

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: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/28/2012 4:47 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/28/2012	Time: 4:47 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 MARION GENERAL HOSPITAL for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement 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 identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	123,130	-1,879,935	0	-1,968,200	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-47,746	0		-38,050	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	75,384	-1,879,935	0	-2,006,250	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: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 12:28 pm
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	1.00	2.00	3.00	4.00							
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 441 WABASH AVENUE		PO Box:							1.00	
2.00	City: MARION		State: IN		Zip Code: 46952-		County: GRANT				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		MARION GENERAL HOSPITAL	150011	99915	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		MARION GENERAL HOSPITAL	15T011	99915	5	07/01/2005	N	P	O	5.00
6.00	Subprovider - (Other)		REHAB								6.00
7.00	Swing Beds - SNF						N	N	N		7.00
8.00	Swing Beds - NF						N		N		8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N		15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N		16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1						N	N	N		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)					07/01/2011		06/30/2012		20.00	
21.00	Type of Control (see instructions)							2		21.00	
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "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 days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,300	874	0	0	2,150	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 days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	60	0	0	0	43	0			25.00	
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							2		26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							1		35.00	
						Beginning:		Ending:			
						1.00		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.					07/01/2011		06/30/2012		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 12:28 pm		
		Beginning:	Ending:			
		1.00	2.00			
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	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00		62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00		62.01		
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N		63.00		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
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.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. 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. (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	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N		0	76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)				N	80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				N	86.00
		V			XIX	
		1.00			2.00	
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N			N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N			N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N			N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00			2.00 3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00

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		1.00	2.00	3.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	490,241	0	0	118.01
		1.00	2.00		
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.	Y	Y		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.	N			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:		141.00
142.00	Street:	PO Box:			142.00
143.00	City:	State:	Zip Code:		143.00
		1.00	2.00		
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.	N			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

		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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
					1.00		
Multi-campus							
165.00	Is this hospital part of a Multi-campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00	
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)					0.00169.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 12:28 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.		Y	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		
		Description	Y/N	Date
		0	1.00	2.00
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		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	10/05/2012	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		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		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		20.00

		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		1.00	2.00	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	Y		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N		33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TINA	SEVERS	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-633-4705	TSEVERS@BLUEANDCO.COM	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	10/05/2012	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		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		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		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	78	28,548	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						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)		78	28,548	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	19	6,954	0.00		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)		97	35,502	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		115				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	6,687	1,300	16,062		1.00
2.00 HMO		1,568	3,024			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		279	43			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	6,687	1,300	16,062		7.00
8.00 INTENSIVE CARE UNIT	0	1,918	0	3,446		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	8,605	1,300	19,508		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	2,324	60	2,991		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		1,285	3,012		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		1,445				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,051	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						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	836.53	0.00	0	2,051	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	19.59	0.00	0	202	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	856.12	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	386	4,815		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				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)	386	4,815		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	5	252		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
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: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2012 12:28 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	43,854,935	-186,059	43,668,876	1,754,692.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		106,178	0	106,178	707.85	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,881,154	286,890	5,168,044	277,683.50	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		630,679	0	630,679	9,625.15	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		104,400	0	104,400	696.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		10,538,178	0	10,538,178		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		2,253,243	0	2,253,243		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	977,984	43,297	1,021,281	35,392.80	26.00
27.00	Administrative & General	5.00	6,915,045	-239,063	6,675,982	259,860.20	27.00
28.00	Administrative & General under contract (see inst.)		1,566,255	0	1,566,255	10,617.38	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	630,476	-25,445	605,031	40,165.80	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	32.00
33.00	Housekeeping under contract (see instructions)		986,661	0	986,661	88,584.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	34.00
35.00	Dietary under contract (see instructions)		1,276,255	0	1,276,255	67,924.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	1,259,082	-479,442	779,640	21,055.60	38.00
39.00	Central Services and Supply	14.00	247,501	19,673	267,174	15,209.30	39.00
40.00	Pharmacy	15.00	1,686,776	-2,981	1,683,795	46,743.20	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2012 12:28 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	24.89	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	150.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	18.61	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	65.52	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	150.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	28.86	26.00
27.00	Administrative & General	25.69	27.00
28.00	Administrative & General under contract (see inst.)	147.52	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	15.06	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	0.00	32.00
33.00	Housekeeping under contract (see instructions)	11.14	33.00
34.00	Dietary	0.00	34.00
35.00	Dietary under contract (see instructions)	18.79	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	37.03	38.00
39.00	Central Services and Supply	17.57	39.00
40.00	Pharmacy	36.02	40.00
41.00	Medical Records & Medical Records Library	0.00	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/28/2012 12:28 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	47,684,106	-186,059	47,498,047	1,921,817.38	1.00
2.00	Excluded area salaries (see instructions)	4,881,154	286,890	5,168,044	277,683.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,802,952	-472,949	42,330,003	1,644,133.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	735,079	0	735,079	10,321.15	4.00
5.00	Subtotal wage-related costs (see inst.)	10,538,178	0	10,538,178	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	54,076,209	-472,949	53,603,260	1,654,455.03	6.00
7.00	Total overhead cost (see instructions)	15,546,035	-683,961	14,862,074	585,552.28	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/28/2012 12:28 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	24.72	1.00
2.00	Excluded area salaries (see instructions)	18.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	71.22	4.00
5.00	Subtotal wage-related costs (see inst.)	24.90	5.00
6.00	Total (sum of lines 3 thru 5)	32.40	6.00
7.00	Total overhead cost (see instructions)	25.38	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2012 12:28 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			877,291 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			2,237,237 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			118,612 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,792,336 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			-16,810 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			45,063 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)			435,686 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			515,055 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,529,631 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			65,663 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			191,657 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			12,791,421 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
11/28/2012 12:28 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/28/2012 12:28 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.293148	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		0	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			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		0	6.00
7.00	Medicaid cost (line 1 times line 6)		0	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)		0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
			1.00	
			2.00	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	0	0	0
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	0	0	0
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	0	0	0
			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)		0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		439,388	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		-439,388	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		-128,806	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		-128,806	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		-128,806	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A

Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		10,490,993		10,490,993	-1,008,451	9,482,542	1.00
4.00	00401	EMPLOYEE BENEFITS	977,984	11,998,392		12,976,376	74,785	13,051,161	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,915,045	18,425,157		25,340,202	-166,229	25,173,973	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		0	0	0	6.00
6.01	00601	CAFETERIA	0	0		0	1,241,651	1,241,651	6.01
6.02	00602	CAFETERIA	0	0		0	0	0	6.02
7.00	00700	OPERATION OF PLANT	630,476	3,403,275		4,033,751	254,172	4,287,923	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	359,108		359,108	0	359,108	8.00
9.00	00900	HOUSEKEEPING	0	2,124,689		2,124,689	3,371	2,128,060	9.00
10.00	01000	DIETARY	0	1,908,208		1,908,208	-1,315,940	592,268	10.00
13.00	01300	NURSING ADMINISTRATION	1,259,082	62,811		1,321,893	-479,442	842,451	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	247,501	334,056		581,557	19,767	601,324	14.00
15.00	01500	PHARMACY	1,686,776	7,755,203		9,441,979	-7,341,701	2,100,278	15.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	8,091,473	753,841		8,845,314	90,837	8,936,151	30.00
31.00	03100	INTENSIVE CARE UNIT	2,599,402	202,636		2,802,038	-53,895	2,748,143	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	958,286	689,829		1,648,115	0	1,648,115	41.00
42.00	04200	SUBPROVIDER	0	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,970,511	3,845,564		5,816,075	105,987	5,922,062	50.00
51.00	05100	RECOVERY ROOM	0	0		0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,909,034	3,054,957		5,963,991	-1,185,573	4,778,418	54.00
57.00	05700	CT SCAN	0	0		0	744,886	744,886	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	442,403	442,403	58.00
59.00	05900	CARDIAC CATHETERIZATION	493,211	2,775,971		3,269,182	52,426	3,321,608	59.00
60.00	06000	LABORATORY	2,515,127	3,907,740		6,422,867	19,655	6,442,522	60.00
60.01	06001	ONCOLOGY	972,213	488,888		1,461,101	0	1,461,101	60.01
60.02	06002	RADIATION ONCOLOGY	0	0		0	0	0	60.02
65.00	06500	RESPIRATORY THERAPY	1,092,379	772,428		1,864,807	76,413	1,941,220	65.00
66.00	06600	PHYSICAL THERAPY	1,222,780	461,427		1,684,207	0	1,684,207	66.00
69.00	06900	ELECTROCARDIOLOGY	570,410	107,849		678,259	82,106	760,365	69.00
69.01	06901	CARDIAC REHAB	98,575	6,930		105,505	28,661	134,166	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		0	7,341,701	7,341,701	73.00
OUTPATIENT SERVICE COST CENTERS									
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	155,303	62,984		218,287	37,153	255,440	90.00
91.00	09100	EMERGENCY	3,577,286	709,827		4,287,113	-44,263	4,242,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	989,213	56,876		1,046,089	12,736	1,058,825	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	832,940	150,980		983,920	39,345	1,023,265	95.00
99.10	09910	CORF	0	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0		0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,765,007	74,910,619		115,675,626	-927,439	114,748,187	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,320		15,320	20,469	35,789	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		0	0	0	192.00
192.01	19201	NOT USED	0	0		0	0	0	192.01
192.02	19202	VISITOR MEALS	0	0		0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	112,104	4,912		117,016	5,286	122,302	192.03
192.04	19204	LIFELINE	72,694	38,230		110,924	10,754	121,678	192.04
192.05	19205	LEASED PROPERTIES	0	977,305		977,305	333,356	1,310,661	192.05
192.06	19206	NOT USED	0	0		0	0	0	192.06
192.07	19213	NOT USED	0	0		0	0	0	192.07
192.08	19211	PARISH NURSING	31,191	20,962		52,153	13,703	65,856	192.08
192.09	19212	BIO-TERRORISM GRANT	0	21,072		21,072	25,200	46,272	192.09
192.10	19214	BREAST PUMPS	0	1,843		1,843	1,099	2,942	192.10
192.11	19207	NOT USED	0	0		0	0	0	192.11
192.12	19208	NOT USED	0	0		0	0	0	192.12
192.13	19209	NOT USED	0	0		0	0	0	192.13
192.14	19210	MGH PHYS PRACT MGMT	790,890	648,297		1,439,187	37,592	1,476,779	192.14
192.15	19215	MGH MARION SURGEONS	98,609	997,569		1,096,178	21,831	1,118,009	192.15
192.16	19216	MGH MGH MED ONC	0	808,055		808,055	0	808,055	192.16

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A

Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.17	19217	MGH FMC WESTERN AVE	159,741	379,418	539,159	0	539,159	192.17
192.18	19218	MGH FAIRMED ASSOC	137,710	379,261	516,971	0	516,971	192.18
192.19	19219	MGH FMC MARION	216,414	776,911	993,325	60,440	1,053,765	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	52,127	341,426	393,553	445	393,998	193.01
193.02	19302	MGH FMC GAS CITY	181,689	569,949	751,638	2,615	754,253	193.02
193.03	19303	MGH HOSPITALISTS	51,558	2,191,695	2,243,253	0	2,243,253	193.03
193.04	19304	MGH MARFAM PRACT	642,141	1,231,288	1,873,429	13,780	1,887,209	193.04
193.05	19305	MGH FMC SWAYZEE	54,717	118,894	173,611	24,575	198,186	193.05
193.06	19306	MGH PEDIATRIC CTR	170,107	676,134	846,241	30,239	876,480	193.06
193.07	19307	MGH SPECIALTY PHYS	110,151	322,767	432,918	29,772	462,690	193.07
193.08	19308	MGH FMC CONVERSE	60,452	148,345	208,797	74	208,871	193.08
193.09	19309	MGH UPLAND HEALTH	1,467	84,868	86,335	1,562	87,897	193.09
193.10	19310	MGH MGH WOMENS CTR	70,474	163,912	234,386	247	234,633	193.10
193.11	19311	MGH MGH PSYCHIATRY	33,762	188,153	221,915	10,952	232,867	193.11
193.12	19312	OB/GYN	41,930	212,771	254,701	6,392	261,093	193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	277,056	277,056	194.03
200.00		TOTAL (SUM OF LINES 118-199)	43,854,935	86,229,976	130,084,911	0	130,084,911	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-194,964	9,287,578	1.00
4.00	00401 EMPLOYEE BENEFITS	-845	13,050,316	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-10,162,432	15,011,541	5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601 CAFETERIA	-32,171	1,209,480	6.01
6.02	00602 CAFETERIA	0	0	6.02
7.00	00700 OPERATION OF PLANT	-111,121	4,176,802	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-8,052	351,056	8.00
9.00	00900 HOUSEKEEPING	-4,613	2,123,447	9.00
10.00	01000 DIETARY	-8,019	584,249	10.00
13.00	01300 NURSING ADMINISTRATION	-31	842,420	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-10,757	590,567	14.00
15.00	01500 PHARMACY	-36,483	2,063,795	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-36,814	8,899,337	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,084	2,747,059	31.00
40.00	04000 SUBPROVIDER - I PF	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	-66,768	1,581,347	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-30,975	5,891,087	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-347,465	4,430,953	54.00
57.00	05700 CT SCAN	0	744,886	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	442,403	58.00
59.00	05900 CARDIAC CATHETERIZATION	-21,031	3,300,577	59.00
60.00	06000 LABORATORY	-57,836	6,384,686	60.00
60.01	06001 ONCOLOGY	-966	1,460,135	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	-9,972	1,931,248	65.00
66.00	06600 PHYSICAL THERAPY	-156	1,684,051	66.00
69.00	06900 ELECTROCARDIOLOGY	-53,877	706,488	69.00
69.01	06901 CARDIAC REHAB	-17	134,149	69.01
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	-1,200	7,340,501	73.00
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	-268	255,172	90.00
91.00	09100 EMERGENCY	-155,800	4,087,050	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	1,058,825	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	-85,349	937,916	95.00
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	-11,439,066	103,309,121	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,789	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 NOT USED	0	0	192.01
192.02	19202 VISITOR MEALS	0	0	192.02
192.03	19203 GREAT BEGINNINGS/MATERNAL	0	122,302	192.03
192.04	19204 LIFELINE	0	121,678	192.04
192.05	19205 LEASED PROPERTIES	0	1,310,661	192.05
192.06	19206 NOT USED	0	0	192.06
192.07	19213 NOT USED	0	0	192.07
192.08	19211 PARI SH NURSING	0	65,856	192.08
192.09	19212 BIOTERRORISM GRANT	0	46,272	192.09
192.10	19214 BREAST PUMPS	0	2,942	192.10
192.11	19207 NOT USED	0	0	192.11
192.12	19208 NOT USED	0	0	192.12
192.13	19209 NOT USED	0	0	192.13
192.14	19210 MGH PHYS PRACT MGMT	-48,811	1,427,968	192.14
192.15	19215 MGH MARION SURGEONS	-14,776	1,103,233	192.15
192.16	19216 MGH MGH MED ONC	0	808,055	192.16
192.17	19217 MGH FMC WESTERN AVE	0	539,159	192.17
192.18	19218 MGH FAIRM MED ASSOC	0	516,971	192.18

