,796	0.002560	218,584	560	67.00
68.00	06800	SPEECH PATHOLOGY	55	20,862	0.002636	10,932	29	68.00
69.00	06900	ELECTROCARDIOLOGY	53,494	43,651,569	0.001225	2,822,135	3,457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47	44,858	0.001048	17,951	19	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	147,546	30,343,368	0.004863	9,158,066	44,536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	210,876	35,862,536	0.005880	9,610,874	56,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	149,630	20,084,335	0.007450	7,755,970	57,782	73.00
74.00	07400	RENAL DIALYSIS	2,806	555,347	0.005053	376,645	1,903	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03330	ENDOSCOPY	231	101,866	0.002268	54,320	123	76.00
76.97	07697	CARDIAC REHABILITATION	12,395	1,116,564	0.011101	848	9	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	97,013	2,405,008	0.040338	3,319	134	90.00
91.00	09100	EMERGENCY	417,695	12,626,523	0.033081	1,408,949	46,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	234,345	6,865,561	0.034133	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	2,935,135	307,181,023		73,849,520	754,976	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150154		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/30/2013 10:34 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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,000	0.00	4,344	0	0	30.00
32.00	03200	CORONARY CARE UNIT	3,207	0.00	1,633	0	0	32.00
200.00		Total (lines 30-199)	12,207		5,977	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150154

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,566	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
76.00	03330	ENDOSCOPY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	7,882	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	23,448	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:34 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	26,616,022	0.000000	0.000000	12,571,081	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,566	4,531,191	0.003435	0.003435	1,357,379	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	5,928,974	0.000000	0.000000	864,369	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	39,114	0.000000	0.000000	24,278	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	90,332,874	0.000000	0.000000	17,579,713	59.00
60.00	06000	LABORATORY	0	19,933,279	0.000000	0.000000	7,309,689	60.00
64.00	06400	INTRAVENOUS THERAPY	0	12,159	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,214,156	0.000000	0.000000	2,354,015	65.00
66.00	06600	PHYSICAL THERAPY	0	553,061	0.000000	0.000000	350,403	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	341,796	0.000000	0.000000	218,584	67.00
68.00	06800	SPEECH PATHOLOGY	0	20,862	0.000000	0.000000	10,932	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,651,569	0.000000	0.000000	2,822,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	44,858	0.000000	0.000000	17,951	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,343,368	0.000000	0.000000	9,158,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	35,862,536	0.000000	0.000000	9,610,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,084,335	0.000000	0.000000	7,755,970	73.00
74.00	07400	RENAL DIALYSIS	0	555,347	0.000000	0.000000	376,645	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03330	ENDOSCOPY	0	101,866	0.000000	0.000000	54,320	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,116,564	0.000000	0.000000	848	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	2,405,008	0.000000	0.000000	3,319	90.00
91.00	09100	EMERGENCY	7,882	12,626,523	0.000624	0.000624	1,408,949	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,865,561	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	23,448	307,181,023			73,849,520	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150154

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	549,509	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,663	681,673	2,342	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	1,545,109	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,237	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,787,770	0	0	0	59.00
60.00	06000	LABORATORY	0	200,090	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	60,530	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,614,702	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,008	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,909,944	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,113,023	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,300,734	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,263	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	2,922	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	487,732	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	745,468	0	0	0	90.00
91.00	09100	EMERGENCY	879	2,559,923	1,597	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,025,476	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	5,542	59,599,113	3,939	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:34 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03330 ENDOSCOPY	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:34 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.220349	549,509	0	121,084	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189471	681,673	0	129,157	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700 CT SCAN	0.213303	1,545,109	0	329,576	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5.119343	9,237	0	47,287	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.068176	23,787,770	0	1,621,755	59.00
60.00	06000 LABORATORY	0.114667	200,090	0	22,944	60.00
64.00	06400 INTRAVENOUS THERAPY	0.055268	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.323271	60,530	0	19,568	65.00
66.00	06600 PHYSICAL THERAPY	0.193989	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.194277	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.199933	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.021733	12,614,702	0	274,155	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.078024	2,008	0	157	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.371492	2,909,944	0	1,081,021	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449730	9,113,023	0	4,098,400	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.313814	2,300,734	0	19,749	73.00
74.00	07400 RENAL DIALYSIS	0.386083	3,263	0	1,260	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03330 ENDOSCOPY	0.172354	2,922	0	504	76.00
76.97	07697 CARDIAC REHABILITATION	0.482201	487,732	0	235,185	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000 CLINIC	0.700181	745,468	0	521,963	90.00
91.00	09100 EMERGENCY	0.369863	2,559,923	0	946,821	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.248513	2,025,476	0	6,503,357	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		59,599,113	0	19,755	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		59,599,113	0	19,755	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150154		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part V Date/Time Prepared: 5/30/2013 10:34 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.)				
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00
65.00	06500	RESPIRATORY THERAPY	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,198				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00
76.00	03330	ENDOSCOPY	0	0				76.00
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	0	0				90.00
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0				94.00
95.00	09500	AMBULANCE SERVICES	0	0				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0				98.00
200.00		Subtotal (see instructions)	0	6,199				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00		Net Charges (line 200 +/- line 201)	0	6,199				202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150154

