

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: 150046

Period: From 09/01/2011 To 08/31/2012

Worksheet 5 Parts I-III Date/Time Prepared: 1/22/2013 1:43 pm

PART I - COST REPORT STATUS

Provider use only: 1. [X] Electronically filed cost report, 2. [] Manually submitted cost report, 3. [0] If this is an amended report... Contractor use only: 5. [1] Cost Report Status, 6. Date Received, 7. Contractor No., 8. [N] Initial Report for this Provider CCN, 9. [N] Final Report for this Provider CCN, 10. NPR Date, 11. Contractor's Vendor Code, 12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TERRE HAUTE REGIONAL HOSPITAL (150046) for the cost reporting period beginning 09/01/2011 and ending 08/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 1/22/2013 Time: 1:43 pm GgOkG4a0zT7:dYNIzOnJwDajCkbr30 nCBuF0aHCF5dywVpSRVwt0tldkyZF1 bMtr1DuXwn0iKDUM PI: Date: 1/22/2013 Time: 1:43 pm tyONIj94s0ix.Ec3Er6WAFQA1f1w91 TbTuE0piojXRvSunHd.cZ6Bug9f7L0 BUjGg5hpPy0mf9j7

(Signed) Tim Brustidge Officer or Administrator of Provider(s) Title COO Date 01/29/2013

Table with columns: Title V (1.00), Title XVIII (Part A: 2.00, Part B: 3.00), HIT (4.00), Title XIX (5.00). Rows include Hospital, Subprovider - IPF, Subprovider - IRF, SUBPROVIDER I, Swing bed - SNF, Swing bed - NF, SKILLED NURSING FACILITY, NURSING FACILITY, HOME HEALTH AGENCY I, RURAL HEALTH CLINIC I, FEDERALLY QUALIFIED HEALTH CENTER I, CMHC I, Total.

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.

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: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet 5 Parts I-III Date/Time Prepared: 1/30/2013 9:17 am
--	----------------------	---	--

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Date: 1/22/2013 Time: 1:43 pm

Contractor use only

5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TERRE HAUTE REGIONAL HOSPITAL (150046) for the cost reporting period beginning 09/01/2011 and ending 08/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title _____

Date _____

Cost-Center Description	Title XVIII					Total
	Title V 1.00	Part A 2.00	Part B 3.00	HIT 4.00	Title XIX 5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-544,285	-223,649	-41,216	-4,560,362	1.00
2.00 Subprovider - IPF	0	-86,855	-658		0	2.00
3.00 Subprovider - IRF	0	45,220	-427		0	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	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-585,920	-224,734	-41,216	-4,560,362	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.

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: 150046
Period: From 09/01/2011 To 08/31/2012
Worksheet S
Parts I-III
Date/Time Prepared: 1/22/2013 1:43 pm

PART I - COST REPORT STATUS

Provider use only
1. Electronically filed cost report
2. Manually submitted cost report
3. If this is an amended report enter the number of times the provider resubmitted this cost report
4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
5. 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. Initial Report for this Provider CCN
9. Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 1/22/2013 Time: 1:43 pm

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TERRE HAUTE REGIONAL HOSPITAL (150046) for the cost reporting period beginning 09/01/2011 and ending 08/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 1/22/2013 Time: 1:43 pm
GgOkG4a0zT7:dYNIz0nJwDajCkbr30
nCBuf0aHCF5dywvpsRVwt0t1DKyZF1
bmtr1Duxwn0iKDuM
PI: Date: 1/22/2013 Time: 1:43 pm
tyONIj94s0ix.Ec3Er6WAFQAlf1w91
TbTUE0pioXRvSunHd.cZ6Bug9f7L0
BujGG5hppy0mf9j7

(Signed)

Officer or Administrator of Provider(s)

0

Title

0

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-544,285	-223,649	-41,216	-4,560,362	1.00
2.00 Subprovider - IPF	0	-86,855	-658		0	2.00
3.00 Subprovider - IRF	0	45,220	-427		0	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	-585,920	-224,734	-41,216	-4,560,362	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: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet S-2 Part I Date/Time Prepared: 1/30/2013 9:17 am
---	--	----------------------	---	---

1.00	Hospital and Hospital Health Care Complex Address:		2.00	3.00	4.00
1.00	Street: 3901 HOSPITAL LANE	PO Box:	2.00	Zip Code: 47802	4.00
2.00	City: TERRE HAUTE	State: IN	3.00	County: VIGO	4.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	TERRE HAUTE REGIONAL HOSPITAL	150046	45460	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	TERRE HAUTE PSYCHIATRIC UNIT	15S046	45460	4	09/01/1991	N	P	O	4.00
5.00	Subprovider - IRF	TERRE HAUTE REHAB UNIT	15T046	45460	5	09/01/2006	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

20.00	Cost Reporting Period (mm/dd/yyyy)	From: 1.00 09/01/2011	To: 2.00 08/31/2012	20.00
21.00	Type of Control (see instructions)	4		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,897	342	33	41	1,737	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	96	95	0	0	0	0	25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet S-2 Part I Date/Time Prepared: 1/30/2013 9:17 am
---	--	----------------------	---	---

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
1/30/2013 9:17 am

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	523,262	0		0118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	44H070	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: HOSPITAL CORP. OF AMERICA	Contractor's Name: CAHABA		Contractor's Number: 10301	
142.00	Street: ONE PARK PLAZA	PO Box:			
143.00	City: NASHVILLE	State: TN		Zip Code: 37203	
				1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet S-2 Part I Date/Time Prepared: 1/30/2013 9:17 am
---	----------------------	---	---

			1.00	
--	--	--	------	--

Multicampus				
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00

	Name	County	State	Zip Code	CBSA	FTE/Campus	
	0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	166.00

			1.00	
--	--	--	------	--

Health Information Technology (HIT) Incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			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)		1.00	169.00

		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	03/31/2012
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		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	12/03/2012	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
COMPLETED BY COST REIMBURSED AND DEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			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.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	were home office costs claimed on the cost report?	Y		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.	Y		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.	Y	12/31/2011	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		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.	DARRELL	CUNNINGHAM	41.00
42.00	Enter the employer/company name of the cost report preparer.	HCA		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-344-6147	DARRELL.CUNNINGHAM@HCAHEALTHCARE.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	12/03/2012	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.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-2
Part V
Date/Time Prepared:
1/30/2013 9:17 am

1.00

Cost Report Preparer Contact Information

1.00	First Name	DARRELL	1.00
2.00	Last Name	CUNNINGHAM	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	HCA	4.00
5.00	Phone Number	(615)344-6147	5.00
6.00	E-mail Address	DARRELL.CUNNINGHAM@HCAHEALTH CARE.COM	6.00
7.00	Department	GOVERNMENT PROGRAMS	7.00
8.00	Mailing Address 1	ONE PARK PLAZA	8.00
9.00	Mailing Address 2	BUILDING II - 3W	9.00
10.00	City	NASHVILLE	10.00
11.00	State	TN	11.00
12.00	Zip	37203	12.00

Officer or Administrator of Provider Contact Information

13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

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	156	57,096	0.00	1.00
2.00 HMO					2.00
3.00 HMO IPF Subprovider					3.00
4.00 HMO IRF Subprovider					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		156	57,096	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	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	43.00				13.00
14.00 Total (see instructions)		172	62,952	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,856		16.00
17.00 SUBPROVIDER - IRF	41.00	12	4,392		17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC	99.00				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)		200			27.00
28.00 Observation Bed Days					28.00
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P Visits / TRIPS				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	10,908	4,050	17,998		1.00
2.00 HMO		951	0			2.00
3.00 HMO IPF Subprovider		0	0			3.00
4.00 HMO IRF Subprovider		95	0			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		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	10,908	4,050	17,998		7.00
8.00 INTENSIVE CARE UNIT	0	1,754	0	2,988		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	1,382		13.00
14.00 Total (see instructions)	0	12,662	4,050	22,368		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,578	0	3,954		16.00
17.00 SUBPROVIDER - IRF	0	1,754	191	2,480		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		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		246	812		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			143	196		32.00
33.00 LTCH non-covered days		0				33.00

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	2,424	1.00
2.00 HMO					173	2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	579.30	0.00	0	2,424	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	24.76	0.00	0	240	16.00
17.00 SUBPROVIDER - IRF	0.00	16.12	0.00	0	121	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			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	620.18	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

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)	1,398	4,836		1.00
2.00 HMO				2.00
3.00 HMO IPF Subprovider				3.00
4.00 HMO IRF Subprovider				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,398	4,836		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	864		16.00
17.00 SUBPROVIDER - IRF	0	176		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		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
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

	worksheet A Line Number	Amount Reported	Reclassification of Salaries (from worksheet A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	34,622,213	0	34,622,213	1,294,935.00	26.74 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		2,584,543	0	2,584,543	102,906.00	25.12 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		751,762	0	751,762	12,978.00	57.93 11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		426,663	0	426,663	2,206.75	193.34 13.00
14.00	Home office salaries & wage-related costs		5,159,744	0	5,159,744	150,944.00	34.18 14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	wage-related costs (core) wkst S-3, Part IV line 24		9,634,961	0	9,634,961		
18.00	wage-related costs (other)wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		766,465	0	766,465		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	374,333	0	374,333	11,901.00	31.45 26.00
27.00	Administrative & General	5.00	3,350,193	-188,608	3,161,585	82,875.00	38.15 27.00
28.00	Administrative & General under contract (see inst.)		102,857	0	102,857	482.00	213.40 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00 29.00
30.00	Operation of Plant	7.00	717,672	0	717,672	27,060.00	26.52 30.00
31.00	Laundry & Linen Service	8.00	25,383	0	25,383	2,148.00	11.82 31.00
32.00	Housekeeping	9.00	858,344	0	858,344	68,031.00	12.62 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00 33.00
34.00	Dietary	10.00	760,744	-372,165	388,579	31,520.00	12.33 34.00
35.00	Dietary under contract (see instructions)		382,934	0	382,934	11,272.00	33.97 35.00
36.00	Cafeteria	11.00	0	372,165	372,165	30,188.00	12.33 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	500,707	188,608	689,315	15,438.00	44.65 38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00 39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00 40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2013 9:17 am

		worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 + col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	72,161	0	72,161	3,190.00	22.62	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	574,455	0	574,455	21,305.00	26.96	43.00

Provider CCN: 150046
 Period: From 09/01/2011 To 08/31/2012
 Worksheet S-3 Part III
 Date/Time Prepared: 1/30/2013 9:17 am

	worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 + col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	35,108,004	0	35,108,004	1,306,689.00	26.87	1.00
2.00	Excluded area salaries (see instructions)	2,584,543	0	2,584,543	102,906.00	25.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32,523,461	0	32,523,461	1,203,783.00	27.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,338,169	0	6,338,169	166,128.75	38.15	4.00
5.00	Subtotal wage-related costs (see inst.)	9,634,961	0	9,634,961	0.00	29.62	5.00
6.00	Total (sum of lines 3 thru 5)	48,496,591	0	48,496,591	1,369,911.75	35.40	6.00
7.00	Total overhead cost (see instructions)	7,719,783	0	7,719,783	305,410.00	25.28	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401k Employer Contributions	1,174,263	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401k/TSA Plan Administration fees	107,848	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,869,433	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	186,570	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	34,668	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)	1,511	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	77,430	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	2,115,465	17.00
18.00	Medicare Taxes - Employers Portion Only	494,612	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	206,799	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	132,827	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,401,426	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: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-3
Part V
Date/Time Prepared:
1/30/2013 9:17 am

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

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.200787	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			9,173,715	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			65,021,975	6.00
7.00	Medicaid cost (line 1 times line 6)			13,055,567	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			3,881,852	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			3,881,852	19.00
				1.00	
				Uninsured patients	
				Insured patients	
				Total (col. 1 + col. 2)	
				1.00	2.00
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,563,415	74,001	1,637,416	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	313,913	14,858	328,771	21.00
22.00	Partial payment by patients approved for charity care	3,519	1,010	4,529	22.00
23.00	Cost of charity care (line 21 minus line 22)	310,394	13,848	324,242	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			Y	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			2,018	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			9,522,641	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			399,728	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			9,122,913	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,831,762	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			2,156,004	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,037,856	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A

Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT		3,333,517	3,333,517	213,090	3,546,607	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2,309,570	2,309,570	948,325	3,257,895	2.00
3.00	00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS	374,333	7,104,592	7,478,925	82,176	7,561,101	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	3,350,193	15,667,658	19,017,851	-412,810	18,605,041	5.00
7.00	00701 OPERATION OF PLANT	717,672	2,678,473	3,396,145	-2,651	3,393,494	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	25,383	531,507	556,890	0	556,890	8.00
9.00	00900 HOUSEKEEPING	858,344	410,389	1,268,733	-6,544	1,262,189	9.00
10.00	01000 DIETARY	760,744	1,679,051	2,439,795	-1,194,575	1,245,220	10.00
11.00	01100 CAFETERIA	0	0	0	1,190,875	1,190,875	11.00
13.00	01300 NURSING ADMINISTRATION	500,707	282,860	783,567	-26,801	756,766	13.00
16.00	01601 MEDICAL RECORDS & LIBRARY	72,161	43,830	115,991	-22,641	93,350	16.00
18.00	01850 INSERVICE EDUCATION	574,455	113,887	688,342	-17,308	671,034	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	5,993,230	1,267,486	7,260,716	7,387	7,268,103	30.00
31.00	03100 INTENSIVE CARE UNIT	1,898,626	411,749	2,310,375	-67,053	2,243,322	31.00
40.00	04000 SUBPROVIDER - IPF	1,191,746	490,825	1,682,571	-5,267	1,677,304	40.00
41.00	04100 SUBPROVIDER - IRF	930,952	231,243	1,162,195	-11,208	1,150,987	41.00
43.00	04300 NURSERY	443,425	94,002	537,427	-1,220	536,207	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,059,905	3,348,879	6,408,784	-106,609	6,302,175	50.00
51.00	05100 RECOVERY ROOM	507,408	69,898	577,306	0	577,306	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	942,924	322,009	1,264,933	-9,198	1,255,735	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	786,957	786,901	1,573,858	-123,183	1,450,675	54.00
54.01	05401 ULTRASOUND	196,091	52,381	248,472	0	248,472	54.01
54.02	05402 MAMMOGRAPHY	195,897	145,917	341,814	-1,320	340,494	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	530,053	623,586	1,153,639	-32,368	1,121,271	55.00
56.00	05600 RADIOISOTOPE	204,672	618,973	823,645	0	823,645	56.00
57.00	05700 CT SCAN	282,663	261,763	544,426	0	544,426	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	159,343	106,781	266,124	-453	265,671	58.00
59.00	05900 CARDIAC CATHETERIZATION	552,405	393,298	945,703	0	945,703	59.00
60.00	06000 LABORATORY	1,293,924	1,377,195	2,671,119	-103,207	2,567,912	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	835,934	835,934	0	835,934	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,035,040	366,722	1,401,762	-151,018	1,250,744	65.00
66.00	06600 PHYSICAL THERAPY	1,236,851	445,116	1,681,967	-107,260	1,574,707	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	477,959	370,424	848,383	-1,805	846,578	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	61,169	44,111	105,280	-2,779	102,501	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	237,591	5,259,535	5,497,126	306,799	5,803,925	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,984,669	5,984,669	-226,732	5,757,937	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,572,820	7,641,964	9,214,784	-2,563	9,212,221	73.00
74.00	07400 RENAL DIALYSIS	214	480,367	480,581	0	480,581	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 LITHOTRIPSY	0	49,283	49,283	0	49,283	76.00
76.01	03021 ENDOSCOPY	908,081	715,229	1,623,310	-37,874	1,585,436	76.01
76.02	03022 PRISION CLINIC	111,143	23,894	135,037	0	135,037	76.02
76.03	03023 WOUND CARE	69,258	659,982	729,240	-4,875	724,365	76.03
76.04	03024 OPIC	330,178	117,480	447,658	-3,334	444,324	76.04
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	1,715,851	366,944	2,082,795	-64,153	2,018,642	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A

Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	34,160,368	68,119,874	102,280,242	1,843	102,282,085	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,439	30,700	56,139	0	56,139	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	277,690	241,292	518,982	45	519,027	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	77,110	430,701	507,811	-1,888	505,923	194.01
194.02	07952 SITTERS	81,606	7,211	88,817	0	88,817	194.02
200.00	TOTAL (SUM OF LINES 118-199)	34,622,213	68,829,778	103,451,991	0	103,451,991	200.00

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT	330,968	3,877,575	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	477,879	3,735,774	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS	520,891	8,081,992	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-3,679,176	14,925,865	5.00
7.00	00701 OPERATION OF PLANT	-17,480	3,376,014	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	556,890	8.00
9.00	00900 HOUSEKEEPING	13,767	1,275,956	9.00
10.00	01000 DIETARY	-834	1,244,386	10.00
11.00	01100 CAFETERIA	-417,762	773,113	11.00
13.00	01300 NURSING ADMINISTRATION	10	756,776	13.00
16.00	01601 MEDICAL RECORDS & LIBRARY	-1,358	91,992	16.00
18.00	01850 INSERVICE EDUCATION	-17,459	653,575	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-74,769	7,193,334	30.00
31.00	03100 INTENSIVE CARE UNIT	0	2,243,322	31.00
40.00	04000 SUBPROVIDER - IPF	-305,670	1,371,634	40.00
41.00	04100 SUBPROVIDER - IRF	-518	1,150,469	41.00
43.00	04300 NURSERY	0	536,207	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-2,369,616	3,932,559	50.00
51.00	05100 RECOVERY ROOM	0	577,306	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8	1,255,743	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-332,977	1,117,698	54.00
54.01	05401 ULTRASOUND	0	248,472	54.01
54.02	05402 MAMMOGRAPHY	0	340,494	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	-975	1,120,296	55.00
56.00	05600 RADIOISOTOPE	0	823,645	56.00
57.00	05700 CT SCAN	0	544,426	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	265,671	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	945,703	59.00
60.00	06000 LABORATORY	-74	2,567,838	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	835,934	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	-2,108	1,248,636	65.00
66.00	06600 PHYSICAL THERAPY	-37,749	1,536,958	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	-37,494	809,084	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3	102,504	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-5	5,803,920	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,757,937	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-1,188	9,211,033	73.00
74.00	07400 RENAL DIALYSIS	0	480,581	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 LITHOTRIPSY	0	49,283	76.00
76.01	03021 ENDOSCOPY	-148,079	1,437,357	76.01
76.02	03022 PRISION CLINIC	0	135,037	76.02
76.03	03023 WOUND CARE	-10,259	714,106	76.03
76.04	03024 OPIC	-37,174	407,150	76.04
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	0	0	90.00
91.00	09100 EMERGENCY	-220	2,018,422	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A

Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-6,149,418	96,132,667	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,139	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	16,680	535,707	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	-42,816	463,107	194.01
194.02	07952 SITTERS	0	88,817	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-6,175,554	97,276,437	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	152,898	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	948,325	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			0	1,101,223	
B - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	60,192	1.00
TOTALS			0	60,192	
C - EXECUTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS	4.00	0	86,622	1.00
2.00	NURSING ADMINISTRATION	13.00	188,608	17,359	2.00
TOTALS			188,608	103,981	
D - CAFETERIA					
1.00	CAFETERIA	11.00	372,165	818,710	1.00
TOTALS			372,165	818,710	
E - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	391,833	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
TOTALS			0	391,833	
F - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	79,636	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			0	79,636	
G - ER BEDHOLD					
1.00	ADULTS & PEDIATRICS	30.00	45,897	9,844	1.00
TOTALS			45,897	9,844	
H - LOST CHARGES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,333	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	18	2.00

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-6

Date/Time Prepared:
1/30/2013 9:17 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3	3.00
4.00	OCCUPATIONAL MEDICINE	194.00	0	45	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	10,399	
I - OBSERVATION ROOM					
1.00	ADULTS & PEDIATRICS	30.00	769	141	1.00
	TOTALS		769	141	
500.00	Grand Total: Increases		607,439	2,575,959	500.00

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-6
Date/Time Prepared:
1/30/2013 9:17 am

		Decreases				
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - LEASES						
1.00	EMPLOYEE BENEFITS	4.00	0	4,446	10	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	60,029	10	2.00
3.00	OPERATION OF PLANT	7.00	0	2,651	0	3.00
4.00	HOUSEKEEPING	9.00	0	6,544	0	4.00
5.00	DIETARY	10.00	0	3,520	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	232,768	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	22,600	0	7.00
8.00	INSERVICE EDUCATION	18.00	0	17,308	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	47,774	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	66,036	0	10.00
11.00	SUBPROVIDER - IPF	40.00	0	5,267	0	11.00
12.00	SUBPROVIDER - IRF	41.00	0	11,048	0	12.00
13.00	NURSERY	43.00	0	1,220	0	13.00
14.00	OPERATING ROOM	50.00	0	86,574	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,386	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	121,648	0	16.00
17.00	MAMMOGRAPHY	54.02	0	1,297	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,752	0	18.00
19.00	LABORATORY	60.00	0	102,179	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	93,520	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	107,260	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,779	0	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	46,001	0	23.00
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,482	0	24.00
25.00	ENDOSCOPY	76.01	0	37,874	0	25.00
26.00	WOUND CARE	76.03	0	1,667	0	26.00
27.00	OPIC	76.04	0	3,334	0	27.00
28.00	EMERGENCY	91.00	0	371	0	28.00
29.00	OTHER NONREIMBURSABLE COST CENTERS	194.01	0	1,888	0	29.00
TOTALS			0	1,101,223		
B - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	60,192	12	1.00
TOTALS			0	60,192		
C - EXECUTIVE COMPENSATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	188,608	103,981	0	1.00
2.00		0.00	0	0	0	2.00
TOTALS			188,608	103,981		
D - CAFETERIA						
1.00	DIETARY	10.00	372,165	818,710	0	1.00
TOTALS			372,165	818,710		
E - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	1,442	0	1.00
2.00	SUBPROVIDER - IRF	41.00	0	160	0	2.00
3.00	OPERATING ROOM	50.00	0	9,920	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	299	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,534	0	5.00
6.00	MAMMOGRAPHY	54.02	0	23	0	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	453	0	7.00
8.00	LABORATORY	60.00	0	1,028	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	57,498	0	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	1,805	0	10.00
11.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	306,368	0	11.00
12.00	DRUGS CHARGED TO PATIENTS	73.00	0	69	0	12.00
13.00	WOUND CARE	76.03	0	3,208	0	13.00
14.00	EMERGENCY	91.00	0	8,026	0	14.00
TOTALS			0	391,833		
F - IMPLANTABLE DEVICES						
1.00	INTENSIVE CARE UNIT	31.00	0	125	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,516	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1	0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	27,616	0	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	49,366	0	5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	0	12	0	6.00
TOTALS			0	79,636		
G - ER BEDHOLD						
1.00	EMERGENCY	91.00	45,897	9,844	0	1.00
TOTALS			45,897	9,844		

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-6
Date/Time Prepared:
1/30/2013 9:17 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
H - LOST CHARGES						
1.00	DIETARY	10.00	0	180	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	41	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	48	0	3.00
4.00	OPERATING ROOM	50.00	0	10,115	0	4.00
5.00	EMERGENCY	91.00	0	15	0	5.00
	TOTALS		0	10,399		
I - OBSERVATION ROOM						
1.00	INTENSIVE CARE UNIT	31.00	769	141	0	1.00
	TOTALS		769	141		
500.00	Grand Total: Decreases		607,439	2,575,959		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/30/2013 9:17 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	3,166,367	0	0	0	2.00
3.00	Buildings and Fixtures	30,548,761	260,867	0	260,867	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	22,037,713	75,412	0	75,412	5.00
6.00	Movable Equipment	61,973,035	2,696,622	0	2,696,622	62,488
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	117,725,876	3,032,901	0	3,032,901	62,488
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	117,725,876	3,032,901	0	3,032,901	62,488
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	CAP REL COSTS-BLDG & FIXT	3,333,517	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,309,570	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,643,087	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	33,975,995	0	33,975,995	0.281500	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	86,720,294	0	86,720,294	0.718500	2.00
3.00	Total (sum of lines 1-2)	120,696,289	0	120,696,289	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/30/2013 9:17 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0		1.00		
2.00	Land Improvements	3,166,367	0		2.00		
3.00	Buildings and Fixtures	30,809,628	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	22,113,125	0		5.00		
6.00	Movable Equipment	64,607,169	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	120,696,289	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	120,696,289	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	CAP REL COSTS-BLDG & FIXT	0	3,333,517		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,309,570		2.00		
3.00	Total (sum of lines 1-2)	0	5,643,087		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	CAP REL COSTS-BLDG & FIXT	0	0	0	3,664,485	152,898	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,787,449	948,325	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,451,934	1,101,223	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/30/2013 9:17 am

		SUMMARY OF CAPITAL					
Cost Center Description		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	60,192	0	0	3,877,575	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,735,774	2.00
3.00	Total (sum of lines 1-2)	0	60,192	0	0	7,613,349	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8

Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,344,522				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,446,232				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0		UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0			0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00 X-RAY COPY	B	-645		RADIOLOGY-DIAGNOSTIC	54.00	33.00
33.01 CAFETERIA	B	-391,273		CAFETERIA	11.00	33.01
33.02 VENDING	B	-26,489		CAFETERIA	11.00	33.02
33.03 EDUCATION OTHER	B	-17,303		INSERVICE EDUCATION	18.00	33.03
33.04 MEDICAL RECORDS	B	-1,358		MEDICAL RECORDS & LIBRARY	16.00	33.04
33.05 SCRAP METAL	B	-1,634		ADMINISTRATIVE & GENERAL	5.00	33.05
33.06 BADGE DEDUCTIONS	B	-440		ADMINISTRATIVE & GENERAL	5.00	33.06
33.07 COMP. REHAB	B	-13,549		PHYSICAL THERAPY	66.00	33.07
33.08 OTHER	B	-18,384		ADMINISTRATIVE & GENERAL	5.00	33.08
33.09 INTEREST INCOME	B	-25,480		ADMINISTRATIVE & GENERAL	5.00	33.09
33.10 UNCLAIMED PROPERTY	B	-207		ADMINISTRATIVE & GENERAL	5.00	33.10
33.11 PATIENT ACCOUNT INTEREST	A	-2,816		ADMINISTRATIVE & GENERAL	5.00	33.11
33.12 PATIENT TELEPHONES	A	-8,472		EMPLOYEE BENEFITS	4.00	33.12
33.13 PATIENT TELEPHONES	A	-37,214		ADMINISTRATIVE & GENERAL	5.00	33.13
33.14 PATIENT TV'S	A	-62		CAP REL COSTS-MVBLE EQUIP	2.00	33.14
33.15 PATIENT TV'S	A	-54,367		OPERATION OF PLANT	7.00	33.15
33.16 PATIENT TV'S	A	-252		ADULTS & PEDIATRICS	30.00	33.16
33.17 PATIENT TV'S	A	-1,096		RADIOLOGY-DIAGNOSTIC	54.00	33.17
33.18 PATIENT TV'S	A	-504		DRUGS CHARGED TO PATIENTS	73.00	33.18
33.19 ADMIN. TRAVEL	A	-3,335		ADMINISTRATIVE & GENERAL	5.00	33.19
33.20 ADMIN. MEALS	A	-6,281		ADMINISTRATIVE & GENERAL	5.00	33.20
33.21 MISC.	A	-1,773		EMPLOYEE BENEFITS	4.00	33.21

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	
33.22	MISC.	A	-476	ADMINISTRATIVE & GENERAL	5.00 33.22	
33.23	MISC.	A	-74	LABORATORY	60.00 33.23	
33.24	MISC.	A	-27	RADIOLOGY-THERAPEUTIC	55.00 33.24	
33.25	OTHER	A	-208	ADMINISTRATIVE & GENERAL	5.00 33.25	
33.26	TAXI	A	-76	OPERATING ROOM	50.00 33.26	
33.27	TAXI	A	-194	DRUGS CHARGED TO PATIENTS	73.00 33.27	
33.28	NONPATIENT GIFTS	A	-1,172	EMPLOYEE BENEFITS	4.00 33.28	
33.29	NONPATIENT GIFTS	A	-40,770	ADMINISTRATIVE & GENERAL	5.00 33.29	
33.30	NONPATIENT GIFTS	A	-752	HOUSEKEEPING	9.00 33.30	
33.31	NONPATIENT GIFTS	A	-156	INSERVICE EDUCATION	18.00 33.31	
33.32	NONPATIENT GIFTS	A	-106	ADULTS & PEDIATRICS	30.00 33.32	
33.33	NONPATIENT GIFTS	A	-518	SUBPROVIDER - IRF	41.00 33.33	
33.34	NONPATIENT GIFTS	A	-314	RADIOLOGY-DIAGNOSTIC	54.00 33.34	
33.35	NONPATIENT GIFTS	A	-95	RADIOLOGY-THERAPEUTIC	55.00 33.35	
33.36	NONPATIENT GIFTS	A	-217	PHYSICAL THERAPY	66.00 33.36	
33.37	NONPATIENT GIFTS	A	-220	EMERGENCY	91.00 33.37	
33.38	NONPATIENT GIFTS	A	-214	OTHER NONREIMBURSABLE COST CENTERS	194.01 33.38	
33.39	PATIENT GIFTS	A	-2,361	OPERATING ROOM	50.00 33.39	
33.40	ALCOHOL	A	-1,571	ADMINISTRATIVE & GENERAL	5.00 33.40	
33.41	ALCOHOL	A	-123	DIETARY	10.00 33.41	
33.42	ALCOHOL	A	-53	RADIOLOGY-THERAPEUTIC	55.00 33.42	
33.43	COUNTRY CLUB DUES	A	-775	ADMINISTRATIVE & GENERAL	5.00 33.43	
33.44	PHYSICIAN RECRUITMENT	A	-122,471	ADMINISTRATIVE & GENERAL	5.00 33.44	
33.45	PHYSICIAN RECRUITMENT	A	-234	OPERATING ROOM	50.00 33.45	
33.46	PHYSICIAN RECRUITMENT	A	-711	DIETARY	10.00 33.46	
33.47	NONALLOWABLE COST	A	-36,509	ADMINISTRATIVE & GENERAL	5.00 33.47	
33.48	CONTRIBUTIONS	A	-553	ADMINISTRATIVE & GENERAL	5.00 33.48	
33.49	CONTRIBUTIONS	A	-42,602	OTHER NONREIMBURSABLE COST CENTERS	194.01 33.49	
33.50	LEGAL FEES	A	-12,007	ADMINISTRATIVE & GENERAL	5.00 33.50	
33.51	DEPRECIATION BUILDING	A	165,228	CAP REL COSTS-BLDG & FIXT	1.00 33.51	
33.52	DEPRECIATION MME	A	425,245	CAP REL COSTS-MVBLE EQUIP	2.00 33.52	
33.53	HBP ACCRUAL REVERSAL	A	16,680	OCCUPATIONAL MEDICINE	194.00 33.53	
33.54	HBP ACCRUAL REVERSAL	A	19,950	ADMINISTRATIVE & GENERAL	5.00 33.54	
33.55	WOUND CARE AMORTIZATION	A	7,477	WOUND CARE	76.03 33.55	
33.56	SOFTWARE AMORTIZATION	A	52,696	CAP REL COSTS-MVBLE EQUIP	2.00 33.56	
33.57	CAPITALIZED RENOVATIONS	A	93,284	CAP REL COSTS-BLDG & FIXT	1.00 33.57	
33.58	LOBBYING DUES	A	-9,140	ADMINISTRATIVE & GENERAL	5.00 33.58	
33.59	MOB	A	-336	ADMINISTRATIVE & GENERAL	5.00 33.59	
33.60	MOB	A	-99	EMPLOYEE BENEFITS	4.00 33.60	
33.61	USEFUL LIFE ADJUSTMENT	A	-44,340	CAP REL COSTS-BLDG & FIXT	1.00 33.61	
33.62	PHYSICIAN RECORD STORAGE	A	-42,456	OPERATION OF PLANT	7.00 33.62	
33.63	CONSULTING	A	-133,818	ADMINISTRATIVE & GENERAL	5.00 33.63	
33.64	PENALTIES	A	-2,749	ADMINISTRATIVE & GENERAL	5.00 33.64	
33.65	PENALTIES	A	-800	RADIOLOGY-THERAPEUTIC	55.00 33.65	
33.66	PENALTIES	A	-490	DRUGS CHARGED TO PATIENTS	73.00 33.66	
33.67	REVENUE MARKUP	A	-52,639	ADMINISTRATIVE & GENERAL	5.00 33.67	
33.68			0		0.00 33.68	
33.69			0		0.00 33.69	
33.70			0		0.00 33.70	
33.71			0		0.00 33.71	
33.72			0		0.00 33.72	
33.73			0		0.00 33.73	
33.74			0		0.00 33.74	
33.75			0		0.00 33.75	
33.76			0		0.00 33.76	
33.77			0		0.00 33.77	
33.78			0		0.00 33.78	
33.79			0		0.00 33.79	
33.80			0		0.00 33.80	
33.81			0		0.00 33.81	
33.82			0		0.00 33.82	
33.83			0		0.00 33.83	
33.84			0		0.00 33.84	
33.85			0		0.00 33.85	
33.86			0		0.00 33.86	
33.87			0		0.00 33.87	
33.88			0		0.00 33.88	