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.19	19219	MGH FMC MARION	-113,905	939,860	192.19
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	393,998	193.01
193.02	19302	MGH FMC GAS CITY	0	754,253	193.02
193.03	19303	MGH HOSPITALISTS	0	2,243,253	193.03
193.04	19304	MGH MAR FAM PRACT	0	1,887,209	193.04
193.05	19305	MGH FMC SWAYZEE	-27,104	171,082	193.05
193.06	19306	MGH PEDIATRIC CTR	-60,947	815,533	193.06
193.07	19307	MGH SPECIALTY PHYS	-44,854	417,836	193.07
193.08	19308	MGH FMC CONVERSE	0	208,871	193.08
193.09	19309	MGH UPLAND HEALTH	0	87,897	193.09
193.10	19310	MGH MGH WOMENS CTR	-31,645	202,988	193.10
193.11	19311	MGH MGH PSYCHIATRY	-8,781	224,086	193.11
193.12	19312	OB/GYN	0	261,093	193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	194.00
194.01	07950	MOW	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	194.02
194.03	07952	ADVERTISING	0	277,056	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-11,789,889	118,295,022	200.00

RECLASSIFICATIONS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/28/2012 12:28 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SATELITE OFFICE					
1.00	ELECTROCARDIOLOGY	69.00	1,903	1,538	1.00
	TOTALS		1,903	1,538	
B - CAFETERIA					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	89,239	1.00
2.00	CAFETERIA	6.01	0	1,241,651	2.00
	TOTALS		0	1,330,890	
C - ADMIN DIRECTOR					
1.00	EMPLOYEE BENEFITS	4.00	53,895	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	19,767	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	90,837	0	3.00
4.00	OPERATING ROOM	50.00	105,987	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	52,426	0	5.00
6.00	RESPIRATORY THERAPY	65.00	76,413	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	66,293	0	7.00
8.00	CARDIAC REHAB	69.01	17,475	0	8.00
9.00	CLINIC	90.00	12,736	0	9.00
10.00	OBSERVATION BEDS (DISTINCT PART)	92.01	12,736	0	10.00
11.00	AMBULANCE SERVICES	95.00	39,345	0	11.00
12.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	20,469	0	12.00
13.00	GREAT BEGINNINGS/MATERNAL	192.03	4,396	0	13.00
14.00	LIFELINE	192.04	10,754	0	14.00
15.00	PARISH NURSING	192.08	10,754	0	15.00
16.00	BIOTERRORISM GRANT	192.09	25,200	0	16.00
17.00	BREAST PUMPS	192.10	1,099	0	17.00
	TOTALS		620,582	0	
D - ADVERTISING					
1.00	ADVERTISING	194.03	191,142	85,914	1.00
	TOTALS		191,142	85,914	
E - LEASED PROPERTY					
1.00	EMPLOYEE BENEFITS	4.00	0	20,890	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	39,370	2.00
3.00	OPERATION OF PLANT	7.00	0	279,372	3.00
4.00	HOUSEKEEPING	9.00	0	3,371	4.00
5.00	DIETARY	10.00	0	14,950	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,716	6.00
7.00	LABORATORY	60.00	0	23,096	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	12,372	8.00
9.00	CARDIAC REHAB	69.01	0	11,186	9.00
10.00	CLINIC	90.00	0	24,417	10.00
11.00	GREAT BEGINNINGS/MATERNAL	192.03	0	890	11.00
12.00	PARISH NURSING	192.08	0	2,949	12.00
13.00	MGH PHYS PRACT MGMT	192.14	0	37,592	13.00
14.00	MGH MARION SURGEONS	192.15	0	21,831	14.00
15.00	MGH FMC MARION	192.19	0	60,440	15.00
16.00	MGH FMC NORTHWOOD	193.01	0	445	16.00
17.00	MGH FMC GAS CITY	193.02	0	2,615	17.00
18.00	MGH MAR FAM PRACT	193.04	0	13,780	18.00
19.00	MGH FMC SWAYZEE	193.05	0	24,575	19.00
20.00	MGH PEDIATRIC CTR	193.06	0	30,239	20.00
21.00	MGH SPECIALTY PHYS	193.07	0	29,772	21.00
22.00	MGH FMC CONVERSE	193.08	0	74	22.00
23.00	MGH UPLAND HEALTH	193.09	0	1,562	23.00
24.00	MGH MGH WOMENS CTR	193.10	0	247	24.00
25.00	MGH MGH PSYCHIATRY	193.11	0	10,283	25.00
	TOTALS		0	668,034	
F - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,341,701	1.00
	TOTALS		0	7,341,701	
G - CT/MRI RECLASS					
1.00	CT SCAN	57.00	363,330	381,556	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	215,789	226,614	2.00
	TOTALS		579,119	608,170	
H - SHORT TERM DISABILITY RECLASS					
1.00	EMPLOYEE BENEFITS	4.00	0	10,598	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	30,139	2.00
3.00	OPERATION OF PLANT	7.00	0	245	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	94	4.00
5.00	PHARMACY	15.00	0	2,981	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	28,772	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	4,151	7.00

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6

Date/Time Prepared:
11/28/2012 12:28 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
8.00	SUBPROVIDER - IRF	41.00	0	4,486	8.00
9.00	OPERATING ROOM	50.00	0	1,816	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,511	10.00
11.00	LABORATORY	60.00	0	9,651	11.00
12.00	ONCOLOGY	60.01	0	16,391	12.00
13.00	PHYSICAL THERAPY	66.00	0	8,712	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	10,109	14.00
15.00	EMERGENCY	91.00	0	23,653	15.00
16.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	2,967	16.00
17.00	AMBULANCE SERVICES	95.00	331	0	17.00
18.00	MGH FMC MARION	192.19	0	653	18.00
19.00	MGH FMC NORTHWOOD	193.01	0	368	19.00
20.00	MGH FMC GAS CITY	193.02	0	1	20.00
21.00	MGH MAR FAM PRACT	193.04	0	2,386	21.00
22.00	MGH FMC SWAYZEE	193.05	0	324	22.00
23.00	MGH PEDIATRIC CTR	193.06	0	767	23.00
24.00	MGH SPECIALTY PHYS	193.07	0	838	24.00
25.00	MGH MGH WOMENS CTR	193.10	0	6,617	25.00
26.00	MGH MGH PSYCHIATRY	193.11	0	160	26.00
	TOTALS		331	186,390	
I - DEPRECIATION EXPENSE					
1.00	LEASED PROPERTIES	192.05	0	480,578	1.00
2.00	MGH MGH PSYCHIATRY	193.11	0	669	2.00
3.00	OB/GYN	193.12	0	6,392	3.00
	TOTALS		0	487,639	
500.00	Grand Total: Increases		1,393,077	10,710,276	500.00

RECLASSIFICATIONS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/28/2012 12:28 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - SATELITE OFFICE							
1.00	LABORATORY	60.00	1,903	1,538	0		1.00
	TOTALS		1,903	1,538			
B - CAFETERIA							
1.00	DIETARY	10.00	0	1,330,890	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,330,890			
C - ADMIN DIRECTOR							
1.00	ADMINISTRATIVE & GENERAL	5.00	17,782	0	0		1.00
2.00	OPERATION OF PLANT	7.00	25,200	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	479,442	0	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	53,895	0	0		4.00
5.00	EMERGENCY	91.00	44,263	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
	TOTALS		620,582	0			
D - ADVERTISING							
1.00	ADMINISTRATIVE & GENERAL	5.00	191,142	85,914	0		1.00
	TOTALS		191,142	85,914			
E - LEASED PROPERTY							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	520,812	10		1.00
2.00	LEASED PROPERTIES	192.05	0	147,222	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
	TOTALS		0	668,034			
F - PHARMACY RECLASS							
1.00	PHARMACY	15.00	0	7,341,701	0		1.00
	TOTALS		0	7,341,701			
G - CT/MRI RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	579,119	608,170	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		579,119	608,170			
H - SHORT TERM DISABILITY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	10,598	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	30,139	0	0		2.00
3.00	OPERATION OF PLANT	7.00	245	0	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	94	0	0		4.00
5.00	PHARMACY	15.00	2,981	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	28,772	0	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	4,151	0	0		7.00
8.00	SUBPROVIDER - IRF	41.00	4,486	0	0		8.00
9.00	OPERATING ROOM	50.00	1,816	0	0		9.00

RECLASSIFICATIONS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6

Date/Time Prepared:
11/28/2012 12:28 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
10.00	RADIOLOGY-DIAGNOSTIC	54.00	19,511	0	0	10.00	
11.00	LABORATORY	60.00	9,651	0	0	11.00	
12.00	ONCOLOGY	60.01	16,391	0	0	12.00	
13.00	PHYSICAL THERAPY	66.00	8,712	0	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00	10,109	0	0	14.00	
15.00	EMERGENCY	91.00	23,653	0	0	15.00	
16.00	OBSERVATION BEDS (DISTINCT PART)	92.01	2,967	0	0	16.00	
17.00	AMBULANCE SERVICES	95.00	0	331	0	17.00	
18.00	MGH FMC MARION	192.19	653	0	0	18.00	
19.00	MGH FMC NORTHWOOD	193.01	368	0	0	19.00	
20.00	MGH FMC GAS CITY	193.02	1	0	0	20.00	
21.00	MGH MAR FAM PRACT	193.04	2,386	0	0	21.00	
22.00	MGH FMC SWAYZEE	193.05	324	0	0	22.00	
23.00	MGH PEDIATRIC CTR	193.06	767	0	0	23.00	
24.00	MGH SPECIALTY PHYS	193.07	838	0	0	24.00	
25.00	MGH MGH WOMENS CTR	193.10	6,617	0	0	25.00	
26.00	MGH MGH PSYCHIATRY	193.11	160	0	0	26.00	
TOTALS			186,390	331			
I - DEPRECIATION EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	487,639	9	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
TOTALS			0	487,639			
500.00	Grand Total : Decreases		1,579,136	10,524,217		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,919,897	83,579	0	83,579	0 1.00
2.00	Land Improvements	1,764,402	109,298	0	109,298	167,923 2.00
3.00	Buildings and Fixtures	93,744,219	2,227,941	0	2,227,941	0 3.00
4.00	Building Improvements	846,348	0	0	0	0 4.00
5.00	Fixed Equipment	1,098,638	0	0	0	0 5.00
6.00	Movable Equipment	60,818,513	3,318,406	0	3,318,406	1,017,519 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	162,192,017	5,739,224	0	5,739,224	1,185,442 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	162,192,017	5,739,224	0	5,739,224	1,185,442 10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	10,490,993	0	0	0	0 1.00
3.00	Total (sum of lines 1-2)	10,490,993	0	0	0	0 3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	166,745,799	0	166,745,799	1.000000	0 1.00
3.00	Total (sum of lines 1-2)	166,745,799	0	166,745,799	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,003,476	0			1.00
2.00	Land Improvements	1,705,777	0			2.00
3.00	Buildings and Fixtures	95,972,160	0			3.00
4.00	Building Improvements	846,348	0			4.00
5.00	Fixed Equipment	1,098,638	0			5.00
6.00	Movable Equipment	63,119,400	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	166,745,799	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	166,745,799	0			10.00
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	10,490,993			1.00
3.00	Total (sum of lines 1-2)	0	10,490,993			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,004,133	-520,812
3.00	Total (sum of lines 1-2)	0	0	0	10,004,133	-520,812

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150011

Period:
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Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-195,743	0	0	0	9,287,578	1.00
3.00	Total (sum of lines 1-2)	-195,743	0	0	0	9,287,578	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-68,668	0	ADMINISTRATIVE & GENERAL	5.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-462	0	ADMINISTRATIVE & GENERAL	5.00	7.00
8.00 Television and radio service (chapter 21)	A	-16,021	0	OPERATION OF PLANT	7.00	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-544,272	0			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-6,559	0	ADMINISTRATIVE & GENERAL	5.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0	0			12.00
13.00 Laundry and linen service		0	0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-25,745	0	CAFETERIA	6.01	14.00
15.00 Rental of quarters to employee and others	B	-1,200	0	ADMINISTRATIVE & GENERAL	5.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	17.00
18.00 Sale of medical records and abstracts	B	-56,127	0	ADMINISTRATIVE & GENERAL	5.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	19.00
20.00 Vending machines	B	-6,426	0	CAFETERIA	6.01	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	65.00	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	66.00	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	114.00	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	2.00	*** Cost Center Deleted ***	2.00	27.00
28.00 Non-physician Anesthetist		0	19.00	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0	0.00		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	67.00	*** Cost Center Deleted ***	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	68.00	*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0.00		0.00	32.00
33.00 RETURNED CHECK FEE	B	-820	5.00	ADMINISTRATIVE & GENERAL	5.00	33.00
33.01 ITEMIZED BILL FEES	B	-75	5.00	ADMINISTRATIVE & GENERAL	5.00	33.01
33.02 PHYSICIAN PRIV APPLIC	B	-2,300	5.00	ADMINISTRATIVE & GENERAL	5.00	33.02
33.03 LOST PAGER FEE	B	-95	5.00	ADMINISTRATIVE & GENERAL	5.00	33.03
33.04 MEDICAL STAFF CME	B	-600	4.00	EMPLOYEE BENEFITS	4.00	33.04
33.05 CHILD SEAT SAFETY INSPECTION	B	-390	5.00	ADMINISTRATIVE & GENERAL	5.00	33.05
33.06 HEALTH SCREENING FEES-LAB	B	-17,092	60.00	LABORATORY	60.00	33.06
33.07 HEALTH SCREENING FEES-RADIOLOGY	B	-490	54.00	RADIOLOGY-DIAGNOSTIC	54.00	33.07
33.08 MED STAFF DISCOUNT	B	647	5.00	ADMINISTRATIVE & GENERAL	5.00	33.08
33.09 FLU SHOT HEALTH SCREENS	B	-15,610	5.00	ADMINISTRATIVE & GENERAL	5.00	33.09
33.10 OTHER HEALTH SCREENING-BONE DENSITY	B	-288	5.00	ADMINISTRATIVE & GENERAL	5.00	33.10
33.11 BOD FEE JOINT VENTURE	B	-600	5.00	ADMINISTRATIVE & GENERAL	5.00	33.11
33.12 EMERGENCY DRUG SALES	B	-85	15.00	PHARMACY	15.00	33.12
33.13 PAGER RENTAL	B	-5,680	5.00	ADMINISTRATIVE & GENERAL	5.00	33.13
33.14 RIVER VIEW RADIOLOGY	B	-8,590	54.00	RADIOLOGY-DIAGNOSTIC	54.00	33.14
33.15 RIVER VIEW TRANSCRIPT	B	-24,022	5.00	ADMINISTRATIVE & GENERAL	5.00	33.15
33.16 RIVER VIEW STERILIZATION	B	-8,944	14.00	CENTRAL SERVICES & SUPPLY	14.00	33.16
33.17 RIVER VIEW CONSLT RHIA CONSUL	B	-525	5.00	ADMINISTRATIVE & GENERAL	5.00	33.17
33.18 RIVER VIEW BADGES	B	-10	5.00	ADMINISTRATIVE & GENERAL	5.00	33.18
33.19 EMPLOYEE UNIFORMS	B	-266	5.00	ADMINISTRATIVE & GENERAL	5.00	33.19
33.20 PCC MARKETING AG	B	-1,227	5.00	ADMINISTRATIVE & GENERAL	5.00	33.20