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2013 10:34 am

		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.220349	0	0	50,620	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189471	0	0	78,716	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.213303	0	0	185,608	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5.119343	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.068176	0	0	2,412,139	0	59.00
60.00	06000 LABORATORY	0.114667	0	0	308,555	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.055268	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.323271	0	0	13,608	0	65.00
66.00	06600 PHYSICAL THERAPY	0.193989	0	0	514	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.194277	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.199933	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.021733	0	0	1,523,042	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.078024	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.371492	0	0	474,061	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449730	0	0	1,123,848	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.313814	0	0	195,950	0	73.00
74.00	07400 RENAL DIALYSIS	0.386083	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03330 ENDOSCOPY	0.172354	0	0	3,014	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.482201	0	0	17,808	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.700181	0	0	61,035	0	90.00
91.00	09100 EMERGENCY	0.369863	0	0	490,367	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.248513	0	0	260,624	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	0	7,199,509	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	7,199,509	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150154

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2013 10:34 am

		Title XIX		Hospital	Cost
Cost Center Description	Costs		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	11,154	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,914	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	39,591	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	164,450	59.00
60.00	06000	LABORATORY	0	35,381	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,399	65.00
66.00	06600	PHYSICAL THERAPY	0	100	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	176,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	505,428	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	61,492	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03330	ENDOSCOPY	0	519	76.00
76.97	07697	CARDIAC REHABILITATION	0	8,587	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	42,736	90.00
91.00	09100	EMERGENCY	0	181,369	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	64,768	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	1,344,098	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,344,098	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:34 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,000	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,000	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)		8,120	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)		4,344	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,449,528	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)		17,449,528	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		481,371	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		481,371	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		36.249645	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)		59.28	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)		17,449,528	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,938.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,422,321	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,422,321	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:34 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	7,296,903	3,207	2,275.30	1,633	3,715,565	44.00	
46.00	BURN INTENSIVE CARE UNIT						45.00
47.00	SURGICAL INTENSIVE CARE UNIT						46.00
	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)					17,149,524	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,287,410	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)					1,619,828	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					760,518	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,380,346	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,907,064	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)					880	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,938.84	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,706,179	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 10:34 am	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,396,713	17,449,528	0.137351	1,706,179	234,345	90.00
91.00	Nursing School cost	0	17,449,528	0.000000	1,706,179	0	91.00
92.00	Allied health cost	0	17,449,528	0.000000	1,706,179	0	92.00
93.00	All other Medical Education	0	17,449,528	0.000000	1,706,179	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2013 10:34 am
Cost Center Description		Cost		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,000	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,000	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)		8,120	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)		1,000	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,449,528	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)		17,449,528	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		418,371	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		418,371	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		41.708264	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)		51.52	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)		17,449,528	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,938.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,938,840	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)		1,938,840	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:34 am	
Cost Center Description			Title XIX		Hospital	Cost
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	1.00	2.00	3.00	4.00	5.00	42.00
<b>NURSERY (title V &amp; XIX only)</b>						
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00						43.00
44.00						44.00
45.00	7,296,903	3,207	2,275.30	0	0	45.00
46.00						46.00
47.00						47.00
<b>Cost Center Description</b>						
					1.00	
48.00					1,960,214	48.00
49.00					3,899,054	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00						0 50.00
51.00						0 51.00
52.00						0 52.00
53.00						0 53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
54.00						0 54.00
55.00					0.00	55.00
56.00						0 56.00
57.00						0 57.00
58.00						0 58.00
59.00					0.00	59.00
60.00					0.00	60.00
61.00						0 61.00
62.00						0 62.00
63.00						0 63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
64.00						0 64.00
65.00						0 65.00
66.00						0 66.00
67.00						0 67.00
68.00						0 68.00
69.00						0 69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>						
70.00						70.00
71.00						71.00
72.00						72.00
73.00						73.00
74.00						74.00
75.00						75.00
76.00						76.00
77.00						77.00
78.00						78.00
79.00						79.00