Provider CCN: 150046

Period:
 From 09/01/2011
 To 08/31/2012

Worksheet A-8
 Date/Time Prepared:
 1/30/2013 9:17 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		Line #	
			Cost Center	Line #		
	1.00	2.00			4.00	
33.89		0			0.00	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.)	-6,175,554				50.00

Cost Center Description	Wkst. A-7 Ref.		
	5.00		
1.00 Investment income - 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 - 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 X-RAY COPY	0		33.00
33.01 CAFETERIA	0		33.01
33.02 VENDING	0		33.02
33.03 EDUCATION OTHER	0		33.03
33.04 MEDICAL RECORDS	0		33.04
33.05 SCRAP METAL	0		33.05
33.06 BADGE DEDUCTIONS	0		33.06
33.07 COMP. REHAB	0		33.07
33.08 OTHER	0		33.08
33.09 INTEREST INCOME	0		33.09
33.10 UNCLAIMED PROPERTY	0		33.10
33.11 PATIENT ACCOUNT INTEREST	0		33.11
33.12 PATIENT TELEPHONES	0		33.12
33.13 PATIENT TELEPHONES	0		33.13
33.14 PATIENT TV'S	9		33.14
33.15 PATIENT TV'S	0		33.15
33.16 PATIENT TV'S	0		33.16
33.17 PATIENT TV'S	0		33.17
33.18 PATIENT TV'S	0		33.18
33.19 ADMIN. TRAVEL	0		33.19
33.20 ADMIN. MEALS	0		33.20
33.21 MISC.	0		33.21
33.22 MISC.	0		33.22
33.23 MISC.	0		33.23
33.24 MISC.	0		33.24
33.25 OTHER	0		33.25
33.26 TAXI	0		33.26
33.27 TAXI	0		33.27

Provider CCN: 150046

Period:
 From 09/01/2011
 To 08/31/2012

Worksheet A-8

Date/Time Prepared:
 1/30/2013 9:17 am

Cost Center Description	Wkst. A-7 Ref.		
	5.00		
33.28 NONPATIENT GIFTS		0	33.28
33.29 NONPATIENT GIFTS		0	33.29
33.30 NONPATIENT GIFTS		0	33.30
33.31 NONPATIENT GIFTS		0	33.31
33.32 NONPATIENT GIFTS		0	33.32
33.33 NONPATIENT GIFTS		0	33.33
33.34 NONPATIENT GIFTS		0	33.34
33.35 NONPATIENT GIFTS		0	33.35
33.36 NONPATIENT GIFTS		0	33.36
33.37 NONPATIENT GIFTS		0	33.37
33.38 NONPATIENT GIFTS		0	33.38
33.39 PATIENT GIFTS		0	33.39
33.40 ALCOHOL		0	33.40
33.41 ALCOHOL		0	33.41
33.42 ALCOHOL		0	33.42
33.43 COUNTRY CLUB DUES		0	33.43
33.44 PHYSICIAN RECRUITMENT		0	33.44
33.45 PHYSICIAN RECRUITMENT		0	33.45
33.46 PHYSICIAN RECRUITMENT		0	33.46
33.47 NONALLOWABLE COST		0	33.47
33.48 CONTRIBUTIONS		0	33.48
33.49 CONTRIBUTIONS		0	33.49
33.50 LEGAL FEES		0	33.50
33.51 DEPRECIATION BUILDING	9	0	33.51
33.52 DEPRECIATION MME	9	0	33.52
33.53 HBP ACCRUAL REVERSAL	0	0	33.53
33.54 HBP ACCRUAL REVERSAL	0	0	33.54
33.55 WOUND CARE AMORTIZATION	0	0	33.55
33.56 SOFTWARE AMORTIZATION	9	0	33.56
33.57 CAPITALIZED RENOVATIONS	9	0	33.57
33.58 LOBBYING DUES	0	0	33.58
33.59 MOB	0	0	33.59
33.60 MOB	0	0	33.60
33.61 USEFUL LIFE ADJUSTMENT	9	0	33.61
33.62 PHYSICIAN RECORD STORAGE	0	0	33.62
33.63 CONSULTING	0	0	33.63
33.64 PENALTIES	0	0	33.64
33.65 PENALTIES	0	0	33.65
33.66 PENALTIES	0	0	33.66
33.67 REVENUE MARKUP	0	0	33.67
33.68		0	33.68
33.69		0	33.69
33.70		0	33.70
33.71		0	33.71
33.72		0	33.72
33.73		0	33.73
33.74		0	33.74
33.75		0	33.75
33.76		0	33.76
33.77		0	33.77
33.78		0	33.78
33.79		0	33.79
33.80		0	33.80
33.81		0	33.81
33.82		0	33.82
33.83		0	33.83
33.84		0	33.84
33.85		0	33.85
33.86		0	33.86
33.87		0	33.87
33.88		0	33.88
33.89		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.)		0	50.00

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

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-1
Date/Time Prepared:
1/30/2013 9:17 am

	Line No	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	73.00	DRUGS CHARGED TO PATIENTS	DMS	1.00
2.00	4.00	EMPLOYEE BENEFITS	DMS	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HPG	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	IT&S	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE MGT. FEE	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE DIRECT COMP.	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	SHARED SERVICE CENTER	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	SHARED SERVICE CENTER	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	SUPPLY CHAIN	4.05
4.06	52.00	DELIVERY ROOM & LABOR ROOM	ALL ABOUT STAFFING	4.06
4.07	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	ALL ABOUT STAFFING	4.07
4.08	70.00	ELECTROENCEPHALOGRAPHY	ALL ABOUT STAFFING	4.08
4.09	13.00	NURSING ADMINISTRATION	ALL ABOUT STAFFING	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	PAYROLL	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	CAPITAL DIVISION IT&S	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	HIM	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	REVENUE INTEGRITY	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	BEHAVIORAL HEALTH	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN RECRUITING	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE	4.18
4.20	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN SALES	4.20
4.21	5.00	ADMINISTRATIVE & GENERAL	CAPITAL DIVISION ALLOCATION	4.21
4.22	194.01	OTHER NONREIMBURSABLE COST CENTERS	CAPITAL DIVISION ALLOCATION	4.22
4.23	30.00	ADULTS & PEDIATRICS	REGIONAL PARTNERS	4.23
4.24	50.00	OPERATING ROOM	REGIONAL PARTNERS	4.24
4.25	76.04	OPIC	REGIONAL PARTNERS	4.25
4.26	73.00	DRUGS CHARGED TO PATIENTS	HENRICO MEDICAL CENTER	4.26
4.27	5.00	ADMINISTRATIVE & GENERAL	SKYLINE MEDICAL CENTER	4.27
4.28	4.00	EMPLOYEE BENEFITS	RESTORATION PLAN EXPENSE	4.28
4.29	4.00	EMPLOYEE BENEFITS	SELF INSURANCE POOLING ADJUSTMENT	4.29
4.30	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY INTEREST	4.30
4.31	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE INTEREST	4.31
4.32	1.00	CAP REL COSTS-BLDG & FIXT	POB HOSPITAL SPACE	4.32
4.33	5.00	ADMINISTRATIVE & GENERAL	POB HOSPITAL SPACE	4.33
4.34	7.00	OPERATION OF PLANT	POB HOSPITAL SPACE	4.34
4.35	9.00	HOUSEKEEPING	POB HOSPITAL SPACE	4.35
4.36	5.00	ADMINISTRATIVE & GENERAL	GENERAL INSURANCE	4.36
4.37	0.00			4.37
4.38	0.00			4.38
4.39	0.00			4.39
4.40	0.00			4.40
4.41	0.00			4.41
4.42	0.00			4.42
4.43	0.00			4.43
4.44	0.00			4.44
4.45	0.00			4.45
4.46	0.00			4.46
4.47	0.00			4.47
4.48	0.00			4.48
4.49	0.00			4.49
4.50	0.00			4.50
4.51	0.00			4.51
4.52	0.00			4.52
4.53	0.00			4.53
4.54	0.00			4.54
4.55	0.00			4.55
4.56	0.00			4.56
4.57	0.00			4.57
4.58	0.00			4.58
4.59	0.00			4.59
4.60	0.00			4.60
4.61	0.00			4.61
4.62	0.00			4.62
4.63	0.00			4.63
4.64	0.00			4.64
4.65	0.00			4.65
4.66	0.00			4.66
4.67	0.00			4.67

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

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-1

Date/Time Prepared:
1/30/2013 9:17 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
4.68	0.00			4.68
4.69	0.00			4.69
4.70	0.00			4.70
4.71	0.00			4.71
4.72	0.00			4.72
4.73	0.00			4.73
4.74	0.00			4.74
4.75	0.00			4.75
4.76	0.00			4.76
4.77	0.00			4.77
4.78	0.00			4.78
4.79	0.00			4.79
4.80	0.00			4.80
4.81	0.00			4.81
4.82	0.00			4.82
4.83	0.00			4.83
4.84	0.00			4.84
4.85	0.00			4.85
4.86	0.00			4.86
4.87	0.00			4.87
4.88	0.00			4.88
4.89	0.00			4.89
4.90	0.00			4.90
4.91	0.00			4.91
4.92	0.00			4.92
4.93	0.00			4.93
4.94	0.00			4.94
4.95	0.00			4.95
4.96	0.00			4.96
4.97	0.00			4.97
4.98	0.00			4.98
4.99	0.00			4.99
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			5.00

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

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

6.00	B		100.00	6.00
7.00	B		51.66	7.00
8.00	B		100.00	8.00
9.00	B		100.00	9.00
10.00	B		100.00	10.00
10.01	B		100.00	10.01
10.02	B		100.00	10.02
10.03	B		100.00	10.03
10.04	B		100.00	10.04
10.05	B		100.00	10.05
10.06			0.00	10.06
10.07			0.00	10.07
10.08			0.00	10.08
10.09			0.00	10.09
10.10			0.00	10.10
100.00	G. Other (financial or non-financial) specify:			100.00

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

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-1

Date/Time Prepared:
1/30/2013 9:17 am

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

Provider CCN: 150046

Period: From 09/01/2011 To 08/31/2012

Worksheet A-8-1

Date/Time Prepared: 1/30/2013 9:17 am

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	51	51	0	0	1.00
2.00	1,606	1,606	0	0	2.00
3.00	68,965	147,605	-78,640	0	3.00
4.00	1,635,357	1,495,115	140,242	0	4.00
4.01	1,558,367	7,629,443	-6,071,076	0	4.01
4.02	5,245	0	5,245	0	4.02
4.03	2,700,278	2,700,278	0	0	4.03
4.04	0	18,725	-18,725	0	4.04
4.05	991,257	991,257	0	0	4.05
4.06	9,841	9,833	8	0	4.06
4.07	-5,795	-5,790	-5	0	4.07
4.08	2,395	2,392	3	0	4.08
4.09	12,970	12,960	10	0	4.09
4.10	34,245	36,645	-2,400	0	4.10
4.11	1,190,016	1,189,572	444	0	4.11
4.12	1,159,164	1,737,871	-578,707	0	4.12
4.13	137,255	135,065	2,190	0	4.13
4.14	65,758	65,075	683	0	4.14
4.15	90,839	111,606	-20,767	0	4.15
4.16	0	39,437	-39,437	0	4.16
4.17	0	73,205	-73,205	0	4.17
4.18	0	523,262	-523,262	0	4.18
4.20	0	163,840	-163,840	0	4.20
4.21	129,750	137,542	-7,792	0	4.21
4.22	102,770	102,770	0	0	4.22
4.23	70,038	70,038	0	0	4.23
4.24	55,923	55,923	0	0	4.24
4.25	69,477	69,477	0	0	4.25
4.26	5,439	5,439	0	0	4.26
4.27	625	625	0	0	4.27
4.28	0	2,160	-2,160	0	4.28
4.29	0	-534,567	534,567	0	4.29
4.30	0	-3,622,896	3,622,896	0	4.30
4.31	568,607	0	568,607	0	4.31
4.32	116,796	0	116,796	9	4.32
4.33	50,427	0	50,427	0	4.33
4.34	79,343	0	79,343	0	4.34
4.35	14,519	0	14,519	0	4.35
4.36	0	2,196	-2,196	0	4.36
4.37	0	0	0	0	4.37
4.38	0	0	0	0	4.38
4.39	0	0	0	0	4.39
4.40	0	0	0	0	4.40
4.41	0	0	0	0	4.41
4.42	0	0	0	0	4.42
4.43	0	0	0	0	4.43
4.44	0	0	0	0	4.44
4.45	0	0	0	0	4.45
4.46	0	0	0	0	4.46
4.47	0	0	0	0	4.47
4.48	0	0	0	0	4.48
4.49	0	0	0	0	4.49
4.50	0	0	0	0	4.50
4.51	0	0	0	0	4.51
4.52	0	0	0	0	4.52
4.53	0	0	0	0	4.53
4.54	0	0	0	0	4.54
4.55	0	0	0	0	4.55
4.56	0	0	0	0	4.56
4.57	0	0	0	0	4.57
4.58	0	0	0	0	4.58
4.59	0	0	0	0	4.59
4.60	0	0	0	0	4.60
4.61	0	0	0	0	4.61
4.62	0	0	0	0	4.62
4.63	0	0	0	0	4.63
4.64	0	0	0	0	4.64
4.65	0	0	0	0	4.65
4.66	0	0	0	0	4.66
4.67	0	0	0	0	4.67

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

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-1

Date/Time Prepared:
1/30/2013 9:17 am

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	4.00	5.00	6.00	7.00		
4.68	0	0	0	0	0	4.68
4.69	0	0	0	0	0	4.69
4.70	0	0	0	0	0	4.70
4.71	0	0	0	0	0	4.71
4.72	0	0	0	0	0	4.72
4.73	0	0	0	0	0	4.73
4.74	0	0	0	0	0	4.74
4.75	0	0	0	0	0	4.75
4.76	0	0	0	0	0	4.76
4.77	0	0	0	0	0	4.77
4.78	0	0	0	0	0	4.78
4.79	0	0	0	0	0	4.79
4.80	0	0	0	0	0	4.80
4.81	0	0	0	0	0	4.81
4.82	0	0	0	0	0	4.82
4.83	0	0	0	0	0	4.83
4.84	0	0	0	0	0	4.84
4.85	0	0	0	0	0	4.85
4.86	0	0	0	0	0	4.86
4.87	0	0	0	0	0	4.87
4.88	0	0	0	0	0	4.88
4.89	0	0	0	0	0	4.89
4.90	0	0	0	0	0	4.90
4.91	0	0	0	0	0	4.91
4.92	0	0	0	0	0	4.92
4.93	0	0	0	0	0	4.93
4.94	0	0	0	0	0	4.94
4.95	0	0	0	0	0	4.95
4.96	0	0	0	0	0	4.96
4.97	0	0	0	0	0	4.97
4.98	0	0	0	0	0	4.98
4.99	0	0	0	0	0	4.99
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	10,921,528	13,367,760	-2,446,232		5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	DMS	100.00	DOCUMENT MGT.	6.00
7.00	HPG	51.66	PURCHASING	7.00
8.00	HCI	100.00	INSURANCE	8.00
9.00	RICHMOND DIVISI	100.00	MANAGEMENT	9.00
10.00	ALL ABOUT STAFF	100.00	STAFFING	10.00
10.01	HCA	100.00	HOSPITAL MGT.	10.01
10.02	POB	100.00	PROFESSIONAL BU	10.02
10.03	HENRICO	100.00	HOSPITAL	10.03
10.04	SKYLINE	100.00	HOSPITAL	10.04
10.05	REGIONAL	100.00	HCAPS PHYSICIAN	10.05
10.06		0.00		10.06
10.07		0.00		10.07
10.08		0.00		10.08
10.09		0.00		10.09
10.10		0.00		10.10
100.00	G. other (financial or non-financial) specify:			100.00