ADJUSTMENTS TO EXPENSES

Provider CCN: 150011

Period:
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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
33.21 EDUCATIONAL WORKSHOP	B	-1,440	ADMINISTRATIVE & GENERAL	5.00 33.21
33.22 OPT HEALTH LINEN SERVICE	B	-3,444	LAUNDRY & LINEN SERVICE	8.00 33.22
33.23 AMBULANCE SVC-ASSISTS	B	-82,125	AMBULANCE SERVICES	95.00 33.23
33.24 AMBULANCE SVC-CORONER SVC	B	-744	AMBULANCE SERVICES	95.00 33.24
33.25 AMBULANCE SVC-LINEN SERVICES	B	-4,608	LAUNDRY & LINEN SERVICE	8.00 33.25
33.26 AMBULANCE SVC-COMMUNITY EVENT STAFF	B	-2,047	AMBULANCE SERVICES	95.00 33.26
33.27 CONTRACT ARU OTHER ARU MEDICAL DIR	B	-62,918	SUBPROVIDER - IRF	41.00 33.27
33.28 SCHOOL PHYS OTHER SCHOOL PHYS	B	-6,000	ADMINISTRATIVE & GENERAL	5.00 33.28
33.29 PRECORT OTHER PHARMACY STUDENT	B	-1,200	DRUGS CHARGED TO PATIENTS	73.00 33.29
33.30 SICK CHILD CARE PROGRAM	B	-1,043	ADULTS & PEDIATRICS	30.00 33.30
33.31 UNCLAIMED OTHER STATE MONIES RECOVER	B	-441	ADMINISTRATIVE & GENERAL	5.00 33.31
33.32 UNCLAIMED OTHER 125 MED/CHILD CARE	B	-4,478	ADMINISTRATIVE & GENERAL	5.00 33.32
33.33 SANITARY NAPKIN SALES	B	-4	HOUSEKEEPING	9.00 33.33
33.34 PHYSICIAN RECRUITMENT	A	-1,146,377	ADMINISTRATIVE & GENERAL	5.00 33.34
33.35 ED ANESTHESIOLOGIST	A	-1,206,940	ADMINISTRATIVE & GENERAL	5.00 33.35
33.36 GAIN ON DISPOSAL	A	-123,146	ADMINISTRATIVE & GENERAL	5.00 33.36
33.37 TELEPHONE SERVICE	A	-9,792	ADMINISTRATIVE & GENERAL	5.00 33.37
33.38 TELEPHONE SERVICE	A	-94,994	OPERATION OF PLANT	7.00 33.38
33.39 MISC REV	B	-120	ADMINISTRATIVE & GENERAL	5.00 33.39
33.40 ENTERTAINMENT EXP	A	-487	ADMINISTRATIVE & GENERAL	5.00 33.40
33.41 EMPLOYEE USE OF AUTO	A	-3,867	ADMINISTRATIVE & GENERAL	5.00 33.41
33.42 DONATIONS	A	-197,684	ADMINISTRATIVE & GENERAL	5.00 33.42
33.43 VHA OPPORTUNITY	A	105	EMPLOYEE BENEFITS	4.00 33.43
33.44 VHA OPPORTUNITY	A	-19,089	ADMINISTRATIVE & GENERAL	5.00 33.44
33.45 VHA OPPORTUNITY	A	-106	OPERATION OF PLANT	7.00 33.45
33.46 VHA OPPORTUNITY	A	-4,609	HOUSEKEEPING	9.00 33.46
33.47 VHA OPPORTUNITY	A	-8,019	DIETARY	10.00 33.47
33.48 VHA OPPORTUNITY	A	-9	NURSING ADMINISTRATION	13.00 33.48
33.49 VHA OPPORTUNITY	A	-1,653	CENTRAL SERVICES & SUPPLY	14.00 33.49
33.50 VHA OPPORTUNITY	A	-36,255	PHARMACY	15.00 33.50
33.51 VHA OPPORTUNITY	A	-35,771	ADULTS & PEDIATRICS	30.00 33.51
33.52 VHA OPPORTUNITY	A	-1,084	INTENSIVE CARE UNIT	31.00 33.52
33.53 VHA OPPORTUNITY	A	-3,000	SUBPROVIDER - IRF	41.00 33.53
33.54 VHA OPPORTUNITY	A	-30,975	OPERATING ROOM	50.00 33.54
33.55 VHA OPPORTUNITY	A	-13,755	RADIOLOGY-DIAGNOSTIC	54.00 33.55
33.56 VHA OPPORTUNITY	A	-33,444	LABORATORY	60.00 33.56
33.57 VHA OPPORTUNITY	A	-697	ONCOLOGY	60.01 33.57
33.58 VHA OPPORTUNITY	A	-5,562	RESPIRATORY THERAPY	65.00 33.58
33.59 VHA OPPORTUNITY	A	-137	PHYSICAL THERAPY	66.00 33.59
33.60 VHA OPPORTUNITY	A	-17	CARDIAC REHAB	69.01 33.60
33.61 VHA OPPORTUNITY	A	-21,031	CARDIAC CATHETERIZATION	59.00 33.61
33.62 VHA OPPORTUNITY	A	-75	ELECTROCARDIOLOGY	69.00 33.62
33.63 FINANCE BANK SERVICE CHARGES	A	-82,098	ADMINISTRATIVE & GENERAL	5.00 33.63
33.64 FINANCE DISCOUNT PAYMENTS	A	8,809	ADMINISTRATIVE & GENERAL	5.00 33.64
33.65 NONALLOWABLE 2008 BONDS	A	-181,705	NEW CAP REL COSTS-BLDG & FI XT	1.00 33.65
33.66 BLDG COSTS	A	789	NEW CAP REL COSTS-BLDG & FI XT	1.00 33.66
33.67 1992 ASSETS	A	-10	NEW CAP REL COSTS-BLDG & FI XT	1.00 33.67
33.68 ELIMINATING ENTRIES	A	-48,811	MGH PHYS PRACT MGMT	192.14 33.68
33.69 LOBBYING COSTS	A	-12,532	ADMINISTRATIVE & GENERAL	5.00 33.69
33.70 LOBBYING COSTS	A	-22	NURSING ADMINISTRATION	13.00 33.70
33.71 LOBBYING COSTS	A	-143	PHARMACY	15.00 33.71
33.72 LOBBYING COSTS	A	-269	ONCOLOGY	60.01 33.72
33.73 LOBBYING COSTS	A	-19	PHYSICAL THERAPY	66.00 33.73
33.74 OPERATING INTEREST INCOME	B	-14,038	NEW CAP REL COSTS-BLDG & FI XT	1.00 33.74
33.75 ED ON CALL SERVICE	A	-1,537,587	ADMINISTRATIVE & GENERAL	5.00 33.75
33.76 FIT TESTING EQUIPMENT	B	-700	ADMINISTRATIVE & GENERAL	5.00 33.76
33.77 FIT TESTING SERVICES	B	-350	EMPLOYEE BENEFITS	4.00 33.77
33.78 STERILIZATION SERVICES	B	-160	CENTRAL SERVICES & SUPPLY	14.00 33.78
33.79 VHA OPPORTUNITY	A	-268	CLINIC	90.00 33.79
33.80 VHA OPPORTUNITY	A	-2,520	EMERGENCY	91.00 33.80
33.81 VHA OPPORTUNITY	A	-433	AMBULANCE SERVICES	95.00 33.81
33.82 XIX ASSESSMENT FEE	A	-5,634,186	ADMINISTRATIVE & GENERAL	5.00 33.82
33.83 ELIMINATING ENTRIES	A	-14,776	MGH MARION SURGEONS	192.15 33.83
33.84 ELIMINATING ENTRIES	A	-113,905	MGH FMC MARION	192.19 33.84
33.85 ELIMINATING ENTRIES	A	-27,104	MGH FMC SWAYZEE	193.05 33.85

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
33.86 ELIMINATING ENTRIES	A	-60,947	MGH PEDIATRIC CTR	193.06	33.86	
33.87 ELIMINATING ENTRIES	A	-8,781	MGH MGH PSYCHIATRY	193.11	33.87	
33.88 ELIMINATING ENTRIES	A	-44,854	MGH SPECIALTY PHYS	193.07	33.88	
33.89 ELIMINATING ENTRIES	A	-31,645	MGH MGH WOMENS CTR	193.10	33.89	
33.90		0		0.00	33.90	
33.91		0		0.00	33.91	
33.92		0		0.00	33.92	
33.93		0		0.00	33.93	
33.94		0		0.00	33.94	
33.95		0		0.00	33.95	
33.96		0		0.00	33.96	
33.97		0		0.00	33.97	
33.98		0		0.00	33.98	
33.99		0		0.00	33.99	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,789,889			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150011

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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	RETURNED CHECK FEE	0	33.00
33.01	ITEMIZED BILL FEES	0	33.01
33.02	PHYSICIAN PRIV APPLIC	0	33.02
33.03	LOST PAGER FEE	0	33.03
33.04	MEDICAL STAFF CME	0	33.04
33.05	CHILD SEAT SAFETY INSPECTION	0	33.05
33.06	HEALTH SCREENING FEES-LAB	0	33.06
33.07	HEALTH SCREENING FEES-RADIOLOGY	0	33.07
33.08	MED STAFF DISCOUNT	0	33.08
33.09	FLU SHOT HEALTH SCREENS	0	33.09
33.10	OTHER HEALTH SCREENING-BONE DENSITY	0	33.10
33.11	BOD FEE JOINT VENTURE	0	33.11
33.12	EMERGENCY DRUG SALES	0	33.12
33.13	PAGER RENTAL	0	33.13
33.14	RIVER VIEW RADIOLOGY	0	33.14
33.15	RIVER VIEW TRANSCRIPT	0	33.15
33.16	RIVER VIEW STERILIZATION	0	33.16
33.17	RIVER VIEW CONSLT RHIA CONSUL	0	33.17
33.18	RIVER VIEW BADGES	0	33.18
33.19	EMPLOYEE UNI FORMS	0	33.19
33.20	PCC MARKETING AG	0	33.20
33.21	EDUCATIONAL WORKSHOP	0	33.21
33.22	OPT HEALTH LINEN SERVICE	0	33.22
33.23	AMBULANCE SVC-ASSISTS	0	33.23
33.24	AMBULANCE SVC-CORONER SVC	0	33.24
33.25	AMBULANCE SVC-LINEN SERVICES	0	33.25
33.26	AMBULANCE SVC-COMMUNITY EVENT STAFF	0	33.26
33.27	CONTRACT ARU OTHER ARU MEDICAL DIR	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 150011