80.00						80.00
81.00						81.00
82.00						82.00
83.00						83.00
84.00						84.00
85.00						85.00
86.00						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
87.00					880	87.00
88.00					1,938.84	88.00
89.00					1,706,179	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 10:34 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 10:34 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		8,509,945	30.00
32.00	03200	CORONARY CARE UNIT		5,257,134	32.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220636	12,571,081	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189471	1,357,379	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
57.00	05700	CT SCAN	0.213303	864,369	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5.119343	24,278	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.068176	17,579,713	59.00
60.00	06000	LABORATORY	0.114667	7,309,689	60.00
64.00	06400	INTRAVENOUS THERAPY	0.055268	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.323271	2,354,015	65.00
66.00	06600	PHYSICAL THERAPY	0.193989	350,403	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.194277	218,584	67.00
68.00	06800	SPEECH PATHOLOGY	0.199933	10,932	68.00
69.00	06900	ELECTROCARDIOLOGY	0.021733	2,822,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.078024	17,951	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.371492	9,158,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449730	9,610,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313814	7,755,970	73.00
74.00	07400	RENAL DIALYSIS	0.386083	376,645	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03330	ENDOSCOPY	0.172354	54,320	76.00
76.97	07697	CARDIAC REHABILITATION	0.482201	848	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.700181	3,319	90.00
91.00	09100	EMERGENCY	0.369863	1,408,949	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.248513	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		73,849,520	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		73,849,520	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 10:34 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		604,648	30.00
32.00	03200	CORONARY CARE UNIT		809,934	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.220349	1,137,607	250,671 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189471	109,491	20,745 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
57.00	05700	CT SCAN	0.213303	87,524	18,669 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5.119343	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.068176	1,686,633	114,988 59.00
60.00	06000	LABORATORY	0.114667	736,443	84,446 60.00
64.00	06400	INTRAVENOUS THERAPY	0.055268	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.323271	318,789	103,055 65.00
66.00	06600	PHYSICAL THERAPY	0.193989	18,342	3,558 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.194277	12,045	2,340 67.00
68.00	06800	SPEECH PATHOLOGY	0.199933	704	141 68.00
69.00	06900	ELECTROCARDIOLOGY	0.021733	208,647	4,535 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.078024	4,732	369 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.371492	1,399,630	519,951 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449730	898,909	404,266 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313814	1,204,907	378,117 73.00
74.00	07400	RENAL DIALYSIS	0.386083	39,677	15,319 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03330	ENDOSCOPY	0.172354	7,282	1,255 76.00
76.97	07697	CARDIAC REHABILITATION	0.482201	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.700181	0	0 90.00
91.00	09100	EMERGENCY	0.369863	88,998	32,917 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.248513	19,604	4,872 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		7,979,964	1,960,214 200.00
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)		7,979,964	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 10:34 am
		Title VIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		18,046,629	1.00
2.00	Outlier payments for discharges. (see instructions)		704,597	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		5,722,960	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		53.60	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		18,751,226	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)		18,751,226	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,614,792	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		9,713	53.00
54.00	Special add-on payments for new technologies		8,172	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: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 10:34 am
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			5,542 58.00
59.00	Total (sum of amounts on lines 49 through 58)			20,389,445 59.00
60.00	Primary payer payments			6,750 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			20,382,695 61.00
62.00	Deductibles billed to program beneficiaries			1,123,392 62.00
63.00	Coinurance billed to program beneficiaries			8,670 63.00
64.00	Allowable bad debts (see instructions)			65,542 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			45,879 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,673 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			19,296,512 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)			292 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-13,616 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)			19,283,188 71.00
72.00	Interim payments			19,318,257 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)			-35,069 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 10:34 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		6,199	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,672,258	2.00
3.00	PPS payments		12,112,439	3.00
4.00	Outlier payment (see instructions)		13,074	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		3,939	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,199	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		19,755	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)		19,755	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		19,755	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		13,556	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)		6,199	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)		12,129,452	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,793,822	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)		10,341,829	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)		10,341,829	30.00
31.00	Primary payer payments		8,049	31.00
32.00	Subtotal (line 30 minus line 31)		10,333,780	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		171,383	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		119,968	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		80,724	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		10,453,748	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-146	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		109	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)		10,454,003	40.00
41.00	Interim payments		10,490,557	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		-36,554	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150154