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

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-1

Date/Time Prepared:
1/30/2013 9:17 am

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
1/30/2013 9:17 am

	wkst	A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00		2.00	3.00	4.00	
1.00		30.00	ADULTS & PEDIATRICS	106,961	36,924	1.00
2.00		40.00	SUBPROVIDER - IPF	318,002	290,102	2.00
3.00		50.00	OPERATING ROOM	2,383,921	2,360,081	3.00
4.00		54.00	RADIOLOGY-DIAGNOSTIC	330,922	330,922	4.00
5.00		76.01	ENDOSCOPY	172,800	51,300	5.00
6.00		69.00	ELECTROCARDIOLOGY	53,975	23,975	6.00
7.00		65.00	RESPIRATORY THERAPY	2,850	1,140	7.00
8.00		76.03	WOUND CARE	35,700	3,000	8.00
9.00		76.04	OPIC	69,476	0	9.00
10.00		66.00	PHYSICAL THERAPY	52,000	2,500	10.00
200.00				3,526,607	3,099,944	200.00

Provider CCN: 150046
 Period: From 09/01/2011 To 08/31/2012
 Worksheet A-8-2
 Date/Time Prepared: 1/30/2013 9:17 am

	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	70,037	171,400	395	32,550	1,628	1.00
2.00	27,900	142,500	180	12,332	617	2.00
3.00	23,840	204,100	173	16,976	849	3.00
4.00	0	231,100	0	0	0	4.00
5.00	121,500	171,400	300	24,721	1,236	5.00
6.00	30,000	171,400	200	16,481	824	6.00
7.00	1,710	171,400	9	742	37	7.00
8.00	32,700	171,400	218	17,964	898	8.00
9.00	69,476	171,400	392	32,302	1,615	9.00
10.00	49,500	171,400	340	28,017	1,401	10.00
200.00	426,663		2,207	182,085	9,105	200.00

Provider CCN: 150046

Period:
 From 09/01/2011
 To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
 1/30/2013 9:17 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	32,550	1.00
2.00	0	0	0	0	12,332	2.00
3.00	0	0	0	0	16,976	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	24,721	5.00
6.00	0	0	0	0	16,481	6.00
7.00	0	0	0	0	742	7.00
8.00	0	0	0	0	17,964	8.00
9.00	0	0	0	0	32,302	9.00
10.00	0	0	0	0	28,017	10.00
200.00	0	0	0	0	182,085	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
1/30/2013 9:17 am

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	37,487	74,411	1.00
2.00	15,568	305,670	2.00
3.00	6,864	2,366,945	3.00
4.00	0	330,922	4.00
5.00	96,779	148,079	5.00
6.00	13,519	37,494	6.00
7.00	968	2,108	7.00
8.00	14,736	17,736	8.00
9.00	37,174	37,174	9.00
10.00	21,483	23,983	10.00
200.00	244,578	3,344,522	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00	4.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,877,575	3,877,575				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,735,774		3,735,774			2.00
4.00 00400	EMPLOYEE BENEFITS	8,081,992	43,059	41,484	8,166,535		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	14,925,865	192,950	185,894	753,893	16,058,602	5.00
7.00 00701	OPERATION OF PLANT	3,376,014	936,250	902,014	171,132	5,385,410	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	556,890	40,659	39,172	6,053	642,774	8.00
9.00 00900	HOUSEKEEPING	1,275,956	14,629	14,094	204,676	1,509,355	9.00
10.00 01000	DIETARY	1,244,386	66,414	63,986	92,658	1,467,444	10.00
11.00 01100	CAFETERIA	773,113	42,359	40,810	88,744	945,026	11.00
13.00 01300	NURSING ADMINISTRATION	756,776	11,368	10,952	164,370	943,466	13.00
16.00 01601	MEDICAL RECORDS & LIBRARY	91,992	52,486	50,567	17,207	212,252	16.00
18.00 01850	INSERVICE EDUCATION	653,575	31,726	30,566	136,981	852,848	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	7,193,334	717,214	690,986	1,440,230	10,041,764	30.00
31.00 03100	INTENSIVE CARE UNIT	2,243,322	122,047	117,583	452,552	2,935,504	31.00
40.00 04000	SUBPROVIDER - IPF	1,371,634	110,185	106,156	284,177	1,872,152	40.00
41.00 04100	SUBPROVIDER - IRF	1,150,469	130,991	126,201	221,989	1,629,650	41.00
43.00 04300	NURSERY	536,207	11,988	11,549	105,736	665,480	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	3,932,559	289,621	279,030	729,647	5,230,857	50.00
51.00 05100	RECOVERY ROOM	577,306	18,085	17,423	120,993	733,807	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,255,743	82,467	79,451	224,844	1,642,505	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,117,698	88,047	84,827	187,653	1,478,225	54.00
54.01 05401	ULTRASOUND	248,472	4,662	4,491	46,759	304,384	54.01
54.02 05402	MAMMOGRAPHY	340,494	17,166	16,538	46,712	420,910	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	1,120,296	70,927	68,333	126,393	1,385,949	55.00
56.00 05600	RADIOISOTOPE	823,645	8,520	8,208	48,805	889,178	56.00
57.00 05700	CT SCAN	544,426	18,395	17,722	67,402	647,945	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	265,671	11,942	11,505	37,996	327,114	58.00
59.00 05900	CARDIAC CATHETERIZATION	945,703	26,329	25,366	131,723	1,129,121	59.00
60.00 06000	LABORATORY	2,567,838	61,454	59,207	308,541	2,997,040	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	835,934	3,674	3,540	0	843,148	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,248,636	18,820	18,131	246,809	1,532,396	65.00
66.00 06600	PHYSICAL THERAPY	1,536,958	87,370	84,175	294,932	2,003,435	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	809,084	25,169	24,249	113,971	972,473	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	102,504	12,516	12,058	14,586	141,664	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,803,920	97,497	93,932	56,655	6,052,004	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,757,937	0	0	0	5,757,937	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,211,033	30,830	29,703	375,045	9,646,611	73.00
74.00 07400	RENAL DIALYSIS	480,581	5,420	5,222	51	491,274	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020	LITHOTRIPSY	49,283	0	0	0	49,283	76.00
76.01 03021	ENDOSCOPY	1,437,357	22,104	21,295	216,536	1,697,292	76.01
76.02 03022	PRISION CLINIC	135,037	86,118	82,969	26,502	330,626	76.02
76.03 03023	WOUND CARE	714,106	19,842	19,116	16,515	769,579	76.03
76.04 03024	OPIC	407,150	43,920	42,314	78,732	572,116	76.04
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	2,018,422	118,051	113,734	398,207	2,648,414	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	
			BLDG & FIXT	MVBLE EQUIP				
			1.00	2.00	4.00			
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,132,667	3,793,271	3,654,553	8,056,407	95,857,014	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,139	6,970	6,715	6,066	75,890	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	535,707	43,059	41,484	66,216	686,466	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	463,107	34,275	33,022	18,387	548,791	194.01
194.02	07952	SITTERS	88,817	0	0	19,459	108,276	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	97,276,437	3,877,575	3,735,774	8,166,535	97,276,437	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,058,602				5.00
7.00	00701	OPERATION OF PLANT	1,064,819	6,450,229			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	127,091	105,378	875,243		8.00
9.00	00900	HOUSEKEEPING	298,434	37,913	0	1,845,702	9.00
10.00	01000	DIETARY	290,147	172,128	0	50,373	10.00
11.00	01100	CAFETERIA	186,853	109,782	0	32,127	0 11.00
13.00	01300	NURSING ADMINISTRATION	186,545	29,462	0	8,622	0 13.00
16.00	01601	MEDICAL RECORDS & LIBRARY	41,967	136,030	0	39,809	0 16.00
18.00	01850	INSERVICE EDUCATION	168,628	82,225	0	24,063	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,985,456	1,858,832	343,054	543,979	852,306 30.00
31.00	03100	INTENSIVE CARE UNIT	580,417	316,313	60,404	92,568	94,475 31.00
40.00	04000	SUBPROVIDER - IPF	370,168	285,571	22,218	83,571	206,028 40.00
41.00	04100	SUBPROVIDER - IRF	322,219	339,495	42,209	99,352	106,695 41.00
43.00	04300	NURSERY	131,581	31,069	0	9,092	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,034,261	750,621	56,443	219,667	0 50.00
51.00	05100	RECOVERY ROOM	145,091	46,871	0	13,717	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	324,761	213,732	75,258	62,548	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	292,279	228,195	21,971	66,780	0 54.00
54.01	05401	ULTRASOUND	60,184	12,082	0	3,536	0 54.01
54.02	05402	MAMMOGRAPHY	83,224	44,490	0	13,020	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	274,034	183,824	0	53,795	0 55.00
56.00	05600	RADIOISOTOPE	175,811	22,081	0	6,462	0 56.00
57.00	05700	CT SCAN	128,114	47,675	0	13,952	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	64,678	30,950	0	9,057	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	223,253	68,238	0	19,970	0 59.00
60.00	06000	LABORATORY	592,584	159,272	0	46,610	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	166,710	9,523	0	2,787	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	302,990	48,776	0	14,274	0 65.00
66.00	06600	PHYSICAL THERAPY	396,125	0	9,717	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	192,280	65,233	5,384	19,090	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,010	32,438	0	9,493	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,196,620	252,687	113,939	73,948	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,138,477	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,907,357	79,904	0	23,384	0 73.00
74.00	07400	RENAL DIALYSIS	97,136	14,046	0	4,111	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03020	LITHOTRIPSY	9,744	0	0	0	0 76.00
76.01	03021	ENDOSCOPY	335,594	57,287	0	16,765	0 76.01
76.02	03022	PRISION CLINIC	65,372	0	0	0	0 76.02
76.03	03023	WOUND CARE	152,163	51,424	15,596	15,049	0 76.03
76.04	03024	OPIC	113,120	113,830	0	33,312	0 76.04
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	523,652	305,956	109,050	89,537	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
99.00	09900	CMHC	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,777,949	6,343,333	875,243	1,814,420	1,259,504 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,005	18,064	0	5,286	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	OCCUPATIONAL MEDICINE	135,730	0	0	0	0 194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	108,509	88,832	0	25,996	720,588 194.01
194.02	07952	SITTERS	21,409	0	0	0	0 194.02
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)	16,058,602	6,450,229	875,243	1,845,702	1,980,092 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		Subtotal
				INSERVICE	EDUCATION	
	11.00	13.00	16.00	18.00		24.00
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
7.00 00701						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100	1,273,788					11.00
13.00 01300	18,886	1,186,981				13.00
16.00 01601	3,903	0	433,961			16.00
18.00 01850	26,064	28,908	0	1,182,736		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	301,859	334,796	14,566	368,476	16,645,088	30.00
31.00 03100	77,206	85,631	5,304	108,444	4,356,266	31.00
40.00 04000	63,246	70,147	6,404	72,785	3,052,290	40.00
41.00 04100	41,180	46,146	2,072	36,035	2,665,053	41.00
43.00 04300	18,043	20,012	1,286	17,698	894,261	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	135,951	150,786	51,996	119,830	7,750,412	50.00
51.00 05100	17,487	19,395	7,518	6,876	990,762	51.00
52.00 05200	37,692	42,366	4,887	23,928	2,427,677	52.00
53.00 05300	0	0	0	0	0	53.00
54.00 05400	45,199	50,131	8,108	18,487	2,209,375	54.00
54.01 05401	7,385	8,191	2,406	4,622	402,790	54.01
54.02 05402	9,306	10,322	1,638	10,822	593,732	54.02
55.00 05500	20,444	23,804	8,495	21,681	1,972,026	55.00
56.00 05600	6,872	7,622	8,069	3,983	1,120,078	56.00
57.00 05700	13,056	14,481	18,282	225	883,730	57.00
58.00 05800	6,481	0	4,217	301	442,798	58.00
59.00 05900	19,338	21,448	19,387	7,853	1,508,608	59.00
60.00 06000	73,302	0	41,150	12,663	3,922,621	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100	0	0	0	0	0	61.00
62.00 06200	0	0	4,646	0	1,026,814	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	44,870	0	9,998	26,641	1,979,945	65.00
66.00 06600	38,469	43,139	9,234	32,090	2,532,209	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	23,245	25,782	8,997	2,705	1,315,189	69.00
70.00 07000	2,740	0	606	0	214,951	70.00
71.00 07100	16,230	18,002	32,632	0	7,756,062	71.00
72.00 07200	0	0	12,991	0	6,909,405	72.00
73.00 07300	54,869	0	88,518	14,204	11,814,847	73.00
74.00 07400	7	8	2,940	0	609,522	74.00
75.00 07500	0	0	0	0	0	75.00
76.00 03020	0	0	164	0	59,191	76.00
76.01 03021	35,256	39,104	24,993	17,773	2,224,064	76.01
76.02 03022	4,699	0	27	488	401,212	76.02
76.03 03023	2,609	18,342	3,302	0	1,028,064	76.03
76.04 03024	15,195	16,854	3,799	6,726	874,952	76.04
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	0	0	0	0	0	90.00
91.00 09100	71,232	79,005	25,329	241,313	4,093,488	91.00
92.00 09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	0	0	0	0	0	94.00
95.00 09500	0	0	0	0	0	95.00
96.00 09600	0	0	0	0	0	96.00
97.00 09700	0	0	0	0	0	97.00
98.00 09950	0	0	0	0	0	98.00
99.00 09900	0	0	0	0	0	99.00
99.10 09910	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE INSERVICE EDUCATION	Subtotal	
		11.00	13.00	16.00	18.00	24.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,252,321	1,174,422	433,961	1,176,649	94,677,482	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,937	0	0	0	116,182	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	11,324	12,559	0	6,087	852,166	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	900	0	0	0	1,493,616	194.01
194.02	07952 SITTERS	7,306	0	0	0	136,991	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,273,788	1,186,981	433,961	1,182,736	97,276,437	202.00