Period:
From 07/01/2011
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Cost Center Description	Wkst. A-7 Ref.	
	5.00	
33.28 SCHOOL PHYS OTHER SCHOOL PHYS	0	33.28
33.29 PRECERT OTHER PHARMACY STUDENT	0	33.29
33.30 SICK CHILD CARE PROGRAM	0	33.30
33.31 UNCLAIMED OTHER STATE MONIES RECOVER	0	33.31
33.32 UNCLAIMED OTHER 125 MED/CHILD CARE	0	33.32
33.33 SANITARY NAPKIN SALES	0	33.33
33.34 PHYSICIAN RECRUITMENT	0	33.34
33.35 ED ANESTHESIOLOGIST	0	33.35
33.36 GAIN ON DISPOSAL	0	33.36
33.37 TELEPHONE SERVICE	0	33.37
33.38 TELEPHONE SERVICE	0	33.38
33.39 MISC REV	0	33.39
33.40 ENTERTAINMENT EXP	0	33.40
33.41 EMPLOYEE USE OF AUTO	0	33.41
33.42 DONATIONS	0	33.42
33.43 VHA OPPORTUNITY	0	33.43
33.44 VHA OPPORTUNITY	0	33.44
33.45 VHA OPPORTUNITY	0	33.45
33.46 VHA OPPORTUNITY	0	33.46
33.47 VHA OPPORTUNITY	0	33.47
33.48 VHA OPPORTUNITY	0	33.48
33.49 VHA OPPORTUNITY	0	33.49
33.50 VHA OPPORTUNITY	0	33.50
33.51 VHA OPPORTUNITY	0	33.51
33.52 VHA OPPORTUNITY	0	33.52
33.53 VHA OPPORTUNITY	0	33.53
33.54 VHA OPPORTUNITY	0	33.54
33.55 VHA OPPORTUNITY	0	33.55
33.56 VHA OPPORTUNITY	0	33.56
33.57 VHA OPPORTUNITY	0	33.57
33.58 VHA OPPORTUNITY	0	33.58
33.59 VHA OPPORTUNITY	0	33.59
33.60 VHA OPPORTUNITY	0	33.60
33.61 VHA OPPORTUNITY	0	33.61
33.62 VHA OPPORTUNITY	0	33.62
33.63 FINANCE BANK SERVICE CHARGES	0	33.63
33.64 FINANCE DISCOUNT PAYMENTS	0	33.64
33.65 NONALLOWABLE 2008 BONDS	11	33.65
33.66 BLDG COSTS	9	33.66
33.67 1992 ASSETS	9	33.67
33.68 ELIMINATING ENTRIES	0	33.68
33.69 LOBBYING COSTS	0	33.69
33.70 LOBBYING COSTS	0	33.70
33.71 LOBBYING COSTS	0	33.71
33.72 LOBBYING COSTS	0	33.72
33.73 LOBBYING COSTS	0	33.73
33.74 OPERATING INTEREST INCOME	11	33.74
33.75 ED ON CALL SERVICE	0	33.75
33.76 FIT TESTING EQUIPMENT	0	33.76
33.77 FIT TESTING SERVICES	0	33.77
33.78 STERILIZATION SERVICES	0	33.78
33.79 VHA OPPORTUNITY	0	33.79
33.80 VHA OPPORTUNITY	0	33.80
33.81 VHA OPPORTUNITY	0	33.81
33.82 XIX ASSESSMENT FEE	0	33.82
33.83 ELIMINATING ENTRIES	0	33.83
33.84 ELIMINATING ENTRIES	0	33.84
33.85 ELIMINATING ENTRIES	0	33.85
33.86 ELIMINATING ENTRIES	0	33.86
33.87 ELIMINATING ENTRIES	0	33.87
33.88 ELIMINATING ENTRIES	0	33.88
33.89 ELIMINATING ENTRIES	0	33.89
33.90	0	33.90
33.91	0	33.91
33.92	0	33.92
33.93	0	33.93
33.94	0	33.94
33.95	0	33.95
33.96	0	33.96
33.97	0	33.97
33.98	0	33.98
33.99	0	33.99
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/28/2012 12:28 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	41.00	DR. A	850	850	1.00
2.00	69.00	ELECTROCARDIOLOGY	53,802	53,802	2.00
3.00	65.00	RESPIRATORY THERAPY	4,410	4,410	3.00
4.00	91.00	EMERGENCY	153,280	153,280	4.00
5.00	60.00	DR. E	7,300	7,300	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	324,630	324,630	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
200.00			544,272	544,272	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/28/2012 12:28 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/28/2012 12:28 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2
Date/Time Prepared:
11/28/2012 12:28 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	850	1.00
2.00	0	53,802	2.00
3.00	0	4,410	3.00
4.00	0	153,280	4.00
5.00	0	7,300	5.00
6.00	0	324,630	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	544,272	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	9,287,578	9,287,578				1.00
4.00 00401	EMPLOYEE BENEFITS	13,050,316	345,086	13,395,402			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	15,011,541	1,377,157	2,097,607	18,486,305	18,486,305	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01 00601	CAFETERIA	1,209,480	128,581	0	1,338,061	247,832	6.01
6.02 00602	CAFETERIA	0	0	0	0	0	6.02
7.00 00700	OPERATION OF PLANT	4,176,802	2,189,615	189,451	6,555,868	1,214,258	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	351,056	56,138	0	407,194	75,419	8.00
9.00 00900	HOUSEKEEPING	2,123,447	84,233	0	2,207,680	408,900	9.00
10.00 01000	DIETARY	584,249	172,583	0	756,832	140,178	10.00
13.00 01300	NURSING ADMINISTRATION	842,420	18,589	244,027	1,105,036	204,671	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	590,567	63,308	83,655	737,530	136,603	14.00
15.00 01500	PHARMACY	2,063,795	81,126	527,961	2,672,882	495,063	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	8,899,337	1,030,451	2,561,079	12,490,867	2,313,554	30.00
31.00 03100	INTENSIVE CARE UNIT	2,747,059	265,818	796,744	3,809,621	705,607	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	1,581,347	253,550	299,944	2,134,841	395,409	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	5,891,087	516,341	649,944	7,057,372	1,307,145	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,430,953	494,805	729,263	5,655,021	1,047,406	54.00
57.00 05700	CT SCAN	744,886	34,655	113,722	893,263	165,447	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	442,403	109,992	67,542	619,937	114,823	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,300,577	133,839	170,784	3,605,200	667,744	59.00
60.00 06000	LABORATORY	6,384,686	274,874	786,639	7,446,199	1,379,163	60.00
60.01 06001	ONCOLOGY	1,460,135	0	304,303	1,764,438	326,804	60.01
60.02 06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 06500	RESPIRATORY THERAPY	1,931,248	121,968	365,832	2,419,048	448,049	65.00
66.00 06600	PHYSICAL THERAPY	1,684,051	23,395	382,730	2,090,176	387,136	66.00
69.00 06900	ELECTROCARDIOLOGY	706,488	214,354	199,884	1,120,726	207,578	69.00
69.01 06901	CARDIAC REHAB	134,149	34,442	36,324	204,915	37,954	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,340,501	0	0	7,340,501	1,359,586	73.00
OUTPATIENT SERVICE COST CENTERS							
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	255,172	75,205	54,006	384,383	71,194	90.00
91.00 09100	EMERGENCY	4,087,050	294,392	1,105,836	5,487,278	1,016,337	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,058,825	138,326	313,610	1,510,761	279,819	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	937,916	110,284	273,025	1,321,225	244,713	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	103,309,121	8,643,107	12,353,912	101,623,160	15,398,392	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,789	35,770	6,407	77,966	14,441	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	NOT USED	0	0	0	0	0	192.01
192.02 19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03 19203	GREAT BEGINNINGS/MATERNAL	122,302	8,259	36,465	167,026	30,936	192.03
192.04 19204	LIFELINE	121,678	19,173	26,119	166,970	30,926	192.04
192.05 19205	LEASED PROPERTIES	1,310,661	0	13,124	1,323,785	245,187	192.05
192.06 19206	NOT USED	0	0	0	0	0	192.06
192.07 19213	NOT USED	0	0	0	0	0	192.07
192.08 19211	PARISH NURSING	65,856	9,082	13,129	88,067	16,312	192.08
192.09 19212	BIO-TERRORISM GRANT	46,272	0	0	46,272	8,570	192.09
192.10 19214	BREAST PUMPS	2,942	159	0	3,101	574	192.10
192.11 19207	NOT USED	0	0	0	0	0	192.11
192.12 19208	NOT USED	0	0	0	0	0	192.12
192.13 19209	NOT USED	0	0	0	0	0	192.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
192.14 19210 MGH PHYS PRACT MGMT	1,427,968	89,996		247,549	1,765,513	327,003	192.14
192.15 19215 MGH MARION SURGEONS	1,103,233	67,238		30,865	1,201,336	222,508	192.15
192.16 19216 MGH MGH MED ONC	808,055	0		0	808,055	149,666	192.16
192.17 19217 MGH FMC WESTERN AVE	539,159	0		49,999	589,158	109,122	192.17
192.18 19218 MGH FAIRM MED ASSOC	516,971	0		43,103	560,074	103,735	192.18
192.19 19219 MGH FMC MARION	939,860	173,247		67,738	1,180,845	218,713	192.19
193.00 19300 NONPAID WORKERS	0	0		0	0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	393,998	0		16,316	410,314	75,997	193.01
193.02 19302 MGH FMC GAS CITY	754,253	0		56,869	811,122	150,234	193.02
193.03 19303 MGH HOSPITALISTS	2,243,253	0		16,138	2,259,391	418,478	193.03
193.04 19304 MGH MAR FAM PRACT	1,887,209	0		200,990	2,088,199	386,770	193.04
193.05 19305 MGH FMC SWAYZEE	171,082	32,079		17,126	220,287	40,801	193.05
193.06 19306 MGH PEDIATRIC CTR	815,533	89,651		53,243	958,427	177,517	193.06
193.07 19307 MGH SPECIALTY PHYS	417,836	90,208		34,477	542,521	100,484	193.07
193.08 19308 MGH FMC CONVERSE	208,871	0		18,921	227,792	42,191	193.08
193.09 19309 MGH UPLAND HEALTH	87,897	0		459	88,356	16,365	193.09
193.10 19310 MGH MGH WOMENS CTR	202,988	0		22,058	225,046	41,682	193.10
193.11 19311 MGH MGH PSYCHIATRY	224,086	29,609		10,568	264,263	48,946	193.11
193.12 19312 OB/GYN	261,093	0		0	261,093	48,359	193.12
194.00 07963 OTHER NONREIMBURSABLE	0	0		0	0	0	194.00
194.01 07950 MOW	0	0		0	0	0	194.01
194.02 07951 MENTAL HEALTH	0	0		0	0	0	194.02
194.03 07952 ADVERTISING	277,056	0		59,827	336,883	62,396	194.03
200.00 Cross Foot Adjustments					0		200.00
201.00 Negative Cost Centers					0		201.00
202.00 TOTAL (sum lines 118-201)	118,295,022	9,287,578		13,395,402	118,295,022	18,486,305	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00401	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
6.01	00601	CAFETERIA	0	1,585,893			6.01
6.02	00602	CAFETERIA	0	1,434,491	1,434,491		6.02
7.00	00700	OPERATION OF PLANT	0	0	44,310	7,814,436	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	83,605	566,218
9.00	00900	HOUSEKEEPING	0	0	0	125,447	0
10.00	01000	DIETARY	0	0	0	257,023	60,815
13.00	01300	NURSING ADMINISTRATION	0	0	23,332	27,684	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	17,125	94,283	9,426
15.00	01500	PHARMACY	0	0	52,471	120,820	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	346,253	1,534,625	175,349
31.00	03100	INTENSIVE CARE UNIT	0	0	90,176	395,877	37,387
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/PF	0	0	44,643	377,606	19,103
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	85,801	768,974	54,117
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	107,674	736,901	57,866
57.00	05700	CT SCAN	0	0	16,791	51,610	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	9,972	163,808	151
59.00	05900	CARDIAC CATHETERIZATION	0	0	21,710	199,323	7,536
60.00	06000	LABORATORY	0	0	121,564	409,363	13
60.01	06001	ONCOLOGY	0	0	0	0	7,834
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	43,405	181,645	8,616
66.00	06600	PHYSICAL THERAPY	0	0	20,970	34,842	16,578
69.00	06900	ELECTROCARDIOLOGY	0	0	30,070	319,233	4,534
69.01	06901	CARDIAC REHAB	0	0	5,124	51,294	46
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	6,619	112,000	4,498
91.00	09100	EMERGENCY	0	0	146,679	438,431	58,774
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	40,992	206,006	18,192
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	51,848	164,243	23,614
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,434,491	1,327,529	6,854,643	564,449
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	797	53,271	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NOT USED	0	0	0	0	0
192.02	19202	VISITOR MEALS	0	151,402	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	12,299	0
192.04	19204	LIFELINE	0	0	3,768	28,554	0
192.05	19205	LEASED PROPERTIES	0	0	0	0	0
192.06	19206	NOT USED	0	0	0	0	0
192.07	19213	NOT USED	0	0	0	0	0
192.08	19211	PARISH NURSING	0	0	1,556	13,525	0
192.09	19212	BIO-TERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	23	237	0
192.11	19207	NOT USED	0	0	0	0	0
192.12	19208	NOT USED	0	0	0	0	0
192.13	19209	NOT USED	0	0	7,260	0	0
192.14	19210	MGH PHYS PRACT MGMT	0	0	44,698	134,029	0
192.15	19215	MGH MARION SURGEONS	0	0	6,005	100,136	0
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC WESTERN AVE	0	0	0	0	0
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
192.19	19219	MGH FMC MARION	0	0	17,821	258,012	919	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	3,742	0	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	0	60	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	298	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	47,774	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	13,157	133,515	322	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	8,135	134,345	42	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	0	128	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	44,096	0	193.11
193.12	19312	OB/GYN	0	0	0	0	0	193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
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)	0	1,585,893	1,434,491	7,814,436	566,218	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
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Cost Center Description		HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00401						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	2,742,027					9.00
10.00	01000	36,665	1,251,513				10.00
13.00	01300	18,333	0	1,379,056			13.00
14.00	01400	54,998	0	0	1,049,965		14.00
15.00	01500	54,998	0	54,418	0	3,450,652	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	633,782	660,271	359,104	109,917	0	30.00
31.00	03100	167,612	116,574	93,523	31,405	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	120,471	115,012	46,300	1,047	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	301,178	0	88,986	652,174	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	123,090	0	111,671	5,234	0	54.00
57.00	05700	0	0	17,414	0	0	57.00
58.00	05800	27,499	0	10,342	0	0	58.00
59.00	05900	78,568	0	22,516	20,936	0	59.00
60.00	06000	146,660	0	139,708	26,171	0	60.00
60.01	06001	0	0	43,627	2,094	0	60.01
60.02	06002	0	0	0	0	0	60.02
65.00	06500	172,850	0	51,298	17,796	0	65.00
66.00	06600	0	0	42,959	0	0	66.00
69.00	06900	78,568	0	31,186	4,187	0	69.00
69.01	06901	65,473	0	5,314	0	0	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	3,450,652	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	52,379	0	6,865	0	0	90.00
91.00	09100	439,981	17,664	152,124	62,809	0	91.00
92.00	09200						92.00
92.01	09201	91,663	79,029	42,514	1,047	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	18,333	0	53,773	5,234	0	95.00
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
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
118.00		2,683,101	988,550	1,373,642	940,051	3,450,652	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	10,476	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	5,390	0	0	192.03
192.04	19204	9,166	0	0	0	0	192.04
192.05	19205	0	0	0	33,498	0	192.05
192.06	19206	0	0	0	0	0	192.06
192.07	19213	13,095	0	0	0	0	192.07
192.08	19211	0	0	0	0	0	192.08
192.09	19212	0	0	0	0	0	192.09
192.10	19214	0	0	24	0	0	192.10
192.11	19207	0	0	0	0	0	192.11
192.12	19208	0	0	0	0	0	192.12
192.13	19209	0	0	0	0	0	192.13
192.14	19210	26,189	0	0	0	0	192.14
192.15	19215	0	0	0	15,702	0	192.15
192.16	19216	0	0	0	0	0	192.16
192.17	19217	0	0	0	0	0	192.17