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 10:34 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		19,318,257		10,490,557	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		19,318,257		10,490,557	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		35,069		36,554	6.02	
7.00	Total Medicare program liability (see instructions)		19,283,188		10,454,003	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: 150154

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/30/2013 10:34 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			2,863 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			5,977 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,747 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			11,327 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			333,849,088 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			6,884,269 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)			1,223,460 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			1,223,460 32.00
				<b>Overrides</b>
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2013 10:34 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	3,899,054			1.00
2.00	Medical and other services		1,344,098		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,899,054	1,344,098		4.00
5.00	Inpatient primary payer payments	112,424			5.00
6.00	Outpatient primary payer payments		107,061		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,786,630	1,237,037		7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	7,979,964	7,199,509		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)	7,979,964	7,199,509		12.00
<b>CUSTOMARY CHARGES</b>					
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)	7,979,964	7,199,509		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	4,080,910	5,855,411		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)	3,899,054	1,344,098		21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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)	3,899,054	1,344,098		29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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)	3,786,630	1,237,037		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,786,630	1,237,037		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	3,786,630	1,237,037		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)	3,786,630	1,237,037		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus 41)	3,786,630	1,237,037		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

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

Provider CCN: 150154

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

Worksheet G

Date/Time Prepared:  
5/30/2013 10:34 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	196,389	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	55,652,941	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-41,240,355	0	0	0	6.00
7.00	Inventory	2,452,259	0	0	0	7.00
8.00	Prepaid expenses	371,060	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	17,432,294	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	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	55,205,101	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	730,052	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	24,995,191	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	-41,546,239	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)	39,384,105	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	14,172,085	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	14,172,085	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	70,988,484	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,374,734	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,808,634	0	0	0	38.00
39.00	Payroll taxes payable	1,228,267	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	1,173,375	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,585,010	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	22,504	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,667,450	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,689,954	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	12,274,964	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	58,713,520				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)	58,713,520	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	70,988,484	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150154

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

Worksheet G-1

Date/Time Prepared:  
5/30/2013 10:34 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		35,354,769		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,358,751			2.00
3.00	Total (sum of line 1 and line 2)		58,713,520		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)		58,713,520		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)		58,713,520		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: 150154

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2013 10:34 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	481,371		481,371	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)	481,371		481,371	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	4,341,971		4,341,971	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)	4,341,971		4,341,971	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,823,342		4,823,342	17.00
18.00	Ancillary services	171,454,877	164,768,524	336,223,401	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	176,278,219	164,768,524	341,046,743	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		98,757,822		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)		98,757,822		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150154

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

Worksheet G-3

Date/Time Prepared:  
5/30/2013 10:34 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	341,046,743	1.00
2.00	Less contractual allowances and discounts on patients' accounts	220,713,540	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,333,203	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	98,757,822	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,575,381	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,674	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	451,052	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 (SPECIFY)	1,330,644	24.00
25.00	Total other income (sum of lines 6-24)	1,783,370	25.00
26.00	Total (line 5 plus line 25)	23,358,751	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,358,751	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150154	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 10:34 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,448,359	1.00
2.00	Capital DRG outlier payments		166,433	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		30.95	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)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,614,792	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00