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS			4.00
5.00	00500 ADMINISTRATIVE & GENERAL			5.00
7.00	00701 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
16.00	01601 MEDICAL RECORDS & LIBRARY			16.00
18.00	01850 INSERVICE EDUCATION			18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	0	16,645,088	30.00
31.00	03100 INTENSIVE CARE UNIT	0	4,356,266	31.00
40.00	04000 SUBPROVIDER - IPF	0	3,052,290	40.00
41.00	04100 SUBPROVIDER - IRF	0	2,665,053	41.00
43.00	04300 NURSERY	0	894,261	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	7,750,412	50.00
51.00	05100 RECOVERY ROOM	0	990,762	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,427,677	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,209,375	54.00
54.01	05401 ULTRASOUND	0	402,790	54.01
54.02	05402 MAMMOGRAPHY	0	593,732	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,972,026	55.00
56.00	05600 RADIOISOTOPE	0	1,120,078	56.00
57.00	05700 CT SCAN	0	883,730	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	442,798	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,508,608	59.00
60.00	06000 LABORATORY	0	3,922,621	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,026,814	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,979,945	65.00
66.00	06600 PHYSICAL THERAPY	0	2,532,209	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,315,189	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	214,951	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,756,062	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,909,405	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,814,847	73.00
74.00	07400 RENAL DIALYSIS	0	609,522	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 LITHOTRIPSY	0	59,191	76.00
76.01	03021 ENDOSCOPY	0	2,224,064	76.01
76.02	03022 PRISION CLINIC	0	401,212	76.02
76.03	03023 WOUND CARE	0	1,028,064	76.03
76.04	03024 OPIC	0	874,952	76.04
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	0	0	90.00
91.00	09100 EMERGENCY	0	4,093,488	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	94,677,482	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	116,182	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	0	852,166	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	0	1,493,616	194.01
194.02	07952 SITTERS	0	136,991	194.02
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	97,276,437	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description	Directly Assigned New Capital Related costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL	1,578,048	192,950	185,894	1,956,892	7,806	5.00
7.00 00701 OPERATION OF PLANT	0	936,250	902,014	1,838,264	1,772	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	40,659	39,172	79,831	63	8.00
9.00 00900 HOUSEKEEPING	0	14,629	14,094	28,723	2,119	9.00
10.00 01000 DIETARY	0	66,414	63,986	130,400	959	10.00
11.00 01100 CAFETERIA	0	42,359	40,810	83,169	919	11.00
13.00 01300 NURSING ADMINISTRATION	160	11,368	10,952	22,480	1,702	13.00
16.00 01601 MEDICAL RECORDS & LIBRARY	0	52,486	50,567	103,053	178	16.00
18.00 01850 INSERVICE EDUCATION	0	31,726	30,566	62,292	1,418	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	717,214	690,986	1,408,200	14,897	30.00
31.00 03100 INTENSIVE CARE UNIT	0	122,047	117,583	239,630	4,686	31.00
40.00 04000 SUBPROVIDER - IPF	0	110,185	106,156	216,341	2,942	40.00
41.00 04100 SUBPROVIDER - IRF	0	130,991	126,201	257,192	2,299	41.00
43.00 04300 NURSERY	0	11,988	11,549	23,537	1,095	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	289,621	279,030	568,651	7,555	50.00
51.00 05100 RECOVERY ROOM	0	18,085	17,423	35,508	1,253	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	122	82,467	79,451	162,040	2,328	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	88,047	84,827	172,874	1,943	54.00
54.01 05401 ULTRASOUND	0	4,662	4,491	9,153	484	54.01
54.02 05402 MAMMOGRAPHY	0	17,166	16,538	33,704	484	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	70,927	68,333	139,260	1,309	55.00
56.00 05600 RADIOISOTOPE	0	8,520	8,208	16,728	505	56.00
57.00 05700 CT SCAN	0	18,395	17,722	36,117	698	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,942	11,505	23,447	393	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	26,329	25,366	51,695	1,364	59.00
60.00 06000 LABORATORY	0	61,454	59,207	120,661	3,195	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,674	3,540	7,214	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	18,820	18,131	36,951	2,556	65.00
66.00 06600 PHYSICAL THERAPY	0	87,370	84,175	171,545	3,054	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	25,169	24,249	49,418	1,180	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	30	12,516	12,058	24,604	151	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	97,497	93,932	191,429	587	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	30,830	29,703	60,533	3,883	73.00
74.00 07400 RENAL DIALYSIS	0	5,420	5,222	10,642	1	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 LITHOTRIPSY	0	0	0	0	0	76.00
76.01 03021 ENDOSCOPY	0	22,104	21,295	43,399	2,242	76.01
76.02 03022 PRISION CLINIC	0	86,118	82,969	169,087	274	76.02
76.03 03023 WOUND CARE	0	19,842	19,116	38,958	171	76.03
76.04 03024 OPIC	0	43,920	42,314	86,234	815	76.04
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	118,051	113,734	231,785	4,123	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,578,360	3,793,271	3,654,553	9,026,184	83,403	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,970	6,715	13,685	63	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OCCUPATIONAL MEDICINE	0	43,059	41,484	84,543	686	194.00
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	0	34,275	33,022	67,297	190	194.01
194.02 07952 SITTERS	0	0	0	0	201	194.02
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,578,360	3,877,575	3,735,774	9,191,709	84,543	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.00	00500 ADMINISTRATIVE & GENERAL	1,964,698					5.00
7.00	00701 OPERATION OF PLANT	130,273	1,970,309				7.00
8.00	00800 LAUNDRY & LINEN SERVICE	15,549	32,189	127,632			8.00
9.00	00900 HOUSEKEEPING	36,511	11,581	0	78,934		9.00
10.00	01000 DIETARY	35,497	52,579	0	2,154	221,589	10.00
11.00	01100 CAFETERIA	22,860	33,535	0	1,374	0	11.00
13.00	01300 NURSING ADMINISTRATION	22,822	9,000	0	369	0	13.00
16.00	01601 MEDICAL RECORDS & LIBRARY	5,134	41,552	0	1,702	0	16.00
18.00	01850 INSERVICE EDUCATION	20,630	25,117	0	1,029	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	242,953	567,805	50,027	23,265	95,380	30.00
31.00	03100 INTENSIVE CARE UNIT	71,010	96,622	8,808	3,959	10,573	31.00
40.00	04000 SUBPROVIDER - IPF	45,287	87,232	3,240	3,574	23,056	40.00
41.00	04100 SUBPROVIDER - IRF	39,421	103,703	6,155	4,249	11,940	41.00
43.00	04300 NURSERY	16,098	9,490	0	389	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	126,534	229,287	8,231	9,394	0	50.00
51.00	05100 RECOVERY ROOM	17,751	14,317	0	587	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	39,732	65,287	10,974	2,675	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	35,758	69,705	3,204	2,856	0	54.00
54.01	05401 ULTRASOUND	7,363	3,691	0	151	0	54.01
54.02	05402 MAMMOGRAPHY	10,182	13,590	0	557	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	33,526	56,151	0	2,301	0	55.00
56.00	05600 RADIOISOTOPE	21,509	6,745	0	276	0	56.00
57.00	05700 CT SCAN	15,674	14,563	0	597	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	7,913	9,454	0	387	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	27,313	20,844	0	854	0	59.00
60.00	06000 LABORATORY	72,498	48,652	0	1,993	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	20,396	2,909	0	119	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	37,069	14,899	0	610	0	65.00
66.00	06600 PHYSICAL THERAPY	48,463	0	1,417	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	23,524	19,926	785	816	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,427	9,909	0	406	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	146,398	77,187	16,615	3,162	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	139,284	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	233,352	24,408	0	1,000	0	73.00
74.00	07400 RENAL DIALYSIS	11,884	4,291	0	176	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 LITHOTRIPSY	1,192	0	0	0	0	76.00
76.01	03021 ENDOSCOPY	41,057	17,499	0	717	0	76.01
76.02	03022 PRISION CLINIC	7,998	0	0	0	0	76.02
76.03	03023 WOUND CARE	18,616	15,708	2,274	644	0	76.03
76.04	03024 OPIC	13,839	34,771	0	1,425	0	76.04
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	64,065	93,458	15,902	3,829	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,930,362	1,937,656	127,632	77,596	140,949 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,836	5,518	0	226	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	OCCUPATIONAL MEDICINE	16,606	0	0	0	0 194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	13,275	27,135	0	1,112	80,640 194.01
194.02	07952	SITTERS	2,619	0	0	0	0 194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	1,964,698	1,970,309	127,632	78,934	221,589 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period: 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE INSERVICE EDUCATION	Subtotal	
	11.00	13.00	16.00	18.00		
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
7.00 00701						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100	141,857					11.00
13.00 01300	2,103	58,476				13.00
16.00 01601	435	0	152,054			16.00
18.00 01850	2,903	1,424	0	114,813		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	33,617	16,495	5,098	35,769	2,493,506	30.00
31.00 03100	8,598	4,219	1,856	10,527	460,488	31.00
40.00 04000	7,043	3,456	2,241	7,065	401,477	40.00
41.00 04100	4,586	2,273	725	3,498	436,041	41.00
43.00 04300	2,009	986	450	1,718	55,772	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	15,140	7,428	18,199	11,632	1,002,051	50.00
51.00 05100	1,947	955	2,631	668	75,617	51.00
52.00 05200	4,198	2,087	1,710	2,323	293,354	52.00
53.00 05300	0	0	0	0	0	53.00
54.00 05400	5,034	2,470	2,838	1,795	298,477	54.00
54.01 05401	822	404	842	449	23,359	54.01
54.02 05402	1,036	508	573	1,051	61,685	54.02
55.00 05500	2,277	1,173	2,973	2,105	241,075	55.00
56.00 05600	765	375	2,824	387	50,114	56.00
57.00 05700	1,454	713	6,399	22	76,237	57.00
58.00 05800	722	0	1,476	29	43,821	58.00
59.00 05900	2,154	1,057	6,786	762	112,829	59.00
60.00 06000	8,163	0	14,403	1,229	270,794	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100	0	0	0	0	0	61.00
62.00 06200	0	0	1,626	0	32,264	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	4,997	0	3,499	2,586	103,167	65.00
66.00 06600	4,284	2,125	3,232	3,115	237,235	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	2,589	1,270	3,149	263	102,920	69.00
70.00 07000	305	0	212	0	39,014	70.00
71.00 07100	1,808	887	11,421	0	449,494	71.00
72.00 07200	0	0	4,547	0	143,831	72.00
73.00 07300	6,111	0	31,150	1,379	361,816	73.00
74.00 07400	1	0	1,029	0	28,024	74.00
75.00 07500	0	0	0	0	0	75.00
76.00 03020	0	0	57	0	1,249	76.00
76.01 03021	3,926	1,926	8,747	1,725	121,238	76.01
76.02 03022	523	0	10	47	177,939	76.02
76.03 03023	291	904	1,156	0	78,722	76.03
76.04 03024	1,692	830	1,330	653	141,589	76.04
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	0	0	0	0	0	90.00
91.00 09100	7,933	3,892	8,865	23,425	457,277	91.00
92.00 09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	0	0	0	0	0	94.00
95.00 09500	0	0	0	0	0	95.00
96.00 09600	0	0	0	0	0	96.00
97.00 09700	0	0	0	0	0	97.00
98.00 09800	0	0	0	0	0	98.00
99.00 09900	0	0	0	0	0	99.00
99.10 09910	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE INSERVICE EDUCATION	Subtotal	
		11.00	13.00	16.00	18.00	24.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	139,466	57,857	152,054	114,222	8,872,476	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	216	0	0	0	21,544	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	1,261	619	0	591	104,306	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	100	0	0	0	189,749	194.01
194.02	07952 SITTERS	814	0	0	0	3,634	194.02
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)	141,857	58,476	152,054	114,813	9,191,709	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period: From 09/01/2011 To 08/31/2012

Worksheet B Part II Date/Time Prepared: 1/30/2013 9:17 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00701	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01601	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	INSERVICE EDUCATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,493,506	30.00
31.00	03100	INTENSIVE CARE UNIT	460,488	31.00
40.00	04000	SUBPROVIDER - IPF	401,477	40.00
41.00	04100	SUBPROVIDER - IRF	436,041	41.00
43.00	04300	NURSERY	55,772	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,002,051	50.00
51.00	05100	RECOVERY ROOM	75,617	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	293,354	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	298,477	54.00
54.01	05401	ULTRASOUND	23,359	54.01
54.02	05402	MAMMOGRAPHY	61,685	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	241,075	55.00
56.00	05600	RADIOISOTOPE	50,114	56.00
57.00	05700	CT SCAN	76,237	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	43,821	58.00
59.00	05900	CARDIAC CATHETERIZATION	112,829	59.00
60.00	06000	LABORATORY	270,794	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	32,264	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	103,167	65.00
66.00	06600	PHYSICAL THERAPY	237,235	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	102,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	449,494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	143,831	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	361,816	73.00
74.00	07400	RENAL DIALYSIS	28,024	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	LITHOTRIPSY	1,249	76.00
76.01	03021	ENDOSCOPY	121,238	76.01
76.02	03022	PRISION CLINIC	177,939	76.02
76.03	03023	WOUND CARE	78,722	76.03
76.04	03024	OPIC	141,589	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	457,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,872,476	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,544	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	0	104,306	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	0	189,749	194.01
194.02	07952 SITTERS	0	3,634	194.02
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	9,191,709	202.00

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCU. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)			
		1.00	2.00	4.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	337,697				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		337,697			2.00
4.00	00400	EMPLOYEE BENEFITS	3,750	3,750	34,247,880		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,804	16,804	3,161,585	-16,058,602	5.00
7.00	00701	OPERATION OF PLANT	81,538	81,538	717,672	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,541	3,541	25,383	0	8.00
9.00	00900	HOUSEKEEPING	1,274	1,274	858,344	0	9.00
10.00	01000	DIETARY	5,784	5,784	388,579	0	10.00
11.00	01100	CAFETERIA	3,689	3,689	372,165	0	11.00
13.00	01300	NURSING ADMINISTRATION	990	990	689,315	0	13.00
16.00	01601	MEDICAL RECORDS & LIBRARY	4,571	4,571	72,161	0	16.00
18.00	01850	INSERVICE EDUCATION	2,763	2,763	574,455	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,462	62,462	6,039,896	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,629	10,629	1,897,857	0	31.00
40.00	04000	SUBPROVIDER - IPF	9,596	9,596	1,191,746	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,408	11,408	930,952	0	41.00
43.00	04300	NURSERY	1,044	1,044	443,425	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,223	25,223	3,059,905	0	50.00
51.00	05100	RECOVERY ROOM	1,575	1,575	507,408	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,182	7,182	942,924	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,668	7,668	786,957	0	54.00
54.01	05401	ULTRASOUND	406	406	196,091	0	54.01
54.02	05402	MAMMOGRAPHY	1,495	1,495	195,897	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,177	6,177	530,053	0	55.00
56.00	05600	RADIOISOTOPE	742	742	204,672	0	56.00
57.00	05700	CT SCAN	1,602	1,602	282,663	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,040	1,040	159,343	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,293	2,293	552,405	0	59.00
60.00	06000	LABORATORY	5,352	5,352	1,293,924	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	320	320	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,639	1,639	1,035,040	0	65.00
66.00	06600	PHYSICAL THERAPY	7,609	7,609	1,236,851	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,192	2,192	477,959	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,090	1,090	61,169	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,491	8,491	237,591	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,685	2,685	1,572,820	0	73.00
74.00	07400	RENAL DIALYSIS	472	472	214	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	1,925	1,925	908,081	0	76.01
76.02	03022	PRISION CLINIC	7,500	7,500	111,143	0	76.02
76.03	03023	WOUND CARE	1,728	1,728	69,258	0	76.03
76.04	03024	OPIC	3,825	3,825	330,178	0	76.04
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	10,281	10,281	1,669,954	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00

Cost Center Description	CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)			
	1.00	2.00	4.00			
99.10 09910 CORF	0	0	0	SA	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0		0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0		0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0		0	105.00
106.00 10600 HEART ACQUISITION	0	0	0		0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0		0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0		0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0		0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0		0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		0	115.00
116.00 11600 HOSPICE	0	0	0		0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	330,355	330,355	33,786,035	-16,058,602	79,798,412	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	607	25,439		75,890	190.00
191.00 19100 RESEARCH	0	0	0		0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.00
193.00 19300 NONPAID WORKERS	0	0	0		0	193.00
194.00 07950 OCCUPATIONAL MEDICINE	3,750	3,750	277,690		686,466	194.00
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	2,985	2,985	77,110		548,791	194.01
194.02 07952 SITTERS	0	0	81,606		108,276	194.02
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)	3,877,575	3,735,774	8,166,535		16,058,602	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.482409	11.062503	0.238454		0.197723	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			84,543		1,964,698	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002469		0.024190	205.00