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
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Cost Center Description			HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
192.18	19218	MGH FAIRMED ASSOC	0	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	0	0	5,234	0	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	5,234	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	5,234	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	10,468	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	5,234	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	0	5,234	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	5,234	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	15,702	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	3,140	0	193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07950	MOW	0	186,190	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	76,773	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	2,742,027	1,251,513	1,379,056	1,049,965	3,450,652	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00401 EMPLOYEE BENEFITS				4.00
5.00	00500 ADMINISTRATIVE & GENERAL				5.00
6.00	00600 MAINTENANCE & REPAIRS				6.00
6.01	00601 CAFETERIA				6.01
6.02	00602 CAFETERIA				6.02
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
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	18,623,722	0	18,623,722	30.00
31.00	03100 INTENSIVE CARE UNIT	5,447,782	0	5,447,782	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	3,254,432	0	3,254,432	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	10,315,747	0	10,315,747	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,844,863	0	7,844,863	54.00
57.00	05700 CT SCAN	1,144,525	0	1,144,525	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	946,532	0	946,532	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,623,533	0	4,623,533	59.00
60.00	06000 LABORATORY	9,668,841	0	9,668,841	60.00
60.01	06001 ONCOLOGY	2,144,797	0	2,144,797	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	3,342,707	0	3,342,707	65.00
66.00	06600 PHYSICAL THERAPY	2,592,661	0	2,592,661	66.00
69.00	06900 ELECTROCARDIOLOGY	1,796,082	0	1,796,082	69.00
69.01	06901 CARDIAC REHAB	370,120	0	370,120	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,150,739	0	12,150,739	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	637,938	0	637,938	90.00
91.00	09100 EMERGENCY	7,820,077	0	7,820,077	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,270,023	0	2,270,023	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	1,882,983	0	1,882,983	95.00
99.10	09910 CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE				113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	96,878,104	0	96,878,104	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	156,951	0	156,951	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 NOT USED	0	0	0	192.01
192.02	19202 VISITOR MEALS	151,402	0	151,402	192.02
192.03	19203 GREAT BEGINNINGS/MATERNAL	215,651	0	215,651	192.03
192.04	19204 LIFELINE	239,384	0	239,384	192.04
192.05	19205 LEASED PROPERTIES	1,602,470	0	1,602,470	192.05
192.06	19206 NOT USED	0	0	0	192.06
192.07	19213 NOT USED	13,095	0	13,095	192.07
192.08	19211 PARI SH NURSING	119,460	0	119,460	192.08
192.09	19212 BIOTERRORISM GRANT	54,842	0	54,842	192.09
192.10	19214 BREAST PUMPS	3,959	0	3,959	192.10
192.11	19207 NOT USED	0	0	0	192.11
192.12	19208 NOT USED	0	0	0	192.12
192.13	19209 NOT USED	7,260	0	7,260	192.13
192.14	19210 MGH PHYS PRACT MGMT	2,297,432	0	2,297,432	192.14
192.15	19215 MGH MARION SURGEONS	1,545,687	0	1,545,687	192.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.16	19216	MGH MGH MED ONC	957,721	0	957,721	192.16
192.17	19217	MGH FMC WESTERN AVE	698,280	0	698,280	192.17
192.18	19218	MGH FAIRM MED ASSOC	663,809	0	663,809	192.18
192.19	19219	MGH FMC MARION	1,681,544	0	1,681,544	192.19
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	495,287	0	495,287	193.01
193.02	19302	MGH FMC GAS CITY	966,650	0	966,650	193.02
193.03	19303	MGH HOSPITALISTS	2,677,869	0	2,677,869	193.03
193.04	19304	MGH MAR FAM PRACT	2,485,735	0	2,485,735	193.04
193.05	19305	MGH FMC SWAYZEE	314,096	0	314,096	193.05
193.06	19306	MGH PEDIATRIC CTR	1,288,172	0	1,288,172	193.06
193.07	19307	MGH SPECIALTY PHYS	785,527	0	785,527	193.07
193.08	19308	MGH FMC CONVERSE	275,345	0	275,345	193.08
193.09	19309	MGH UPLAND HEALTH	120,423	0	120,423	193.09
193.10	19310	MGH MGH WOMENS CTR	266,728	0	266,728	193.10
193.11	19311	MGH MGH PSYCHIATRY	357,305	0	357,305	193.11
193.12	19312	OB/GYN	312,592	0	312,592	193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	194.00
194.01	07950	MOW	186,190	0	186,190	194.01
194.02	07951	MENTAL HEALTH	76,773	0	76,773	194.02
194.03	07952	ADVERTISING	399,279	0	399,279	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	118,295,022	0	118,295,022	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

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	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00401	EMPLOYEE BENEFITS	0	345,086	345,086	345,086		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,377,157	1,377,157	54,035	1,431,192	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01 00601	CAFETERIA	0	128,581	128,581	0	19,186	6.01
6.02 00602	CAFETERIA	0	0	0	0	0	6.02
7.00 00700	OPERATION OF PLANT	0	2,189,615	2,189,615	4,880	94,005	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	56,138	56,138	0	5,839	8.00
9.00 00900	HOUSEKEEPING	0	84,233	84,233	0	31,656	9.00
10.00 01000	DIETARY	0	172,583	172,583	0	10,852	10.00
13.00 01300	NURSING ADMINISTRATION	0	18,589	18,589	6,286	15,845	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	63,308	63,308	2,155	10,575	14.00
15.00 01500	PHARMACY	0	81,126	81,126	13,600	38,326	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,030,451	1,030,451	65,992	179,144	30.00
31.00 03100	INTENSIVE CARE UNIT	0	265,818	265,818	20,524	54,626	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	253,550	253,550	7,727	30,611	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	516,341	516,341	16,743	101,196	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	494,805	494,805	18,786	81,087	54.00
57.00 05700	CT SCAN	0	34,655	34,655	2,930	12,808	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	109,992	109,992	1,740	8,889	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	133,839	133,839	4,399	51,695	59.00
60.00 06000	LABORATORY	0	274,874	274,874	20,264	106,771	60.00
60.01 06001	ONCOLOGY	0	0	0	7,839	25,300	60.01
60.02 06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 06500	RESPIRATORY THERAPY	0	121,968	121,968	9,424	34,687	65.00
66.00 06600	PHYSICAL THERAPY	0	23,395	23,395	9,859	29,971	66.00
69.00 06900	ELECTROCARDIOLOGY	0	214,354	214,354	5,149	16,070	69.00
69.01 06901	CARDIAC REHAB	0	34,442	34,442	936	2,938	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	105,255	73.00
OUTPATIENT SERVICE COST CENTERS							
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	75,205	75,205	1,391	5,512	90.00
91.00 09100	EMERGENCY	0	294,392	294,392	28,487	78,682	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	138,326	138,326	8,079	21,663	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	110,284	110,284	7,033	18,945	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,643,107	8,643,107	318,258	1,192,134	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,770	35,770	165	1,118	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	NOT USED	0	0	0	0	0	192.01
192.02 19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03 19203	GREAT BEGINNINGS/MATERNAL	0	8,259	8,259	939	2,395	192.03
192.04 19204	LIFELINE	0	19,173	19,173	673	2,394	192.04
192.05 19205	LEASED PROPERTIES	0	0	0	338	18,982	192.05
192.06 19206	NOT USED	0	0	0	0	0	192.06
192.07 19213	NOT USED	0	0	0	0	0	192.07
192.08 19211	PARI SH NURSING	0	9,082	9,082	338	1,263	192.08
192.09 19212	BIOTERRORISM GRANT	0	0	0	0	663	192.09
192.10 19214	BREAST PUMPS	0	159	159	0	44	192.10
192.11 19207	NOT USED	0	0	0	0	0	192.11
192.12 19208	NOT USED	0	0	0	0	0	192.12
192.13 19209	NOT USED	0	0	0	0	0	192.13
192.14 19210	MGH PHYS PRACT MGMT	0	89,996	89,996	6,377	25,316	192.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
		0	1.00				
192.15 19215 MGH MARION SURGEONS	0	67,238	67,238	795	17,226	192.15	
192.16 19216 MGH MGH MED ONC	0	0	0	0	11,587	192.16	
192.17 19217 MGH FMC WESTERN AVE	0	0	0	1,288	8,448	192.17	
192.18 19218 MGH FAIRM MED ASSOC	0	0	0	1,110	8,031	192.18	
192.19 19219 MGH FMC MARION	0	173,247	173,247	1,745	16,932	192.19	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 MGH FMC NORTHWOOD	0	0	0	420	5,883	193.01	
193.02 19302 MGH FMC GAS CITY	0	0	0	1,465	11,631	193.02	
193.03 19303 MGH HOSPITALISTS	0	0	0	416	32,397	193.03	
193.04 19304 MGH MAR FAM PRACT	0	0	0	5,178	29,943	193.04	
193.05 19305 MGH FMC SWAYZEE	0	32,079	32,079	441	3,159	193.05	
193.06 19306 MGH PEDIATRIC CTR	0	89,651	89,651	1,372	13,743	193.06	
193.07 19307 MGH SPECIALTY PHYS	0	90,208	90,208	888	7,779	193.07	
193.08 19308 MGH FMC CONVERSE	0	0	0	487	3,266	193.08	
193.09 19309 MGH UPLAND HEALTH	0	0	0	12	1,267	193.09	
193.10 19310 MGH MGH WOMENS CTR	0	0	0	568	3,227	193.10	
193.11 19311 MGH MGH PSYCHIATRY	0	29,609	29,609	272	3,789	193.11	
193.12 19312 OB/GYN	0	0	0	0	3,744	193.12	
194.00 07963 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00	
194.01 07950 MOW	0	0	0	0	0	194.01	
194.02 07951 MENTAL HEALTH	0	0	0	0	0	194.02	
194.03 07952 ADVERTISING	0	0	0	1,541	4,831	194.03	
200.00 Cross Foot Adjustments			0			200.00	
201.00 Negative Cost Centers		0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	0	9,287,578	9,287,578	345,086	1,431,192	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/28/2012 12:28 pm			
Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00401	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
6.01	00601	CAFETERIA	0	147,767			6.01
6.02	00602	CAFETERIA	0	133,660	133,660		6.02
7.00	00700	OPERATION OF PLANT	0	0	4,129	2,292,629	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	24,528	86,505
9.00	00900	HOUSEKEEPING	0	0	0	36,804	0
10.00	01000	DIETARY	0	0	0	75,406	9,291
13.00	01300	NURSING ADMINISTRATION	0	0	2,174	8,122	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,596	27,661	1,440
15.00	01500	PHARMACY	0	0	4,889	35,447	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	32,262	450,234	26,792
31.00	03100	INTENSIVE CARE UNIT	0	0	8,402	116,144	5,712
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IPF	0	0	4,160	110,783	2,918
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	7,995	225,605	8,268
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	10,033	216,195	8,841
57.00	05700	CT SCAN	0	0	1,564	15,142	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	929	48,059	23
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,023	58,478	1,151
60.00	06000	LABORATORY	0	0	11,327	120,100	2
60.01	06001	ONCOLOGY	0	0	0	0	1,197
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	4,044	53,292	1,316
66.00	06600	PHYSICAL THERAPY	0	0	1,954	10,222	2,533
69.00	06900	ELECTROCARDIOLOGY	0	0	2,802	93,658	693
69.01	06901	CARDIAC REHAB	0	0	477	15,049	7
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	617	32,859	687
91.00	09100	EMERGENCY	0	0	13,667	128,628	8,979
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	3,819	60,439	2,779
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	4,831	48,186	3,608
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	133,660	123,694	2,011,041	86,237
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	74	15,629	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NOT USED	0	0	0	0	0
192.02	19202	VISITOR MEALS	0	14,107	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	3,608	0
192.04	19204	LIFELINE	0	0	351	8,377	0
192.05	19205	LEASED PROPERTIES	0	0	0	0	0
192.06	19206	NOT USED	0	0	0	0	0
192.07	19213	NOT USED	0	0	0	0	0
192.08	19211	PARISH NURSING	0	0	145	3,968	0
192.09	19212	BIO-TERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	2	70	0
192.11	19207	NOT USED	0	0	0	0	0
192.12	19208	NOT USED	0	0	0	0	0
192.13	19209	NOT USED	0	0	676	0	0
192.14	19210	MGH PHYS PRACT MGMT	0	0	4,165	39,322	0
192.15	19215	MGH MARION SURGEONS	0	0	559	29,378	0
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC WESTERN AVE	0	0	0	0	0
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