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00701	216,746					7.00
8.00	00800	3,541	14,142				8.00
9.00	00900	1,274	0	211,931			9.00
10.00	01000	5,784	0	5,784	145,517		10.00
11.00	01100	3,689	0	3,689	0	1,041,212	11.00
13.00	01300	990	0	990	0	15,438	13.00
16.00	01601	4,571	0	4,571	0	3,190	16.00
18.00	01850	2,763	0	2,763	0	21,305	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	62,462	5,543	62,462	62,636	246,743	30.00
31.00	03100	10,629	976	10,629	6,943	63,109	31.00
40.00	04000	9,596	359	9,596	15,141	51,698	40.00
41.00	04100	11,408	682	11,408	7,841	33,661	41.00
43.00	04300	1,044	0	1,044	0	14,749	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,223	912	25,223	0	111,128	50.00
51.00	05100	1,575	0	1,575	0	14,294	51.00
52.00	05200	7,182	1,216	7,182	0	30,810	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	7,668	355	7,668	0	36,946	54.00
54.01	05401	406	0	406	0	6,037	54.01
54.02	05402	1,495	0	1,495	0	7,607	54.02
55.00	05500	6,177	0	6,177	0	16,711	55.00
56.00	05600	742	0	742	0	5,617	56.00
57.00	05700	1,602	0	1,602	0	10,672	57.00
58.00	05800	1,040	0	1,040	0	5,298	58.00
59.00	05900	2,293	0	2,293	0	15,807	59.00
60.00	06000	5,352	0	5,352	0	59,918	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	320	0	320	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,639	0	1,639	0	36,677	65.00
66.00	06600	0	157	0	0	31,445	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	2,192	87	2,192	0	19,001	69.00
70.00	07000	1,090	0	1,090	0	2,240	70.00
71.00	07100	8,491	1,841	8,491	0	13,267	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	2,685	0	2,685	0	44,851	73.00
74.00	07400	472	0	472	0	6	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	1,925	0	1,925	0	28,819	76.01
76.02	03022	0	0	0	0	3,841	76.02
76.03	03023	1,728	252	1,728	0	2,133	76.03
76.04	03024	3,825	0	3,825	0	12,421	76.04
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	0	0	0	0	0	90.00
91.00	09100	10,281	1,762	10,281	0	58,226	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	09800	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
1/30/2013 9:17 am

COST Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	213,154	14,142	208,339	92,561	1,023,665	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	0	607	0	1,583	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	0	0	0	0	9,256	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	2,985	0	2,985	52,956	736	194.01
194.02	07952 SITTERS	0	0	0	0	5,972	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	6,450,229	875,243	1,845,702	1,980,092	1,273,788	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	29.759391	61.889620	8.708976	13.607290	1.223370	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	1,970,309	127,632	78,934	221,589	141,857	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	9.090405	9.025032	0.372451	1.522771	0.136242	205.00

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	
			INSERVICE EDUCATION (TIME SPENT)	
	13.00	16.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
7.00 00701 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
13.00 01300 NURSING ADMINISTRATION	874,794			13.00
16.00 01601 MEDICAL RECORDS & LIBRARY	0	471,532,533		16.00
18.00 01850 INSERVICE EDUCATION	21,305	0	786,895	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	246,743	15,832,219	245,150	30.00
31.00 03100 INTENSIVE CARE UNIT	63,109	5,764,910	72,150	31.00
40.00 04000 SUBPROVIDER - IPF	51,698	6,960,674	48,425	40.00
41.00 04100 SUBPROVIDER - IRF	34,009	2,251,840	23,975	41.00
43.00 04300 NURSERY	14,749	1,397,873	11,775	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	111,128	56,517,235	79,725	50.00
51.00 05100 RECOVERY ROOM	14,294	8,171,721	4,575	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	31,223	5,311,828	15,920	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	36,946	8,813,203	12,300	54.00
54.01 05401 ULTRASOUND	6,037	2,615,613	3,075	54.01
54.02 05402 MAMMOGRAPHY	7,607	1,780,218	7,200	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	17,543	9,233,953	14,425	55.00
56.00 05600 RADIOISOTOPE	5,617	8,770,754	2,650	56.00
57.00 05700 CT SCAN	10,672	19,871,228	150	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,583,814	200	58.00
59.00 05900 CARDIAC CATHETERIZATION	15,807	21,073,111	5,225	59.00
60.00 06000 LABORATORY	0	44,728,639	8,425	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,050,193	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	10,867,005	17,725	65.00
66.00 06600 PHYSICAL THERAPY	31,793	10,037,233	21,350	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	19,001	9,779,566	1,800	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	658,625	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,267	35,469,506	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,120,629	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	96,052,323	9,450	73.00
74.00 07400 RENAL DIALYSIS	6	3,195,268	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03020 LITHOTRIPSY	0	177,986	0	76.00
76.01 03021 ENDOSCOPY	28,819	27,165,968	11,825	76.01
76.02 03022 PRISION CLINIC	0	29,876	325	76.02
76.03 03023 WOUND CARE	13,518	3,588,735	0	76.03
76.04 03024 OPIC	12,421	4,129,234	4,475	76.04
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	58,226	27,531,553	160,550	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09500 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		
			INSERVICE EDUCATION (TIME SPENT)		
	13.00	16.00	18.00		
99.00 09900 CMHC	0	0	0		99.00
99.10 09910 CORF	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0		108.00
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
114.00 11400 UTILIZATION REVIEW-SNF					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	865,538	471,532,533	782,845		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0		193.00
194.00 07950 OCCUPATIONAL MEDICINE	9,256	0	4,050		194.00
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.01
194.02 07952 SITTERS	0	0	0		194.02
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)	1,186,981	433,961	1,182,736		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.356869	0.000920	1.503042		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	58,476	152,054	114,813		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.066845	0.000322	0.145906		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Hospital

PPS

Cost Center Description	Total Cost (from wkst. B, Part I, col 26)	Therapy Limit Adj.	Total Costs	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	16,645,088		16,645,088	37,487		16,682,575 30.00
31.00 03100 INTENSIVE CARE UNIT	4,356,266		4,356,266	0		4,356,266 31.00
40.00 04000 SUBPROVIDER - IPF	3,052,290		3,052,290	15,568		3,067,858 40.00
41.00 04100 SUBPROVIDER - IRF	2,665,053		2,665,053	0		2,665,053 41.00
43.00 04300 NURSERY	894,261		894,261	0		894,261 43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0		0 44.00
45.00 04500 NURSING FACILITY	0		0	0		0 45.00
46.00 04600 OTHER LONG TERM CARE	0		0	0		0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,750,412		7,750,412	6,864		7,757,276 50.00
51.00 05100 RECOVERY ROOM	990,762		990,762	0		990,762 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,427,677		2,427,677	0		2,427,677 52.00
53.00 05300 ANESTHESIOLOGY	0		0	0		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,209,375		2,209,375	0		2,209,375 54.00
54.01 05401 ULTRASOUND	402,790		402,790	0		402,790 54.01
54.02 05402 MAMMOGRAPHY	593,732		593,732	0		593,732 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	1,972,026		1,972,026	0		1,972,026 55.00
56.00 05600 RADIOISOTOPE	1,120,078		1,120,078	0		1,120,078 56.00
57.00 05700 CT SCAN	883,730		883,730	0		883,730 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	442,798		442,798	0		442,798 58.00
59.00 05900 CARDIAC CATHETERIZATION	1,508,608		1,508,608	0		1,508,608 59.00
60.00 06000 LABORATORY	3,922,621		3,922,621	0		3,922,621 60.00
60.01 06001 BLOOD LABORATORY	0		0	0		0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0		0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,026,814		1,026,814	0		1,026,814 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0		0 63.00
64.00 06400 INTRAVENOUS THERAPY	0		0	0		0 64.00
65.00 06500 RESPIRATORY THERAPY	1,979,945	0	1,979,945	968		1,980,913 65.00
66.00 06600 PHYSICAL THERAPY	2,532,209	0	2,532,209	21,483		2,553,692 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		0 68.00
69.00 06900 ELECTROCARDIOLOGY	1,315,189		1,315,189	13,519		1,328,708 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	214,951		214,951	0		214,951 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,756,062		7,756,062	0		7,756,062 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,909,405		6,909,405	0		6,909,405 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,814,847		11,814,847	0		11,814,847 73.00
74.00 07400 RENAL DIALYSIS	609,522		609,522	0		609,522 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0		0	0		0 75.00
76.00 03020 LITHOTRIPSY	59,191		59,191	0		59,191 76.00
76.01 03021 ENDOSCOPY	2,224,064		2,224,064	96,779		2,320,843 76.01
76.02 03022 PRISION CLINIC	401,212		401,212	0		401,212 76.02
76.03 03023 WOUND CARE	1,028,064		1,028,064	14,736		1,042,800 76.03
76.04 03024 OPIC	874,952		874,952	37,174		912,126 76.04
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	4,093,488		4,093,488	0		4,093,488 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	720,163		720,163	0		720,163 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0		0	0		0 94.00
95.00 09500 AMBULANCE SERVICES	0		0	0		0 95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0		0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0		0 97.00
98.00 09800 OTHER REIMBURSABLE COST CENTERS	0		0	0		0 98.00
99.00 09900 CMHC	0		0	0		0 99.00
99.10 09910 CORF	0		0	0		0 99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0		0 100.00
101.00 10100 HOME HEALTH AGENCY	0		0	0		0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0		0	0		0 105.00
106.00 10600 HEART ACQUISITION	0		0	0		0 106.00
107.00 10700 LIVER ACQUISITION	0		0	0		0 107.00
108.00 10800 LUNG ACQUISITION	0		0	0		0 108.00
109.00 10900 PANCREAS ACQUISITION	0		0	0		0 109.00
110.00 11000 INTESTINAL ACQUISITION	0		0	0		0 110.00
111.00 11100 ISLET ACQUISITION	0		0	0		0 111.00
113.00 11300 INTEREST EXPENSE	0		0	0		0 113.00
114.00 11400 UTILIZATION REVIEW-SNF	0		0	0		0 114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

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	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0			0 115.00
116.00 11600 HOSPICE	0		0			0 116.00
200.00 Subtotal (see instructions)	95,397,645	0	95,397,645	244,578	95,642,223	200.00
201.00 Less observation Beds	720,163		720,163		720,163	201.00
202.00 Total (see instructions)	94,677,482	0	94,677,482	244,578	94,922,060	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,725,835		13,725,835	30.00
31.00	03100	INTENSIVE CARE UNIT	5,764,910		5,764,910	31.00
40.00	04000	SUBPROVIDER - IPF	6,960,674		6,960,674	40.00
41.00	04100	SUBPROVIDER - IRF	2,251,840		2,251,840	41.00
43.00	04300	NURSERY	1,397,873		1,397,873	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,067,903	34,449,332	56,517,235	0.137134
51.00	05100	RECOVERY ROOM	2,431,135	5,740,586	8,171,721	0.121243
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,113,304	198,524	5,311,828	0.457032
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,637,954	6,175,249	8,813,203	0.250689
54.01	05401	ULTRASOUND	627,463	1,988,150	2,615,613	0.153994
54.02	05402	MAMMOGRAPHY	15,935	1,764,283	1,780,218	0.333516
55.00	05500	RADIOLOGY-THERAPEUTIC	581,392	8,652,561	9,233,953	0.213562
56.00	05600	RADIOISOTOPE	826,127	7,944,627	8,770,754	0.127706
57.00	05700	CT SCAN	5,934,600	13,936,628	19,871,228	0.044473
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	915,452	3,668,362	4,583,814	0.096600
59.00	05900	CARDIAC CATHETERIZATION	11,300,148	9,772,963	21,073,111	0.071589
60.00	06000	LABORATORY	21,906,158	22,822,481	44,728,639	0.087698
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,056,844	993,349	5,050,193	0.203322
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	10,376,762	490,243	10,867,005	0.182198
66.00	06600	PHYSICAL THERAPY	6,586,907	3,450,326	10,037,233	0.252282
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000
69.00	06900	ELECTROCARDIOLOGY	5,113,818	4,665,748	9,779,566	0.134483
70.00	07000	ELECTROENCEPHALOGRAPHY	136,272	522,353	658,625	0.326363
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,338,993	17,130,513	35,469,506	0.218668
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,250,098	6,870,531	14,120,629	0.489313
73.00	07300	DRUGS CHARGED TO PATIENTS	55,401,687	40,650,636	96,052,323	0.123004
74.00	07400	RENAL DIALYSIS	3,170,864	24,404	3,195,268	0.190758
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000
76.00	03020	LITHOTRIPSY	0	177,986	177,986	0.332560
76.01	03021	ENDOSCOPY	1,429,627	25,736,341	27,165,968	0.081869
76.02	03022	PRISION CLINIC	335	29,541	29,876	13.429241
76.03	03023	WOUND CARE	112,348	3,476,387	3,588,735	0.286470
76.04	03024	OPIC	41,696	4,087,538	4,129,234	0.211892
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	
90.00	09000	CLINIC	0	0	0	0.000000
91.00	09100	EMERGENCY	6,816,823	20,714,730	27,531,553	0.148684
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	755,337	1,351,047	2,106,384	0.341895
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000
99.00	09900	CMHC	0	0	0	
99.10	09910	CORF	0	0	0	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	
101.00	10100	HOME HEALTH AGENCY	0	0	0	
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	
106.00	10600	HEART ACQUISITION	0	0	0	
107.00	10700	LIVER ACQUISITION	0	0	0	
108.00	10800	LUNG ACQUISITION	0	0	0	
109.00	10900	PANCREAS ACQUISITION	0	0	0	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	
111.00	11100	ISLET ACQUISITION	0	0	0	
113.00	11300	INTEREST EXPENSE	0	0	0	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Hospital

PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
116.00 11600 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	224,047,114	247,485,419	471,532,533			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	224,047,114	247,485,419	471,532,533			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

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
43.00	04300 NURSERY		43.00
44.00	04400 SKILLED NURSING FACILITY		44.00
45.00	04500 NURSING FACILITY		45.00
46.00	04600 OTHER LONG TERM CARE		46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.137255	50.00
51.00	05100 RECOVERY ROOM	0.121243	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.457032	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250689	54.00
54.01	05401 ULTRASOUND	0.153994	54.01
54.02	05402 MAMMOGRAPHY	0.333516	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213562	55.00
56.00	05600 RADIOISOTOPE	0.127706	56.00
57.00	05700 CT SCAN	0.044473	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096600	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071589	59.00
60.00	06000 LABORATORY	0.087698	60.00
60.01	06001 BLOOD LABORATORY	0.000000	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203322	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0.182287	65.00
66.00	06600 PHYSICAL THERAPY	0.254422	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0.135866	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.326363	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218668	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489313	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123004	73.00
74.00	07400 RENAL DIALYSIS	0.190758	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	75.00
76.00	03020 LITHOTRIPSY	0.332560	76.00
76.01	03021 ENDOSCOPY	0.085432	76.01
76.02	03022 PRISION CLINIC	13.429241	76.02
76.03	03023 WOUND CARE	0.290576	76.03
76.04	03024 OPIC	0.220895	76.04
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	0.000000	90.00
91.00	09100 EMERGENCY	0.148684	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341895	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
98.00	09900 OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
99.00	09900 CMHC		99.00
99.10	09910 CORF		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		100.00
101.00	10100 HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION		105.00
106.00	10600 HEART ACQUISITION		106.00
107.00	10700 LIVER ACQUISITION		107.00
108.00	10800 LUNG ACQUISITION		108.00
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
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600 HOSPICE		116.00
200.00	Subtotal (see instructions)		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Hospital

PPS

Cost Center Description		PPS Inpatient Ratio	
201.00	Less Observation Beds	11.00	201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Title XIX