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Cost Center Description			MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
192.19	19219	MGH FMC MARION	0	0	1,661	75,697	140	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	349	0	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	0	9	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	45	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	14,016	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	1,226	39,171	49	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	758	39,415	6	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	0	19	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	12,937	0	193.11
193.12	19312	OB/GYN	0	0	0	0	0	193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
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)	0	147,767	133,660	2,292,629	86,505	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150011		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/28/2012 12:28 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00401	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	CAFETERIA					6.01
6.02	00602	CAFETERIA					6.02
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	152,693				9.00
10.00	01000	DIETARY	2,042	270,174			10.00
13.00	01300	NURSING ADMINISTRATION	1,021	0	52,037		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,063	0	0	109,798	14.00
15.00	01500	PHARMACY	3,063	0	2,053	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,294	142,537	13,550	11,494	0
31.00	03100	INTENSIVE CARE UNIT	9,334	25,166	3,529	3,284	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	6,709	24,829	1,747	109	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,771	0	3,358	68,204	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,854	0	4,214	547	0
57.00	05700	CT SCAN	0	0	657	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,531	0	390	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,375	0	850	2,189	0
60.00	06000	LABORATORY	8,167	0	5,272	2,737	0
60.01	06001	ONCOLOGY	0	0	1,646	219	0
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,625	0	1,936	1,861	0
66.00	06600	PHYSICAL THERAPY	0	0	1,621	0	0
69.00	06900	ELECTROCARDIOLOGY	4,375	0	1,177	438	0
69.01	06901	CARDIAC REHAB	3,646	0	201	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	178,504
OUTPATIENT SERVICE COST CENTERS							
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	2,917	0	259	0	0
91.00	09100	EMERGENCY	24,501	3,813	5,740	6,568	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,104	17,061	1,604	109	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,021	0	2,029	547	0
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
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					
118.00		SUBTOTALS (SUM OF LINES 1-117)	149,413	213,406	51,833	98,306	178,504
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	583	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NOT USED	0	0	0	0	0
192.02	19202	VISITOR MEALS	0	0	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	203	0	0
192.04	19204	LIFELINE	510	0	0	0	0
192.05	19205	LEASED PROPERTIES	0	0	0	3,503	0
192.06	19206	NOT USED	0	0	0	0	0
192.07	19213	NOT USED	729	0	0	0	0
192.08	19211	PARISH NURSING	0	0	0	0	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	1	0	0
192.11	19207	NOT USED	0	0	0	0	0
192.12	19208	NOT USED	0	0	0	0	0
192.13	19209	NOT USED	0	0	0	0	0
192.14	19210	MGH PHYS PRACT MGMT	1,458	0	0	0	0
192.15	19215	MGH MARION SURGEONS	0	0	0	1,642	0
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC WESTERN AVE	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
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Cost Center Description			HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	0	0	547	0	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	547	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	547	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	1,095	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	547	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	0	547	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	547	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	1,642	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	328	0	193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07950	MOW	0	40,194	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	16,574	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
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)	152,693	270,174	52,037	109,798	178,504	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00401 EMPLOYEE BENEFITS				4.00
5.00	00500 ADMINISTRATIVE & GENERAL				5.00
6.00	00600 MAINTENANCE & REPAIRS				6.00
6.01	00601 CAFETERIA				6.01
6.02	00602 CAFETERIA				6.02
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
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	1,987,750	0	1,987,750	30.00
31.00	03100 INTENSIVE CARE UNIT	512,539	0	512,539	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	443,143	0	443,143	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	964,481	0	964,481	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	841,362	0	841,362	54.00
57.00	05700 CT SCAN	67,756	0	67,756	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	171,553	0	171,553	58.00
59.00	05900 CARDIAC CATHETERIZATION	258,999	0	258,999	59.00
60.00	06000 LABORATORY	549,514	0	549,514	60.00
60.01	06001 ONCOLOGY	36,201	0	36,201	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	238,153	0	238,153	65.00
66.00	06600 PHYSICAL THERAPY	79,555	0	79,555	66.00
69.00	06900 ELECTROCARDIOLOGY	338,716	0	338,716	69.00
69.01	06901 CARDIAC REHAB	57,696	0	57,696	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	283,759	0	283,759	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	119,447	0	119,447	90.00
91.00	09100 EMERGENCY	593,457	0	593,457	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	258,983	0	258,983	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	196,484	0	196,484	95.00
99.10	09910 CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE				113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	7,999,548	0	7,999,548	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,339	0	53,339	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 NOT USED	0	0	0	192.01
192.02	19202 VISITOR MEALS	14,107	0	14,107	192.02
192.03	19203 GREAT BEGINNINGS/MATERNAL	15,404	0	15,404	192.03
192.04	19204 LIFELINE	31,478	0	31,478	192.04
192.05	19205 LEASED PROPERTIES	22,823	0	22,823	192.05
192.06	19206 NOT USED	0	0	0	192.06
192.07	19213 NOT USED	729	0	729	192.07
192.08	19211 PARI SH NURSING	14,796	0	14,796	192.08
192.09	19212 BIOTERRORISM GRANT	663	0	663	192.09
192.10	19214 BREAST PUMPS	276	0	276	192.10
192.11	19207 NOT USED	0	0	0	192.11
192.12	19208 NOT USED	0	0	0	192.12
192.13	19209 NOT USED	676	0	676	192.13
192.14	19210 MGH PHYS PRACT MGMT	166,634	0	166,634	192.14
192.15	19215 MGH MARION SURGEONS	116,838	0	116,838	192.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.16	19216	MGH MGH MED ONC	11,587	0	11,587	192.16
192.17	19217	MGH FMC WESTERN AVE	9,736	0	9,736	192.17
192.18	19218	MGH FAIRM MED ASSOC	9,141	0	9,141	192.18
192.19	19219	MGH FMC MARION	269,969	0	269,969	192.19
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	7,199	0	7,199	193.01
193.02	19302	MGH FMC GAS CITY	13,652	0	13,652	193.02
193.03	19303	MGH HOSPITALISTS	32,813	0	32,813	193.03
193.04	19304	MGH MAR FAM PRACT	36,261	0	36,261	193.04
193.05	19305	MGH FMC SWAYZEE	50,242	0	50,242	193.05
193.06	19306	MGH PEDIATRIC CTR	145,759	0	145,759	193.06
193.07	19307	MGH SPECIALTY PHYS	139,054	0	139,054	193.07
193.08	19308	MGH FMC CONVERSE	4,319	0	4,319	193.08
193.09	19309	MGH UPLAND HEALTH	2,921	0	2,921	193.09
193.10	19310	MGH MGH WOMENS CTR	3,795	0	3,795	193.10
193.11	19311	MGH MGH PSYCHIATRY	46,607	0	46,607	193.11
193.12	19312	OB/GYN	4,072	0	4,072	193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	194.00
194.01	07950	MOW	40,194	0	40,194	194.01
194.02	07951	MENTAL HEALTH	16,574	0	16,574	194.02
194.03	07952	ADVERTISING	6,372	0	6,372	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,287,578	0	9,287,578	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	349,745					1.00
4.00 00401	EMPLOYEE BENEFITS	12,995	42,796,758				4.00
5.00 00500	ADMINISTRATIVE & GENERAL	51,860	6,701,619	-18,486,305	99,808,717		5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	284,890	6.00
6.01 00601	CAFETERIA	4,842	0	0	1,338,061	4,842	6.01
6.02 00602	CAFETERIA	0	0	0	0	0	6.02
7.00 00700	OPERATION OF PLANT	82,455	605,276	0	6,555,868	82,455	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,114	0	0	407,194	2,114	8.00
9.00 00900	HOUSEKEEPING	3,172	0	0	2,207,680	3,172	9.00
10.00 01000	DIETARY	6,499	0	0	756,832	6,499	10.00
13.00 01300	NURSING ADMINISTRATION	700	779,640	0	1,105,036	700	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,384	267,268	0	737,530	2,384	14.00
15.00 01500	PHARMACY	3,055	1,686,776	0	2,672,882	3,055	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	38,804	8,182,310	0	12,490,867	38,804	30.00
31.00 03100	INTENSIVE CARE UNIT	10,010	2,545,507	0	3,809,621	10,010	31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	9,548	958,286	0	2,134,841	9,548	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	19,444	2,076,498	0	7,057,372	19,444	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,633	2,329,915	0	5,655,021	18,633	54.00
57.00 05700	CT SCAN	1,305	363,330	0	893,263	1,305	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,142	215,789	0	619,937	4,142	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,040	545,637	0	3,605,200	5,040	59.00
60.00 06000	LABORATORY	10,351	2,513,224	0	7,446,199	10,351	60.00
60.01 06001	ONCOLOGY	0	972,213	0	1,764,438	0	60.01
60.02 06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 06500	RESPIRATORY THERAPY	4,593	1,168,792	0	2,419,048	4,593	65.00
66.00 06600	PHYSICAL THERAPY	881	1,222,780	0	2,090,176	881	66.00
69.00 06900	ELECTROCARDIOLOGY	8,072	638,606	0	1,120,726	8,072	69.00
69.01 06901	CARDIAC REHAB	1,297	116,050	0	204,915	1,297	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,340,501	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	2,832	172,542	0	384,383	2,832	90.00
91.00 09100	EMERGENCY	11,086	3,533,023	0	5,487,278	11,086	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	5,209	1,001,949	0	1,510,761	5,209	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	4,153	872,285	0	1,321,225	4,153	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	325,476	39,469,315	-18,486,305	83,136,855	260,621	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,347	20,469	0	77,966	1,347	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	NOT USED	0	0	0	0	0	192.01
192.02 19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03 19203	GREAT BEGGININGS/MATERNAL	311	116,500	0	167,026	311	192.03
192.04 19204	LIFELINE	722	83,448	0	166,970	722	192.04
192.05 19205	LEASED PROPERTIES	0	41,930	0	1,323,785	0	192.05
192.06 19206	NOT USED	0	0	0	0	0	192.06
192.07 19213	NOT USED	0	0	0	0	0	192.07
192.08 19211	PARISH NURSING	342	41,945	0	88,067	342	192.08
192.09 19212	BIOTERRORISM GRANT	0	0	0	46,272	0	192.09
192.10 19214	BREAST PUMPS	6	0	0	3,101	6	192.10
192.11 19207	NOT USED	0	0	0	0	0	192.11
192.12 19208	NOT USED	0	0	0	0	0	192.12
192.13 19209	NOT USED	0	0	0	0	0	192.13
192.14 19210	MGH PHYS PRACT MGMT	3,389	790,890	0	1,765,513	3,389	192.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00					
192.15 19215 MGH MARION SURGEONS	2,532		98,609	0	1,201,336	2,532	192.15
192.16 19216 MGH MGH MED ONC	0		0	0	808,055	0	192.16
192.17 19217 MGH FMC WESTERN AVE	0		159,741	0	589,158	0	192.17
192.18 19218 MGH FAIRM MED ASSOC	0		137,710	0	560,074	0	192.18
192.19 19219 MGH FMC MARION	6,524		216,414	0	1,180,845	6,524	192.19
193.00 19300 NONPAID WORKERS	0		0	0	0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	0		52,127	0	410,314	0	193.01
193.02 19302 MGH FMC GAS CITY	0		181,689	0	811,122	0	193.02
193.03 19303 MGH HOSPITALISTS	0		51,558	0	2,259,391	0	193.03
193.04 19304 MGH MAR FAM PRACT	0		642,141	0	2,088,199	0	193.04
193.05 19305 MGH FMC SWAYZEE	1,208		54,717	0	220,287	1,208	193.05
193.06 19306 MGH PEDIATRIC CTR	3,376		170,107	0	958,427	3,376	193.06
193.07 19307 MGH SPECIALTY PHYS	3,397		110,151	0	542,521	3,397	193.07
193.08 19308 MGH FMC CONVERSE	0		60,452	0	227,792	0	193.08
193.09 19309 MGH UPLAND HEALTH	0		1,467	0	88,356	0	193.09
193.10 19310 MGH MGH WOMENS CTR	0		70,474	0	225,046	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	1,115		33,762	0	264,263	1,115	193.11
193.12 19312 OB/GYN	0		0	0	261,093	0	193.12
194.00 07963 OTHER NONREIMBURSABLE	0		0	0	0	0	194.00
194.01 07950 MOW	0		0	0	0	0	194.01
194.02 07951 MENTAL HEALTH	0		0	0	0	0	194.02
194.03 07952 ADVERTISING	0		191,142	0	336,883	0	194.03
200.00							200.00
201.00							201.00
202.00							202.00
203.00							203.00
204.00							204.00
205.00							205.00
200.00							200.00
201.00							201.00
202.00	9,287,578		13,395,402		18,486,305	0	202.00
203.00	26.555285		0.313000		0.185217	0.000000	203.00
204.00			345,086		1,431,192	0	204.00
205.00			0.008063		0.014339	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.01	6.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00401	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	CAFETERIA	201,596				6.01
6.02	00602	CAFETERIA	182,350	1,309,620			6.02
7.00	00700	OPERATION OF PLANT	0	40,453	197,593		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,114	585,632	8.00
9.00	00900	HOUSEKEEPING	0	0	3,172	0	54,444
10.00	01000	DIETARY	0	0	6,499	62,900	728
13.00	01300	NURSING ADMINISTRATION	0	21,301	700	0	364
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,634	2,384	9,749	1,092
15.00	01500	PHARMACY	0	47,903	3,055	0	1,092
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	316,111	38,804	181,363	12,584
31.00	03100	INTENSIVE CARE UNIT	0	82,326	10,010	38,669	3,328
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	40,757	9,548	19,758	2,392
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	78,332	19,444	55,973	5,980
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,301	18,633	59,850	2,444
57.00	05700	CT SCAN	0	15,329	1,305	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,104	4,142	156	546
59.00	05900	CARDIAC CATHETERIZATION	0	19,820	5,040	7,794	1,560
60.00	06000	LABORATORY	0	110,982	10,351	13	2,912
60.01	06001	ONCOLOGY	0	0	0	8,103	0
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	39,627	4,593	8,911	3,432
66.00	06600	PHYSICAL THERAPY	0	19,145	881	17,146	0
69.00	06900	ELECTROCARDIOLOGY	0	27,452	8,072	4,689	1,560
69.01	06901	CARDIAC REHAB	0	4,678	1,297	48	1,300
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	6,043	2,832	4,652	1,040
91.00	09100	EMERGENCY	0	133,911	11,086	60,789	8,736
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	37,424	5,209	18,816	1,820
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	47,335	4,153	24,424	364
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	182,350	1,211,968	173,324	583,803	53,274
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	728	1,347	0	208
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NOT USED	0	0	0	0	0
192.02	19202	VISITOR MEALS	19,246	0	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	311	0	0
192.04	19204	LIFELINE	0	3,440	722	0	182
192.05	19205	LEASED PROPERTIES	0	0	0	0	0
192.06	19206	NOT USED	0	0	0	0	0
192.07	19213	NOT USED	0	0	0	0	260
192.08	19211	PARISH NURSING	0	1,421	342	0	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	21	6	0	0
192.11	19207	NOT USED	0	0	0	0	0
192.12	19208	NOT USED	0	0	0	0	0
192.13	19209	NOT USED	0	6,628	0	0	0
192.14	19210	MGH PHYS PRACT MGMT	0	40,807	3,389	0	520
192.15	19215	MGH MARION SURGEONS	0	5,482	2,532	0	0
192.16	19216	MGH MGH MED ONC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		CAFETERIA A (MEALS SERVED)	CAFETERIA A (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.01	6.02	7.00	8.00	9.00	
192.17	19217	MGH FMC WESTERN AVE	0	0	0	0	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	16,270	6,524	951	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	3,416	0	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	62	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	308	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	1,208	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	12,012	3,376	333	193.06
193.07	19307	MGH SPECIALTY PHYS	0	7,427	3,397	43	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	132	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	1,115	0	193.11
193.12	19312	OB/GYN	0	0	0	0	193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,585,893	1,434,491	7,814,436	566,218	2,742,027
203.00		Unit cost multiplier (Wkst. B, Part I)	7.866689	1.095349	39.548142	0.966849	50.364172
204.00		Cost to be allocated (per Wkst. B, Part II)	147,767	133,660	2,292,629	86,505	152,693
205.00		Unit cost multiplier (Wkst. B, Part II)	0.732986	0.102060	11.602785	0.147712	2.804588

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		10.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00401						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	93,734					10.00
13.00	01300	0	1,213,950				13.00
14.00	01400	0	0	1,003			14.00
15.00	01500	0	47,903	0	100		15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	49,452	316,111	105	0		30.00
31.00	03100	8,731	82,326	30	0		31.00
40.00	04000	0	0	0	0		40.00
41.00	04100	8,614	40,757	1	0		41.00
42.00	04200	0	0	0	0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	78,332	623	0		50.00
51.00	05100	0	0	0	0		51.00
54.00	05400	0	98,301	5	0		54.00
57.00	05700	0	15,329	0	0		57.00
58.00	05800	0	9,104	0	0		58.00
59.00	05900	0	19,820	20	0		59.00
60.00	06000	0	122,982	25	0		60.00
60.01	06001	0	38,404	2	0		60.01
60.02	06002	0	0	0	0		60.02
65.00	06500	0	45,156	17	0		65.00
66.00	06600	0	37,816	0	0		66.00
69.00	06900	0	27,452	4	0		69.00
69.01	06901	0	4,678	0	0		69.01
71.00	07100	0	0	0	0		71.00
72.00	07200	0	0	0	0		72.00
73.00	07300	0	0	0	100		73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0		88.00
89.00	08900	0	0	0	0		89.00
90.00	09000	0	6,043	0	0		90.00
91.00	09100	1,323	133,911	60	0		91.00
92.00	09200						92.00
92.01	09201	5,919	37,424	1	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	47,335	5	0		95.00
99.10	09910	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
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						113.00
118.00		74,039	1,209,184	898	100		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0		190.00
192.00	19200	0	0	0	0		192.00
192.01	19201	0	0	0	0		192.01
192.02	19202	0	0	0	0		192.02
192.03	19203	0	4,745	0	0		192.03
192.04	19204	0	0	0	0		192.04
192.05	19205	0	0	32	0		192.05
192.06	19206	0	0	0	0		192.06
192.07	19213	0	0	0	0		192.07
192.08	19211	0	0	0	0		192.08
192.09	19212	0	0	0	0		192.09
192.10	19214	0	21	0	0		192.10
192.11	19207	0	0	0	0		192.11
192.12	19208	0	0	0	0		192.12
192.13	19209	0	0	0	0		192.13
192.14	19210	0	0	0	0		192.14
192.15	19215	0	0	15	0		192.15

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description			DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
			10.00	13.00	14.00	15.00		
192.16	19216	MGH MGH MED ONC	0	0	0	0		192.16
192.17	19217	MGH FMC WESTERN AVE	0	0	0	0		192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0		192.18
192.19	19219	MGH FMC MARION	0	0	5	0		192.19
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	5	0		193.01
193.02	19302	MGH FMC GAS CITY	0	0	5	0		193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0		193.03
193.04	19304	MGH MAR FAM PRACT	0	0	10	0		193.04
193.05	19305	MGH FMC SWAYZEE	0	0	5	0		193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	5	0		193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0		193.07
193.08	19308	MGH FMC CONVERSE	0	0	5	0		193.08
193.09	19309	MGH UPLAND HEALTH	0	0	15	0		193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0		193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0		193.11
193.12	19312	OB/GYN	0	0	3	0		193.12
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	0		194.00
194.01	07950	MOW	13,945	0	0	0		194.01
194.02	07951	MENTAL HEALTH	5,750	0	0	0		194.02
194.03	07952	ADVERTISING	0	0	0	0		194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,251,513	1,379,056	1,049,965	3,450,652		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.351751	1.136007	1,046.824526	34,506.520000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	270,174	52,037	109,798	178,504		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.882348	0.042866	109.469591	1,785.040000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	18,623,722		18,623,722	0	18,623,722	30.00
31.00	03100 INTENSIVE CARE UNIT	5,447,782		5,447,782	0	5,447,782	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	3,254,432		3,254,432	0	3,254,432	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,315,747		10,315,747	0	10,315,747	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,844,863		7,844,863	0	7,844,863	54.00
57.00	05700 CT SCAN	1,144,525		1,144,525	0	1,144,525	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	946,532		946,532	0	946,532	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,623,533		4,623,533	0	4,623,533	59.00
60.00	06000 LABORATORY	9,668,841		9,668,841	0	9,668,841	60.00
60.01	06001 ONCOLOGY	2,144,797		2,144,797	0	2,144,797	60.01
60.02	06002 RADIATION ONCOLOGY	0		0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	3,342,707	0	3,342,707	0	3,342,707	65.00
66.00	06600 PHYSICAL THERAPY	2,592,661	0	2,592,661	0	2,592,661	66.00
69.00	06900 ELECTROCARDIOLOGY	1,796,082		1,796,082	0	1,796,082	69.00
69.01	06901 CARDIAC REHAB	370,120		370,120	0	370,120	69.01
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	12,150,739		12,150,739	0	12,150,739	73.00
OUTPATIENT SERVICE COST CENTERS							
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	637,938		637,938	0	637,938	90.00
91.00	09100 EMERGENCY	7,820,077		7,820,077	0	7,820,077	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,940,887		2,940,887	0	2,940,887	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,270,023		2,270,023	0	2,270,023	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1,882,983		1,882,983	0	1,882,983	95.00
99.10	09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	99,818,991	0	99,818,991	0	99,818,991	200.00
201.00	Less Observation Beds	2,940,887		2,940,887	0	2,940,887	201.00
202.00	Total (see instructions)	96,878,104	0	96,878,104	0	96,878,104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,800,339		17,800,339			30.00
31.00	03100	INTENSIVE CARE UNIT	7,624,845		7,624,845			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	3,678,228		3,678,228			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,394,637	24,251,296	57,645,933	0.178950	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,528,662	27,532,078	30,060,740	0.260967	0.000000	54.00
57.00	05700	CT SCAN	3,113,670	21,514,054	24,627,724	0.046473	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	341,186	3,493,588	3,834,774	0.246829	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,522,815	6,108,623	7,631,438	0.605853	0.000000	59.00
60.00	06000	LABORATORY	8,418,704	31,185,368	39,604,072	0.244138	0.000000	60.00
60.01	06001	ONCOLOGY	57,889	7,879,562	7,937,451	0.270212	0.000000	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000	0.000000	60.02
65.00	06500	RESPIRATORY THERAPY	927,296	5,214,680	6,141,976	0.544240	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,674,126	5,459,244	9,133,370	0.283867	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	2,908,704	6,027,157	8,935,861	0.200997	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	571,382	571,382	0.647763	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,294,435	46,072,710	54,367,145	0.223494	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	174,354	174,354	3.658866	0.000000	90.00
91.00	09100	EMERGENCY	6,820,602	41,158,171	47,978,773	0.162990	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,084,902	5,084,902	0.578357	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,678,003	3,678,003	0.617189	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,995,939	3,995,939	0.471224	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	101,106,138	239,401,111	340,507,249			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	101,106,138	239,401,111	340,507,249			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.178950		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.260967		54.00
57.00	05700 CT SCAN	0.046473		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.246829		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.605853		59.00
60.00	06000 LABORATORY	0.244138		60.00
60.01	06001 ONCOLOGY	0.270212		60.01
60.02	06002 RADIATION ONCOLOGY	0.000000		60.02
65.00	06500 RESPIRATORY THERAPY	0.544240		65.00
66.00	06600 PHYSICAL THERAPY	0.283867		66.00
69.00	06900 ELECTROCARDIOLOGY	0.200997		69.00
69.01	06901 CARDIAC REHAB	0.647763		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223494		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	3.658866		90.00
91.00	09100 EMERGENCY	0.162990		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.578357		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.617189		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.471224		95.00
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	18,623,722		18,623,722	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	5,447,782		5,447,782	0	0 31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0 40.00
41.00	04100 SUBPROVIDER - I/RF	3,254,432		3,254,432	0	0 41.00
42.00	04200 SUBPROVIDER	0		0	0	0 42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	10,315,747		10,315,747	0	0 50.00
51.00	05100 RECOVERY ROOM	0		0	0	0 51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,844,863		7,844,863	0	0 54.00
57.00	05700 CT SCAN	1,144,525		1,144,525	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	946,532		946,532	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	4,623,533		4,623,533	0	0 59.00
60.00	06000 LABORATORY	9,668,841		9,668,841	0	0 60.00
60.01	06001 ONCOLOGY	2,144,797		2,144,797	0	0 60.01
60.02	06002 RADIATION ONCOLOGY	0		0	0	0 60.02
65.00	06500 RESPIRATORY THERAPY	3,342,707	0	3,342,707	0	0 65.00
66.00	06600 PHYSICAL THERAPY	2,592,661	0	2,592,661	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	1,796,082		1,796,082	0	0 69.00
69.01	06901 CARDIAC REHAB	370,120		370,120	0	0 69.01
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	12,150,739		12,150,739	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
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	637,938		637,938	0	0 90.00
91.00	09100 EMERGENCY	7,820,077		7,820,077	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,940,887		2,940,887	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,270,023		2,270,023	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	1,882,983		1,882,983	0	0 95.00
99.10	09910 CORF	0		0	0	0 99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0 111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0 113.00
200.00	Subtotal (see instructions)	99,818,991	0	99,818,991	0	0 200.00
201.00	Less Observation Beds	2,940,887		2,940,887	0	0 201.00
202.00	Total (see instructions)	96,878,104	0	96,878,104	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		9.00			10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,800,339		17,800,339		30.00
31.00	03100	INTENSIVE CARE UNIT	7,624,845		7,624,845		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	3,678,228		3,678,228		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,394,637	24,251,296	57,645,933	0.178950	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,528,662	27,532,078	30,060,740	0.260967	54.00
57.00	05700	CT SCAN	3,113,670	21,514,054	24,627,724	0.046473	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	341,186	3,493,588	3,834,774	0.246829	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,522,815	6,108,623	7,631,438	0.605853	59.00
60.00	06000	LABORATORY	8,418,704	31,185,368	39,604,072	0.244138	60.00
60.01	06001	ONCOLOGY	57,889	7,879,562	7,937,451	0.270212	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000	60.02
65.00	06500	RESPIRATORY THERAPY	927,296	5,214,680	6,141,976	0.544240	65.00
66.00	06600	PHYSICAL THERAPY	3,674,126	5,459,244	9,133,370	0.283867	66.00
69.00	06900	ELECTROCARDIOLOGY	2,908,704	6,027,157	8,935,861	0.200997	69.00
69.01	06901	CARDIAC REHAB	0	571,382	571,382	0.647763	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,294,435	46,072,710	54,367,145	0.223494	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	174,354	174,354	3.658866	90.00
91.00	09100	EMERGENCY	6,820,602	41,158,171	47,978,773	0.162990	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,084,902	5,084,902	0.578357	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,678,003	3,678,003	0.617189	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	3,995,939	3,995,939	0.471224	95.00
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	101,106,138	239,401,111	340,507,249		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	101,106,138	239,401,111	340,507,249		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/28/2012 12:28 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 ONCOLOGY	0.000000		60.01
60.02	06002 RADIATION ONCOLOGY	0.000000		60.02
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
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	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150011		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part I Date/Time Prepared: 11/28/2012 12:28 pm		
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	PPS Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,987,750	0	1,987,750	19,074	104.21	30.00
31.00	03100	INTENSIVE CARE UNIT	512,539		512,539	3,446	148.73	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	04100	SUBPROVIDER - IRF	443,143	0	443,143	2,991	148.16	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00		Total (lines 30-199)	2,943,432		2,943,432	25,511		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	6,687	696,852	30.00
31.00	03100 INTENSIVE CARE UNIT	1,918	285,264	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	2,324	344,324	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
200.00	Total (lines 30-199)	10,929	1,326,440	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/28/2012 12:28 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	964,481	57,645,933	0.016731	13,721,860	229,580	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	841,362	30,060,740	0.027989	1,578,761	44,188	54.00
57.00	05700 CT SCAN	67,756	24,627,724	0.002751	1,965,664	5,408	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	171,553	3,834,774	0.044736	196,803	8,804	58.00
59.00	05900 CARDIAC CATHETERIZATION	258,999	7,631,438	0.033938	788,846	26,772	59.00
60.00	06000 LABORATORY	549,514	39,604,072	0.013875	4,865,064	67,503	60.00
60.01	06001 ONCOLOGY	36,201	7,937,451	0.004561	34,713	158	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	238,153	6,141,976	0.038775	501,355	19,440	65.00
66.00	06600 PHYSICAL THERAPY	79,555	9,133,370	0.008710	832,601	7,252	66.00
69.00	06900 ELECTROCARDIOLOGY	338,716	8,935,861	0.037905	1,854,158	70,282	69.00
69.01	06901 CARDIAC REHAB	57,696	571,382	0.100976	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	283,759	54,367,145	0.005219	4,863,842	25,384	73.00
OUTPATIENT SERVICE COST CENTERS							
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	119,447	174,354	0.685083	0	0	90.00
91.00	09100 EMERGENCY	593,457	47,978,773	0.012369	2,746,563	33,972	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	313,887	5,084,902	0.061729	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	258,983	3,678,003	0.070414	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	5,173,519	307,407,898		33,950,230	538,743	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150011		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/28/2012 12:28 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/28/2012 12:28 pm
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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)	Title XVIII Hospital PPS	
					6.00	7.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	19,074	0.00	6,687	0		30.00
31.00 03100 INTENSIVE CARE UNIT	3,446	0.00	1,918	0		31.00
40.00 04000 SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	2,991	0.00	2,324	0		41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0		42.00
200.00 Total (lines 30-199)	25,511		10,929	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	ONCOLOGY	0	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	60.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS							
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	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	57,645,933	0.000000	0.000000	13,721,860	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,060,740	0.000000	0.000000	1,578,761	54.00
57.00	05700	CT SCAN	0	24,627,724	0.000000	0.000000	1,965,664	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,834,774	0.000000	0.000000	196,803	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,631,438	0.000000	0.000000	788,846	59.00
60.00	06000	LABORATORY	0	39,604,072	0.000000	0.000000	4,865,064	60.00
60.01	06001	ONCOLOGY	0	7,937,451	0.000000	0.000000	34,713	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	60.02
65.00	06500	RESPIRATORY THERAPY	0	6,141,976	0.000000	0.000000	501,355	65.00
66.00	06600	PHYSICAL THERAPY	0	9,133,370	0.000000	0.000000	832,601	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,935,861	0.000000	0.000000	1,854,158	69.00
69.01	06901	CARDIAC REHAB	0	571,382	0.000000	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,367,145	0.000000	0.000000	4,863,842	73.00
OUTPATIENT SERVICE COST CENTERS								
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	174,354	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	47,978,773	0.000000	0.000000	2,746,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,084,902	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,678,003	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0					95.00
200.00		Total (lines 50-199)	0	307,407,898			33,950,230	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,266,260	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,823,989	0	54.00
57.00	05700	CT SCAN	0	6,705,340	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,130,459	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,952,755	0	59.00
60.00	06000	LABORATORY	0	1,263,608	0	60.00
60.01	06001	ONCOLOGY	0	5,306,563	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	60.02
65.00	06500	RESPIRATORY THERAPY	0	1,818,498	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,129,799	0	69.00
69.01	06901	CARDIAC REHAB	0	282,414	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,031,922	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	57,789	0	90.00
91.00	09100	EMERGENCY	0	8,114,452	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,209,965	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,249,852	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Total (lines 50-199)	0	67,343,665	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
		1.00	2.00	3.00				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.178950	5,266,260	0	12		50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.260967	7,823,989	0	445		54.00
57.00	05700	CT SCAN	0.046473	6,705,340	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.246829	1,130,459	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.605853	2,952,755	0	67		59.00
60.00	06000	LABORATORY	0.244138	1,263,608	0	0		60.00
60.01	06001	ONCOLOGY	0.270212	5,306,563	0	0		60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	0		60.02
65.00	06500	RESPIRATORY THERAPY	0.544240	1,818,498	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0.283867	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0.200997	2,129,799	0	0		69.00
69.01	06901	CARDIAC REHAB	0.647763	282,414	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223494	22,031,922	0	41,931		73.00
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	3.658866	57,789	0	0		90.00
91.00	09100	EMERGENCY	0.162990	8,114,452	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.578357	1,209,965	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.617189	1,249,852	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.471224		0			95.00
200.00		Subtotal (see instructions)		67,343,665	0	42,455		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		67,343,665	0	42,455		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	942,397	0	2	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,041,803	0	116	54.00
57.00	05700 CT SCAN	311,617	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	279,030	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,788,935	0	41	59.00
60.00	06000 LABORATORY	308,495	0	0	60.00
60.01	06001 ONCOLOGY	1,433,897	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	989,699	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	428,083	0	0	69.00
69.01	06901 CARDIAC REHAB	182,937	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,924,002	0	9,371	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	211,442	0	0	90.00
91.00	09100 EMERGENCY	1,322,575	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	699,792	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	771,395	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0		95.00
200.00	Subtotal (see instructions)	16,636,099	0	9,530	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	16,636,099	0	9,530	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part II Date/Time Prepared: 11/28/2012 12:28 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	964,481	57,645,933	0.016731	44,512	745	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	841,362	30,060,740	0.027989	75,376	2,110	54.00
57.00	05700	CT SCAN	67,756	24,627,724	0.002751	68,056	187	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	171,553	3,834,774	0.044736	7,597	340	58.00
59.00	05900	CARDIAC CATHETERIZATION	258,999	7,631,438	0.033938	2,726	93	59.00
60.00	06000	LABORATORY	549,514	39,604,072	0.013875	262,803	3,646	60.00
60.01	06001	ONCOLOGY	36,201	7,937,451	0.004561	202	1	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
65.00	06500	RESPIRATORY THERAPY	238,153	6,141,976	0.038775	46,058	1,786	65.00
66.00	06600	PHYSICAL THERAPY	79,555	9,133,370	0.008710	1,809,323	15,759	66.00
69.00	06900	ELECTROCARDIOLOGY	338,716	8,935,861	0.037905	44,480	1,686	69.00
69.01	06901	CARDIAC REHAB	57,696	571,382	0.100976	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	283,759	54,367,145	0.005219	398,429	2,079	73.00
OUTPATIENT SERVICE COST CENTERS								
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	119,447	174,354	0.685083	0	0	90.00
91.00	09100	EMERGENCY	593,457	47,978,773	0.012369	34,143	422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	313,887	5,084,902	0.061729	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	258,983	3,678,003	0.070414	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,173,519	307,407,898		2,793,705	28,854	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011
Component CCN: 15T011