Hospital

Cost

Cost Center Description	Total Cost (from wkst. B, Part 1, col. 26)	Therapy Limit Adj.	Total Costs	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	16,645,088		16,645,088	0	0
31.00 03100 INTENSIVE CARE UNIT	4,356,266		4,356,266	0	0
40.00 04000 SUBPROVIDER - IPF	3,052,290		3,052,290	0	0
41.00 04100 SUBPROVIDER - IRF	2,665,053		2,665,053	0	0
43.00 04300 NURSERY	894,261		894,261	0	0
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0
45.00 04500 NURSING FACILITY	0		0	0	0
46.00 04600 OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	7,750,412		7,750,412	0	0
51.00 05100 RECOVERY ROOM	990,762		990,762	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,427,677		2,427,677	0	0
53.00 05300 ANESTHESIOLOGY	0		0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,209,375		2,209,375	0	0
54.01 05401 ULTRASOUND	402,790		402,790	0	0
54.02 05402 MAMMOGRAPHY	593,732		593,732	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	1,972,026		1,972,026	0	0
56.00 05600 RADIOISOTOPE	1,120,078		1,120,078	0	0
57.00 05700 CT SCAN	883,730		883,730	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	442,798		442,798	0	0
59.00 05900 CARDIAC CATHETERIZATION	1,508,608		1,508,608	0	0
60.00 06000 LABORATORY	3,922,621		3,922,621	0	0
60.01 06001 BLOOD LABORATORY	0		0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,026,814		1,026,814	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0
64.00 06400 INTRAVENOUS THERAPY	0		0	0	0
65.00 06500 RESPIRATORY THERAPY	1,979,945	0	1,979,945	0	0
66.00 06600 PHYSICAL THERAPY	2,532,209	0	2,532,209	0	0
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	1,315,189		1,315,189	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	214,951		214,951	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,756,062		7,756,062	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,909,405		6,909,405	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	11,814,847		11,814,847	0	0
74.00 07400 RENAL DIALYSIS	609,522		609,522	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0		0	0	0
76.00 03020 LITHOTRIPSY	59,191		59,191	0	0
76.01 03021 ENDOSCOPY	2,224,064		2,224,064	0	0
76.02 03022 PRISION CLINIC	401,212		401,212	0	0
76.03 03023 WOUND CARE	1,028,064		1,028,064	0	0
76.04 03024 OPIC	874,952		874,952	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00 09000 CLINIC	0		0	0	0
91.00 09100 EMERGENCY	4,093,488		4,093,488	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	720,163		720,163	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0		0	0	0
95.00 09500 AMBULANCE SERVICES	0		0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0		0	0	0
99.00 09900 CMHC	0		0	0	0
99.10 09910 CORF	0		0	0	0
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00 10100 HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0		0	0	0
106.00 10600 HEART ACQUISITION	0		0	0	0
107.00 10700 LIVER ACQUISITION	0		0	0	0
108.00 10800 LUNG ACQUISITION	0		0	0	0
109.00 10900 PANCREAS ACQUISITION	0		0	0	0
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0
111.00 11100 ISLET ACQUISITION	0		0	0	0
113.00 11300 INTEREST EXPENSE	0		0	0	0
114.00 11400 UTILIZATION REVIEW-SNF	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Title XIX

Hospital

Cost

Cost Center Description	Total Cost (from wkst. 8, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs	
				RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0 115.00
116.00 11600 HOSPICE	0		0		0 116.00
200.00 Subtotal (see instructions)	95,397,645	0	95,397,645	0	0 200.00
201.00 Less Observation Beds	720,163		720,163		0 201.00
202.00 Total (see instructions)	94,677,482	0	94,677,482	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

		Title XIX			Hospital	Cost
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,725,835		13,725,835	30.00
31.00	03100	INTENSIVE CARE UNIT	5,764,910		5,764,910	31.00
40.00	04000	SUBPROVIDER - IPF	6,960,674		6,960,674	40.00
41.00	04100	SUBPROVIDER - IRF	2,251,840		2,251,840	41.00
43.00	04300	NURSERY	1,397,873		1,397,873	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,067,903	34,449,332	56,517,235	0.137134
51.00	05100	RECOVERY ROOM	2,431,135	5,740,586	8,171,721	0.121243
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,113,304	198,524	5,311,828	0.457032
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,637,954	6,175,249	8,813,203	0.250689
54.01	05401	ULTRASOUND	627,463	1,988,150	2,615,613	0.153994
54.02	05402	MAMMOGRAPHY	15,935	1,764,283	1,780,218	0.333516
55.00	05500	RADIOLOGY-THERAPEUTIC	581,392	8,652,561	9,233,953	0.213562
56.00	05600	RADIOISOTOPE	826,127	7,944,627	8,770,754	0.127706
57.00	05700	CT SCAN	5,934,600	13,936,628	19,871,228	0.044473
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	915,452	3,668,362	4,583,814	0.096600
59.00	05900	CARDIAC CATHETERIZATION	11,300,148	9,772,963	21,073,111	0.071589
60.00	06000	LABORATORY	21,906,158	22,822,481	44,728,639	0.087698
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,056,844	993,349	5,050,193	0.203322
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	10,376,762	490,243	10,867,005	0.182198
66.00	06600	PHYSICAL THERAPY	6,586,907	3,450,326	10,037,233	0.252282
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000
69.00	06900	ELECTROCARDIOLOGY	5,113,818	4,665,748	9,779,566	0.134483
70.00	07000	ELECTROENCEPHALOGRAPHY	136,272	522,353	658,625	0.326363
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,338,993	17,130,513	35,469,506	0.218668
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,250,098	6,870,531	14,120,629	0.489313
73.00	07300	DRUGS CHARGED TO PATIENTS	55,401,687	40,650,636	96,052,323	0.123004
74.00	07400	RENAL DIALYSIS	3,170,864	24,404	3,195,268	0.190758
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000
76.00	03020	LITHOTRIPSY	0	177,986	177,986	0.332560
76.01	03021	ENDOSCOPY	1,429,627	25,736,341	27,165,968	0.081869
76.02	03022	PRISION CLINIC	335	29,541	29,876	13.429241
76.03	03023	WOUND CARE	112,348	3,476,387	3,588,735	0.286470
76.04	03024	OPIC	41,696	4,087,538	4,129,234	0.211892
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000
90.00	09000	CLINIC	0	0	0	0.000000
91.00	09100	EMERGENCY	6,816,823	20,714,730	27,531,553	0.148684
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	755,337	1,351,047	2,106,384	0.341895
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000
99.00	09900	CMHC	0	0	0	0.000000
99.10	09910	CORF	0	0	0	0.000000
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0.000000
106.00	10600	HEART ACQUISITION	0	0	0	0.000000
107.00	10700	LIVER ACQUISITION	0	0	0	0.000000
108.00	10800	LUNG ACQUISITION	0	0	0	0.000000
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000
113.00	11300	INTEREST EXPENSE	0	0	0	0.000000
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0.000000
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Title XIX

Hospital

Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
	6.00	7.00	8.00		
116.00 11600 HOSPICE	0	0	0	9.00	10.00
200.00 Subtotal (see instructions)	224,047,114	247,485,419	471,532,533		116.00
201.00 Less Observation Beds					200.00
202.00 Total (see instructions)	224,047,114	247,485,419	471,532,533		201.00
					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

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
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
54.02	05402 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 LITHOTRIPSY	0.000000		76.00
76.01	03021 ENDOSCOPY	0.000000		76.01
76.02	03022 PRISION CLINIC	0.000000		76.02
76.03	03023 WOUND CARE	0.000000		76.03
76.04	03024 OPIC	0.000000		76.04
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
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
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
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet C
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Title XIX

Hospital

Cost

Cost Center Description		PPS Inpatient Ratio	
201.00	Less Observation Beds	11.00	201.00
202.00	Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Capital Related Cost (From wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,493,506	0	2,493,506	18,810	132.56	30.00
31.00	03100 INTENSIVE CARE UNIT	460,488		460,488	2,988	154.11	31.00
40.00	04000 SUBPROVIDER - IPF	401,477	0	401,477	3,954	101.54	40.00
41.00	04100 SUBPROVIDER - IRF	436,041	0	436,041	2,480	175.82	41.00
43.00	04300 NURSERY	55,772		55,772	1,382	40.36	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	04500 NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	3,847,284		3,847,284	29,614		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part I
Date/Time Prepared:
1/30/2013 9:17 am

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	10,908	1,445,964	30.00
31.00	03100 INTENSIVE CARE UNIT	1,754	270,309	31.00
40.00	04000 SUBPROVIDER - IPF	1,578	160,230	40.00
41.00	04100 SUBPROVIDER - IRF	1,754	308,388	41.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	15,994	2,184,891	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Capital Related Cost (From wkst. B, Part II, col. 26)	Total Charges (From wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,002,051	56,517,235	0.017730	10,741,706	190,450	50.00
51.00	05100 RECOVERY ROOM	75,617	8,171,721	0.009253	1,182,575	10,942	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	293,354	5,311,828	0.055227	41,710	2,304	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	298,477	8,813,203	0.033867	1,515,516	51,326	54.00
54.01	05401 ULTRASOUND	23,359	2,615,613	0.008931	336,505	3,005	54.01
54.02	05402 MAMMOGRAPHY	61,685	1,780,218	0.034650	3,370	117	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	241,075	9,233,953	0.026107	260,527	6,802	55.00
56.00	05600 RADIOISOTOPE	50,114	8,770,754	0.005714	551,645	3,152	56.00
57.00	05700 CT SCAN	76,237	19,871,228	0.003837	3,401,065	13,050	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	43,821	4,583,814	0.009560	509,733	4,873	58.00
59.00	05900 CARDIAC CATHETERIZATION	112,829	21,073,111	0.005354	6,493,456	34,766	59.00
60.00	06000 LABORATORY	270,794	44,728,639	0.006054	11,536,096	69,840	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	32,264	5,050,193	0.006389	2,604,873	16,643	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	103,167	10,867,005	0.009494	6,202,999	58,891	65.00
66.00	06600 PHYSICAL THERAPY	237,235	10,037,233	0.023635	1,391,537	32,889	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	102,920	9,779,566	0.010524	3,076,940	32,382	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	39,014	658,625	0.059236	68,596	4,063	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	449,494	35,469,506	0.012673	9,584,691	121,467	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	143,831	14,120,629	0.010186	4,255,567	43,347	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	361,816	96,052,323	0.003767	29,641,436	111,659	73.00
74.00	07400 RENAL DIALYSIS	28,024	3,195,268	0.008770	2,381,870	20,889	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020 LITHOTRIPSY	1,249	177,986	0.007017	0	0	76.00
76.01	03021 ENDOSCOPY	121,238	27,165,968	0.004463	770,910	3,441	76.01
76.02	03022 PRISION CLINIC	177,939	29,876	5.955918	0	0	76.02
76.03	03023 WOUND CARE	78,722	3,588,735	0.021936	101,137	2,219	76.03
76.04	03024 OPIC	141,589	4,129,234	0.034289	33,901	1,162	76.04
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	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	457,277	27,531,553	0.016609	3,420,660	56,814	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	107,641	2,106,384	0.051102	291,864	14,915	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	5,132,833	441,431,401		100,400,885	911,408	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part III
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Title XVIII			Hospital	PPS
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 5, 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
43.00	04300 NURSERY	0	0	0	0	0 43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0 45.00
200.00	Total (lines 30-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part III
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Patient Per Days	Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	18,810	0.00	10,908	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	2,988	0.00	1,754	0	0	31.00
40.00	04000 SUBPROVIDER - IPF	3,954	0.00	1,578	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	2,480	0.00	1,754	0	0	41.00
43.00	04300 NURSERY	1,382	0.00	0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	29,614		15,994	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part III
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Hospital

PPS

Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
		12.00	13.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Cost-Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing	School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)
		1.00	2.00	3.00	4.00	5.00	
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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	0	0	0	0	76.01
76.02	03022	PRISION CLINIC	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	76.03
76.04	03024	OPIC	0	0	0	0	76.04
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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part IV Date/Time Prepared: 1/30/2013 9:17 am
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital	
		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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	56,517,235	0.000000	0.000000	10,741,706	50.00
51.00	05100 RECOVERY ROOM	0	8,171,721	0.000000	0.000000	1,182,575	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,311,828	0.000000	0.000000	41,710	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,813,203	0.000000	0.000000	1,515,516	54.00
54.01	05401 ULTRASOUND	0	2,615,613	0.000000	0.000000	336,505	54.01
54.02	05402 MAMMOGRAPHY	0	1,780,218	0.000000	0.000000	3,370	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,233,953	0.000000	0.000000	260,527	55.00
56.00	05600 RADIOISOTOPE	0	8,770,754	0.000000	0.000000	551,645	56.00
57.00	05700 CT SCAN	0	19,871,228	0.000000	0.000000	3,401,065	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,583,814	0.000000	0.000000	509,733	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,073,111	0.000000	0.000000	6,493,456	59.00
60.00	06000 LABORATORY	0	44,728,639	0.000000	0.000000	11,536,096	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,050,193	0.000000	0.000000	2,604,873	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	10,867,005	0.000000	0.000000	6,202,999	65.00
66.00	06600 PHYSICAL THERAPY	0	10,037,233	0.000000	0.000000	1,391,537	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,779,566	0.000000	0.000000	3,076,940	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	658,625	0.000000	0.000000	68,596	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,469,506	0.000000	0.000000	9,584,691	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,120,629	0.000000	0.000000	4,255,567	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	96,052,323	0.000000	0.000000	29,641,436	73.00
74.00	07400 RENAL DIALYSIS	0	3,195,268	0.000000	0.000000	2,381,870	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 LITHOTRIPSY	0	177,986	0.000000	0.000000	0	76.00
76.01	03021 ENDOSCOPY	0	27,165,968	0.000000	0.000000	770,910	76.01
76.02	03022 PRISION CLINIC	0	29,876	0.000000	0.000000	0	76.02
76.03	03023 WOUND CARE	0	3,588,735	0.000000	0.000000	101,137	76.03
76.04	03024 OPIC	0	4,129,234	0.000000	0.000000	33,901	76.04
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	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	27,531,553	0.000000	0.000000	3,420,660	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,106,384	0.000000	0.000000	291,864	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	0	441,431,401			100,400,885	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	9,097,623	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,427,327	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	571	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,349,754	0	0	0	54.00
54.01	05401 ULTRASOUND	0	376,632	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	482,265	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,355,994	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	3,494,926	0	0	0	56.00
57.00	05700 CT SCAN	0	3,973,191	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	856,713	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,831,976	0	0	0	59.00
60.00	06000 LABORATORY	0	6,728,056	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	469,401	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	97,131	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	964,021	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,452,362	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	93,252	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,866,939	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,905,612	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,459,481	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	22,273	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 LITHOTRIPSY	0	19,738	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	9,766,743	0	0	0	76.01
76.02	03022 PRISION CLINIC	0	0	0	0	0	76.02
76.03	03023 WOUND CARE	0	1,792,573	0	0	0	76.03
76.04	03024 OPIC	0	1,794,323	0	0	0	76.04
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	3,436,057	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	271,342	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	80,386,276	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05401 ULTRASOUND	0	0			54.01
54.02	05402 MAMMOGRAPHY	0	0			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03020 LITHOTRIPSY	0	0			76.00
76.01	03021 ENDOSCOPY	0	0			76.01
76.02	03022 PRISION CLINIC	0	0			76.02
76.03	03023 WOUND CARE	0	0			76.03
76.04	03024 OPIC	0	0			76.04
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	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part V Date/Time Prepared: 1/30/2013 9:17 am		
		Title XVIII	Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges			
			Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.137134	9,097,623	0	0	50.00
51.00	05100 RECOVERY ROOM	0.121243	1,427,327	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.457032	571	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250689	1,349,754	0	0	54.00
54.01	05401 ULTRASOUND	0.153994	376,632	0	0	54.01
54.02	05402 MAMMOGRAPHY	0.333516	482,265	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213562	4,355,994	0	0	55.00
56.00	05600 RADIOISOTOPE	0.127706	3,494,926	0	0	56.00
57.00	05700 CT SCAN	0.044473	3,973,191	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096600	856,713	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071589	4,831,976	0	0	59.00
60.00	06000 LABORATORY	0.087698	6,728,056	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203322	469,401	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.182198	97,131	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.252282	964,021	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134483	1,452,362	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.326363	93,252	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218668	5,866,939	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489313	2,905,612	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123004	14,459,481	0	98,557	73.00
74.00	07400 RENAL DIALYSIS	0.190758	22,273	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03020 LITHOTRIPSY	0.332560	19,738	0	0	76.00
76.01	03021 ENDOSCOPY	0.081869	9,766,743	0	0	76.01
76.02	03022 PRISION CLINIC	13.429241	0	0	0	76.02
76.03	03023 WOUND CARE	0.286470	1,792,573	0	0	76.03
76.04	03024 OPIC	0.211892	1,794,323	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
91.00	09100 EMERGENCY	0.148684	3,436,057	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341895	271,342	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		80,386,276	0	98,557	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		80,386,276	0	98,557	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part V
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Hospital