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 12:28 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 ONCOLOGY	0	0	0	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 12:28 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	57,645,933	0.000000	0.000000	44,512	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	30,060,740	0.000000	0.000000	75,376	54.00
57.00	05700 CT SCAN	0	24,627,724	0.000000	0.000000	68,056	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,834,774	0.000000	0.000000	7,597	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,631,438	0.000000	0.000000	2,726	59.00
60.00	06000 LABORATORY	0	39,604,072	0.000000	0.000000	262,803	60.00
60.01	06001 ONCOLOGY	0	7,937,451	0.000000	0.000000	202	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	60.02
65.00	06500 RESPIRATORY THERAPY	0	6,141,976	0.000000	0.000000	46,058	65.00
66.00	06600 PHYSICAL THERAPY	0	9,133,370	0.000000	0.000000	1,809,323	66.00
69.00	06900 ELECTROCARDIOLOGY	0	8,935,861	0.000000	0.000000	44,480	69.00
69.01	06901 CARDIAC REHAB	0	571,382	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	54,367,145	0.000000	0.000000	398,429	73.00
OUTPATIENT SERVICE COST CENTERS							
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	174,354	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	47,978,773	0.000000	0.000000	34,143	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,084,902	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	3,678,003	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0				95.00
200.00	Total (lines 50-199)	0	307,407,898			2,793,705	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 12:28 pm PPS
Title XVIII		Subprovider - IRF	

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 ONCOLOGY	0	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			19,074 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			19,074 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)			16,062 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)			6,687 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			18,623,722 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)			18,623,722 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			17,800,339 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			17,800,339 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.046257 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,108.23 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)			18,623,722 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			976.39 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,529,120 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)			6,529,120 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 12:28 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00
43.00	INTENSIVE CARE UNIT	5,447,782	3,446	1,580.90	1,918	3,032,166	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,099,098	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,660,384	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)					982,116	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					538,743	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,520,859	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,139,525	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,012	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					976.39	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,940,887	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 12:28 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,987,750	18,623,722	0.106732	2,940,887	313,887	90.00
91.00	Nursing School cost	0	18,623,722	0.000000	2,940,887	0	91.00
92.00	Allied health cost	0	18,623,722	0.000000	2,940,887	0	92.00
93.00	All other Medical Education	0	18,623,722	0.000000	2,940,887	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Component CCN: 15T011		Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,991	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,991	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)		2,991	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,324	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,254,432	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)		3,254,432	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,678,228	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,678,228	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.884783	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,229.77	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)		3,254,432	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,088.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,528,675	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,528,675	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1			
		Component CCN: 15T011		Date/Time Prepared: 11/28/2012 12:28 pm			
		Title XVIII	Subprovider - IRF	PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					740,766	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,269,441	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)					344,324	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					28,854	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					373,178	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,896,263	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 12:28 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	443,143	3,254,432	0.136166	0	0	90.00
91.00	Nursing School cost	0	3,254,432	0.000000	0	0	91.00
92.00	Allied health cost	0	3,254,432	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,254,432	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 12:28 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,074	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,074	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)		16,062	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)		1,300	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,623,722	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)		18,623,722	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		17,800,339	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		17,800,339	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.046257	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,108.23	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)		18,623,722	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		976.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,269,307	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)		1,269,307	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
Date/Time Prepared: 11/28/2012 12:28 pm		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	5,447,782	3,446	1,580.90	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					894,445		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,163,752		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						3,012	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						976.39	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						2,940,887	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet D-1

Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description	Cost	Title XIX		Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Cost	
	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Component CCN: 15T011		Date/Time Prepared: 11/28/2012 12:28 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,991	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,991	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)		2,991	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)		60	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,254,432	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)		3,254,432	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,678,228	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,678,228	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.884783	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,229.77	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)		3,254,432	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,088.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		65,284	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)		65,284	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 12:28 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,596	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					85,880	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 12:28 pm	
		Title XIX		Subprovider - IRF		Cost	
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: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/28/2012 12:28 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,014,377	30.00
31.00	03100	INTENSIVE CARE UNIT		4,529,742	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178950	13,721,860	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.260967	1,578,761	54.00
57.00	05700	CT SCAN	0.046473	1,965,664	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.246829	196,803	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.605853	788,846	59.00
60.00	06000	LABORATORY	0.244138	4,865,064	60.00
60.01	06001	ONCOLOGY	0.270212	34,713	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	60.02
65.00	06500	RESPIRATORY THERAPY	0.544240	501,355	65.00
66.00	06600	PHYSICAL THERAPY	0.283867	832,601	66.00
69.00	06900	ELECTROCARDIOLOGY	0.200997	1,854,158	69.00
69.01	06901	CARDIAC REHAB	0.647763	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223494	4,863,842	73.00
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	3.658866	0	90.00
91.00	09100	EMERGENCY	0.162990	2,746,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.578357	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.617189	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		33,950,230	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)		33,950,230	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 15T011		Date/Time Prepared: 11/28/2012 12:28 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,868,744		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.178950	44,512	7,965	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.260967	75,376	19,671	54.00
57.00	05700 CT SCAN	0.046473	68,056	3,163	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.246829	7,597	1,875	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.605853	2,726	1,652	59.00
60.00	06000 LABORATORY	0.244138	262,803	64,160	60.00
60.01	06001 ONCOLOGY	0.270212	202	55	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	0.544240	46,058	25,067	65.00
66.00	06600 PHYSICAL THERAPY	0.283867	1,809,323	513,607	66.00
69.00	06900 ELECTROCARDIOLOGY	0.200997	44,480	8,940	69.00
69.01	06901 CARDIAC REHAB	0.647763	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223494	398,429	89,046	73.00
OUTPATIENT SERVICE COST CENTERS					
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	3.658866	0	0	90.00
91.00	09100 EMERGENCY	0.162990	34,143	5,565	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.578357	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.617189	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		2,793,705	740,766	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		2,793,705		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/28/2012 12:28 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,429,021	30.00
31.00	03100	INTENSIVE CARE UNIT		603,365	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178950	1,436,250	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.260967	204,503	54.00
57.00	05700	CT SCAN	0.046473	243,420	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.246829	32,422	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.605853	103,917	59.00
60.00	06000	LABORATORY	0.244138	658,864	60.00
60.01	06001	ONCOLOGY	0.270212	1,065	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	60.02
65.00	06500	RESPIRATORY THERAPY	0.544240	92,223	65.00
66.00	06600	PHYSICAL THERAPY	0.283867	48,762	66.00
69.00	06900	ELECTROCARDIOLOGY	0.200997	166,339	69.00
69.01	06901	CARDIAC REHAB	0.647763	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223494	721,821	73.00
OUTPATIENT SERVICE COST CENTERS					
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	3.658866	0	90.00
91.00	09100	EMERGENCY	0.162990	502,204	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.578357	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.617189	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,211,790	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)		4,211,790	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 15T011		Date/Time Prepared: 11/28/2012 12:28 pm	
		Title XIX	Subprovider - IRF	Cost	
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		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		76,186		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.178950	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.260967	2,660	694	54.00
57.00	05700 CT SCAN	0.046473	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.246829	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.605853	0	0	59.00
60.00	06000 LABORATORY	0.244138	7,652	1,868	60.00
60.01	06001 ONCOLOGY	0.270212	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	0.544240	497	270	65.00
66.00	06600 PHYSICAL THERAPY	0.283867	56,709	16,098	66.00
69.00	06900 ELECTROCARDIOLOGY	0.200997	195	39	69.00
69.01	06901 CARDIAC REHAB	0.647763	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223494	7,279	1,627	73.00
OUTPATIENT SERVICE COST CENTERS					
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	3.658866	0	0	90.00
91.00	09100 EMERGENCY	0.162990	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.578357	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.617189	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		74,992	20,596	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)		74,992		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		13,039,222	1.00
2.00	Outlier payments for discharges. (see instructions)		254,855	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		88.77	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.82	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		22.17	31.00
32.00	Sum of lines 30 and 31		28.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.13	33.00
34.00	Disproportionate share adjustment (see instructions)		1,712,050	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		15,006,127	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/28/2012 12:28 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		15,136,845		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		15,136,845		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,109,002		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		16,245,847		59.00
60.00	Primary payer payments		3,010		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		16,242,837		61.00
62.00	Deductibles billed to program beneficiaries		1,773,392		62.00
63.00	Coinurance billed to program beneficiaries		9,676		63.00
64.00	Allowable bad debts (see instructions)		160,478		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		112,335		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,572,104		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
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)		14,572,104		71.00
72.00	Interim payments		14,448,974		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)		123,130		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		20,000		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2		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: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,530	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,636,099	2.00
3.00	PPS payments		14,850,206	3.00
4.00	Outlier payment (see instructions)		102,654	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.850	5.00
6.00	Line 2 times line 5		14,140,684	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,530	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		42,455	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)		42,455	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		42,455	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		32,925	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)		9,530	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)		14,952,860	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,242,367	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)		11,720,023	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)		11,720,023	30.00
31.00	Primary payer payments		1,482	31.00
32.00	Subtotal (line 30 minus line 31)		11,718,541	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		467,218	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		327,053	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		12,045,594	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-207	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		12,045,801	40.00
41.00	Interim payments		13,925,736	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)		-1,879,935	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2012 12:28 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		14,280,461		11,716,145	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	06/30/2012	229,474	06/30/2012	395,330	3.01	
3.02		06/30/2012	0		1,870,935	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	02/20/2012	60,961	02/20/2012	56,674	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)		168,513		2,209,591	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)		14,448,974		13,925,736	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		123,130		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		1,879,935	6.02	
7.00	Total Medicare program liability (see instructions)		14,572,104		12,045,801	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150011
Component CCN: 15T011

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2012 12:28 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,625,058			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)					0 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	02/20/2012	22,097			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)		-22,097			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,602,961			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		47,746			0 6.02
7.00	Total Medicare program liability (see instructions)		3,555,215			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part III Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,290,375 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0329 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			100,416 3.00
4.00	Outlier Payments			206,789 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.172131 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,597,580 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,597,580 17.00
18.00	Primary payer payments			7,732 18.00
19.00	Subtotal (line 17 less line 18).			3,589,848 19.00
20.00	Deductibles			33,188 20.00
21.00	Subtotal (line 19 minus line 20)			3,556,660 21.00
22.00	Coinsurance			1,445 22.00
23.00	Subtotal (line 21 minus line 22)			3,555,215 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,555,215 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,555,215 32.00
33.00	Interim payments			3,602,961 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-47,746 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			10,000 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2012 12:28 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		2,163,752	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,163,752	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,163,752	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		2,032,386	8.00
9.00	Ancillary service charges		4,211,790	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)		6,244,176	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		6,244,176	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,080,424	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,163,752	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		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	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		2,163,752	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,163,752	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,163,752	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		2,163,752	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,163,752	40.00
41.00	Interim payments		4,131,952	41.00
42.00	Balance due provider/program (line 40 minus 41)		-1,968,200	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2012 12:28 pm
		Title XIX	Subprovider - IRF	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		85,880	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		85,880	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		85,880	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		76,186	8.00
9.00	Ancillary service charges		74,992	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)		151,178	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		151,178	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		65,298	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		85,880	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		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	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		85,880	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		85,880	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		85,880	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		85,880	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)		85,880	40.00
41.00	Interim payments		123,930	41.00
42.00	Balance due provider/program (line 40 minus 41)		-38,050	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet G

Date/Time Prepared:
11/28/2012 12:28 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	36,918,835	0	0	0	1.00
2.00	Temporary investments	95,275	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	52,534,394	0	0	0	4.00
5.00	Other receivable	2,279,984	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-27,387,345	0	0	0	6.00
7.00	Inventory	1,565,903	0	0	0	7.00
8.00	Prepaid expenses	1,268,746	0	0	0	8.00
9.00	Other current assets	787,497	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)	68,063,289	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,003,477	0	0	0	12.00
13.00	Land improvements	1,873,701	0	0	0	13.00
14.00	Accumulated depreciation	-1,340,522	0	0	0	14.00
15.00	Buildings	95,804,237	0	0	0	15.00
16.00	Accumulated depreciation	-54,751,351	0	0	0	16.00
17.00	Leasehold improvements	846,347	0	0	0	17.00
18.00	Accumulated depreciation	-425,877	0	0	0	18.00
19.00	Fixed equipment	1,098,638	0	0	0	19.00
20.00	Accumulated depreciation	-979,315	0	0	0	20.00
21.00	Automobiles and trucks	847,683	0	0	0	21.00
22.00	Accumulated depreciation	-614,125	0	0	0	22.00
23.00	Major movable equipment	62,271,716	0	0	0	23.00
24.00	Accumulated depreciation	-49,658,758	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	2,931,622	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	61,907,473	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	145,263,571	10,155	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	8,462,805	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	153,726,376	10,155	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	283,697,138	10,155	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,433,089	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,862,431	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,339,374	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,634,894	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	77,048,575	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	77,048,575	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	95,683,469	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	188,013,669				52.00
53.00	Specific purpose fund		10,155			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)	188,013,669	10,155	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	283,697,138	10,155	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/28/2012 12:28 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		186,284,845	
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,728,824			2.00
3.00	Total (sum of line 1 and line 2)		188,013,669		10,155	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)		188,013,669		10,155	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)		188,013,669		10,155	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/28/2012 12:28 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00			0		0	3.00
4.00	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			0		0	10.00
11.00			0		0	11.00
12.00	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			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2012 12:28 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	15,409,440		15,409,440	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,678,228		3,678,228	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	19,087,668		19,087,668	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,624,845		7,624,845	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,624,845		7,624,845	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	26,712,513		26,712,513	17.00
18.00	Ancillary services	73,470,023	0	73,470,023	18.00
19.00	Outpatient services	0	236,515,180	236,515,180	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	3,995,939	3,995,939	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PRACTICE	0	19,619,496	19,619,496	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	100,182,536	260,130,615	360,313,151	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		130,084,911		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBT	14,962,920			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		14,962,920		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)		145,047,831		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150011

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-3

Date/Time Prepared:
11/28/2012 12:28 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	360,313,151	1.00
2.00	Less contractual allowances and discounts on patients' accounts	205,535,793	2.00
3.00	Net patient revenues (line 1 minus line 2)	154,777,358	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	145,047,831	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,729,527	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-11,376,925	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	3,376,222	24.00
25.00	Total other income (sum of lines 6-24)	-8,000,703	25.00
26.00	Total (line 5 plus line 25)	1,728,824	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)	1,728,824	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150011	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/28/2012 12:28 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,051,876	1.00
2.00	Capital DRG outlier payments		57,126	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		53.30	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)		1,109,002	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00