PPS

Cost Center Description	PPS Services (see inst.)	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,247,593	0	0	50.00
51.00	05100 RECOVERY ROOM	173,053	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	261	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	338,368	0	0	54.00
54.01	05401 ULTRASOUND	57,999	0	0	54.01
54.02	05402 MAMMOGRAPHY	160,843	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	930,275	0	0	55.00
56.00	05600 RADIOISOTOPE	446,323	0	0	56.00
57.00	05700 CT SCAN	176,700	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	82,758	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	345,916	0	0	59.00
60.00	06000 LABORATORY	590,037	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	95,440	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	17,697	0	0	65.00
66.00	06600 PHYSICAL THERAPY	243,205	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	195,318	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	30,434	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,282,912	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,421,754	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,778,574	0	12,123	73.00
74.00	07400 RENAL DIALYSIS	4,249	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 LITHOTRIPSY	6,564	0	0	76.00
76.01	03021 ENDOSCOPY	799,593	0	0	76.01
76.02	03022 PRISION CLINIC	0	0	0	76.02
76.03	03023 WOUND CARE	513,518	0	0	76.03
76.04	03024 OPIC	380,203	0	0	76.04
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	510,887	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	92,770	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Subtotal (see instructions)	11,923,244	0	12,123	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	11,923,244	0	12,123	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Component CCN: 15S046

Title XVIII

Subprovider -
IPF

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	1,002,051	56,517,235	0.017730	0	50.00
51.00	05100 RECOVERY ROOM	75,617	8,171,721	0.009253	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	293,354	5,311,828	0.055227	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	298,477	8,813,203	0.033867	24,553	832 54.00
54.01	05401 ULTRASOUND	23,359	2,615,613	0.008931	2,636	24 54.01
54.02	05402 MAMMOGRAPHY	61,685	1,780,218	0.034650	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	241,075	9,233,953	0.026107	0	0 55.00
56.00	05600 RADIOISOTOPE	50,114	8,770,754	0.005714	0	0 56.00
57.00	05700 CT SCAN	76,237	19,871,228	0.003837	57,958	222 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	43,821	4,583,814	0.009560	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	112,829	21,073,111	0.005354	1,011	5 59.00
60.00	06000 LABORATORY	270,794	44,728,639	0.006054	535,626	3,243 60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	32,264	5,050,193	0.006389	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	103,167	10,867,005	0.009494	11,553	110 65.00
66.00	06600 PHYSICAL THERAPY	237,235	10,037,233	0.023635	11,568	273 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	102,920	9,779,566	0.010524	18,328	193 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	39,014	658,625	0.059236	4,077	242 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	449,494	35,469,506	0.012673	8,839	112 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	143,831	14,120,629	0.010186	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	361,816	96,052,323	0.003767	562,798	2,120 73.00
74.00	07400 RENAL DIALYSIS	28,024	3,195,268	0.008770	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	03020 LITHOTRIPSY	1,249	177,986	0.007017	0	0 76.00
76.01	03021 ENDOSCOPY	121,238	27,165,968	0.004463	0	0 76.01
76.02	03022 PRISION CLINIC	177,939	29,876	5.955918	0	0 76.02
76.03	03023 WOUND CARE	78,722	3,588,735	0.021936	0	0 76.03
76.04	03024 OPIC	141,589	4,129,234	0.034289	0	0 76.04
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	0	0	0.000000	0	0 90.00
91.00	09100 EMERGENCY	457,277	27,531,553	0.016609	311,101	5,167 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,106,384	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00	Total (lines 50-199)	5,025,192	441,431,401		1,550,048	12,543 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046
Component CCN: 15S046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Non-Physician Anesthetist Cost	Nursing School Cost	Allied Health Cost	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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 ULTRASOUND	0	0	0	0	0	54.01
54.02 05402 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
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 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 LITHOTRIPSY	0	0	0	0	0	76.00
76.01 03021 ENDOSCOPY	0	0	0	0	0	76.01
76.02 03022 PRISION CLINIC	0	0	0	0	0	76.02
76.03 03023 WOUND CARE	0	0	0	0	0	76.03
76.04 03024 OPIC	0	0	0	0	0	76.04
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
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046
Component CCN: 15S046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (From Wkst. C. Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	56,517,235	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	8,171,721	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,311,828	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,813,203	0.000000	0.000000	24,553	54.00
54.01	05401 ULTRASOUND	0	2,615,613	0.000000	0.000000	2,636	54.01
54.02	05402 MAMMOGRAPHY	0	1,780,218	0.000000	0.000000	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,233,953	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	8,770,754	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	19,871,228	0.000000	0.000000	57,958	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,583,814	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,073,111	0.000000	0.000000	1,011	59.00
60.00	06000 LABORATORY	0	44,728,639	0.000000	0.000000	535,626	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,050,193	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	10,867,005	0.000000	0.000000	11,553	65.00
66.00	06600 PHYSICAL THERAPY	0	10,037,233	0.000000	0.000000	11,568	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,779,566	0.000000	0.000000	18,328	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	658,625	0.000000	0.000000	4,077	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,469,506	0.000000	0.000000	8,839	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,120,629	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	96,052,323	0.000000	0.000000	562,798	73.00
74.00	07400 RENAL DIALYSIS	0	3,195,268	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 LITHOTRIPSY	0	177,986	0.000000	0.000000	0	76.00
76.01	03021 ENDOSCOPY	0	27,165,968	0.000000	0.000000	0	76.01
76.02	03022 PRISION CLINIC	0	29,876	0.000000	0.000000	0	76.02
76.03	03023 WOUND CARE	0	3,588,735	0.000000	0.000000	0	76.03
76.04	03024 OPIC	0	4,129,234	0.000000	0.000000	0	76.04
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	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	27,531,553	0.000000	0.000000	311,101	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,106,384	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	441,431,401			1,550,048	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046
Component CCN: 15S046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non-Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
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 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	0	0	0	76.01
76.02	03022 PRISION CLINIC	0	0	0	0	0	76.02
76.03	03023 WOUND CARE	0	0	0	0	0	76.03
76.04	03024 OPIC	0	0	0	0	0	76.04
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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046
Component CCN: 155046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 ULTRASOUND	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 LITHOTRIPSY	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	76.01
76.02	03022 PRISION CLINIC	0	0	76.02
76.03	03023 WOUND CARE	0	0	76.03
76.04	03024 OPIC	0	0	76.04
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	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part V
Date/Time Prepared:
1/30/2013 9:17 am

Component CCN: 15S046

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.137134	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0.121243	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.457032	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.250689	0	0	0		54.00
54.01 05401 ULTRASOUND	0.153994	0	0	0		54.01
54.02 05402 MAMMOGRAPHY	0.333516	0	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.213562	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0.127706	0	0	0		56.00
57.00 05700 CT SCAN	0.044473	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096600	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0.071589	0	0	0		59.00
60.00 06000 LABORATORY	0.087698	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203322	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0.182198	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0.252282	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0.134483	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.326363	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218668	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.489313	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.123004	0	0	7,457		73.00
74.00 07400 RENAL DIALYSIS	0.190758	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00 03020 LITHOTRIPSY	0.332560	0	0	0		76.00
76.01 03021 ENDOSCOPY	0.081869	0	0	0		76.01
76.02 03022 PRISION CLINIC	13.429241	0	0	0		76.02
76.03 03023 WOUND CARE	0.286470	0	0	0		76.03
76.04 03024 OPIC	0.211892	0	0	0		76.04
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	0	0	0		90.00
91.00 09100 EMERGENCY	0.148684	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341895	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		0	0	7,457		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	7,457		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:150046 Component CCN:15S046	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part V Date/Time Prepared: 1/30/2013 9:17 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	PPS Services (see inst.)	Costs		
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 ULTRASOUND	0	0	0	54.01
54.02 05402 MAMMOGRAPHY	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
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 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
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	917	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03020 LITHOTRIPSY	0	0	0	76.00
76.01 03021 ENDOSCOPY	0	0	0	76.01
76.02 03022 PRISION CLINIC	0	0	0	76.02
76.03 03023 WOUND CARE	0	0	0	76.03
76.04 03024 OPIC	0	0	0	76.04
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
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS		0	0	94.00
95.00 09500 AMBULANCE SERVICES		0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Subtotal (see instructions)	0	0	917	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	917	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part II
Date/Time Prepared:
1/30/2013 9:17 am

Component CCN: 15T046

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	1,002,051	56,517,235	0.017730	33,631	596	50.00
51.00 05100 RECOVERY ROOM	75,617	8,171,721	0.009253	8,120	75	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	293,354	5,311,828	0.055227	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	298,477	8,813,203	0.033867	68,891	2,333	54.00
54.01 05401 ULTRASOUND	23,359	2,615,613	0.008931	7,457	67	54.01
54.02 05402 MAMMOGRAPHY	61,685	1,780,218	0.034650	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	241,075	9,233,953	0.026107	23,425	612	55.00
56.00 05600 RADIOISOTOPE	50,114	8,770,754	0.005714	3,140	18	56.00
57.00 05700 CT SCAN	76,237	19,871,228	0.003837	60,809	233	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	43,821	4,583,814	0.009560	20,813	199	58.00
59.00 05900 CARDIAC CATHETERIZATION	112,829	21,073,111	0.005354	15,712	84	59.00
60.00 06000 LABORATORY	270,794	44,728,639	0.006054	444,991	2,694	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	32,264	5,050,193	0.006389	77,809	497	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	103,167	10,867,005	0.009494	132,305	1,256	65.00
66.00 06600 PHYSICAL THERAPY	237,235	10,037,233	0.023635	3,194,310	75,498	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	102,920	9,779,566	0.010524	33,013	347	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	39,014	658,625	0.059236	2,038	121	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	449,494	35,469,506	0.012673	269,984	3,422	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	143,831	14,120,629	0.010186	718	7	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	361,816	96,052,323	0.003767	1,418,945	5,345	73.00
74.00 07400 RENAL DIALYSIS	28,024	3,195,268	0.008770	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00 03020 LITHOTRIPSY	1,249	177,986	0.007017	0	0	76.00
76.01 03021 ENDOSCOPY	121,238	27,165,968	0.004463	13,325	59	76.01
76.02 03022 PRISION CLINIC	177,939	29,876	5.955918	0	0	76.02
76.03 03023 WOUND CARE	78,722	3,588,735	0.021936	0	0	76.03
76.04 03024 OPIC	141,589	4,129,234	0.034289	0	0	76.04
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	0	0	0.000000	0	0	90.00
91.00 09100 EMERGENCY	457,277	27,531,553	0.016609	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,106,384	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00 Total (lines 50-199)	5,025,192	441,431,401		5,829,436	93,463	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
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 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	0	0	0	76.01
76.02	03022 PRISION CLINIC	0	0	0	0	0	76.02
76.03	03023 WOUND CARE	0	0	0	0	0	76.03
76.04	03024 OPIC	0	0	0	0	0	76.04
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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	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	56,517,235	0.000000	0.000000	33,631	50.00
51.00	05100 RECOVERY ROOM	0	8,171,721	0.000000	0.000000	8,120	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,311,828	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,813,203	0.000000	0.000000	68,891	54.00
54.01	05401 ULTRASOUND	0	2,615,613	0.000000	0.000000	7,457	54.01
54.02	05402 MAMMOGRAPHY	0	1,780,218	0.000000	0.000000	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,233,953	0.000000	0.000000	23,425	55.00
56.00	05600 RADIOISOTOPE	0	8,770,754	0.000000	0.000000	3,140	56.00
57.00	05700 CT SCAN	0	19,871,228	0.000000	0.000000	60,809	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,583,814	0.000000	0.000000	20,813	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,073,111	0.000000	0.000000	15,712	59.00
60.00	06000 LABORATORY	0	44,728,639	0.000000	0.000000	444,991	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,050,193	0.000000	0.000000	77,809	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	10,867,005	0.000000	0.000000	132,305	65.00
66.00	06600 PHYSICAL THERAPY	0	10,037,233	0.000000	0.000000	3,194,310	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,779,566	0.000000	0.000000	33,013	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	658,625	0.000000	0.000000	2,038	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,469,506	0.000000	0.000000	269,984	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,120,629	0.000000	0.000000	718	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	96,052,323	0.000000	0.000000	1,418,945	73.00
74.00	07400 RENAL DIALYSIS	0	3,195,268	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 LITHOTRIPSY	0	177,986	0.000000	0.000000	0	76.00
76.01	03021 ENDOSCOPY	0	27,165,968	0.000000	0.000000	13,325	76.01
76.02	03022 PRISION CLINIC	0	29,876	0.000000	0.000000	0	76.02
76.03	03023 WOUND CARE	0	3,588,735	0.000000	0.000000	0	76.03
76.04	03024 OPIC	0	4,129,234	0.000000	0.000000	0	76.04
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	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	27,531,553	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,106,384	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	441,431,401			5,829,436	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
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 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	0	0	0	76.01
76.02	03022 PRISION CLINIC	0	0	0	0	0	76.02
76.03	03023 WOUND CARE	0	0	0	0	0	76.03
76.04	03024 OPIC	0	0	0	0	0	76.04
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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 ULTRASOUND	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 LITHOTRIPSY	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	76.01
76.02	03022 PRISION CLINIC	0	0	76.02
76.03	03023 WOUND CARE	0	0	76.03
76.04	03024 OPIC	0	0	76.04
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	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part V
Date/Time Prepared:
1/30/2013 9:17 am

Component CCN: 15T046

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.137134	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0.121243	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.457032	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.250689	0	0	0		54.00
54.01 05401 ULTRASOUND	0.153994	0	0	0		54.01
54.02 05402 MAMMOGRAPHY	0.333516	0	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.213562	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0.127706	0	0	0		56.00
57.00 05700 CT SCAN	0.044473	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096600	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0.071589	0	0	0		59.00
60.00 06000 LABORATORY	0.087698	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203322	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0.182198	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0.252282	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0.134483	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.326363	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218668	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.489313	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.123004	0	0	5,306		73.00
74.00 07400 RENAL DIALYSIS	0.190758	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00 03020 LITHOTRIPSY	0.332560	0	0	0		76.00
76.01 03021 ENDOSCOPY	0.081869	0	0	0		76.01
76.02 03022 PRISION CLINIC	13.429241	0	0	0		76.02
76.03 03023 WOUND CARE	0.286470	0	0	0		76.03
76.04 03024 OPIC	0.211892	0	0	0		76.04
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	0	0	0		90.00
91.00 09100 EMERGENCY	0.148684	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341895	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		0	0	5,306		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	5,306		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part V
Date/Time Prepared:
1/30/2013 9:17 am

Component CCN: 15T046

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	PPS Services (see inst.)	Costs			
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01 05401 ULTRASOUND	0	0	0		54.01
54.02 05402 MAMMOGRAPHY	0	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
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 BLOOD LABORATORY	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
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	653		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 03020 LITHOTRIPSY	0	0	0		76.00
76.01 03021 ENDOSCOPY	0	0	0		76.01
76.02 03022 PRISION CLINIC	0	0	0		76.02
76.03 03023 WOUND CARE	0	0	0		76.03
76.04 03024 OPIC	0	0	0		76.04
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
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 09500 AMBULANCE SERVICES		0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	0	0	653		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	653		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Title XIX				Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401 ULTRASOUND	0	0	0	0	0 54.01
54.02	05402 MAMMOGRAPHY	0	0	0	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0 56.00
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 BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03020 LITHOTRIPSY	0	0	0	0	0 76.00
76.01	03021 ENDOSCOPY	0	0	0	0	0 76.01
76.02	03022 PRISION CLINIC	0	0	0	0	0 76.02
76.03	03023 WOUND CARE	0	0	0	0	0 76.03
76.04	03024 OPIC	0	0	0	0	0 76.04
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
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
200.00	Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

		Title XIX			Hospital	Cost	
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. 5 ÷ 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	56,517,235	0.000000	0.000000	1,926,305	50.00
51.00	05100 RECOVERY ROOM	0	8,171,721	0.000000	0.000000	223,595	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,311,828	0.000000	0.000000	2,690,215	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,813,203	0.000000	0.000000	280,655	54.00
54.01	05401 ULTRASOUND	0	2,615,613	0.000000	0.000000	84,236	54.01
54.02	05402 MAMMOGRAPHY	0	1,780,218	0.000000	0.000000	1,383	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,233,953	0.000000	0.000000	34,971	55.00
56.00	05600 RADIOISOTOPE	0	8,770,754	0.000000	0.000000	59,071	56.00
57.00	05700 CT SCAN	0	19,871,228	0.000000	0.000000	542,527	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,583,814	0.000000	0.000000	91,950	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,073,111	0.000000	0.000000	878,769	59.00
60.00	06000 LABORATORY	0	44,728,639	0.000000	0.000000	3,013,336	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,050,193	0.000000	0.000000	319,512	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	10,867,005	0.000000	0.000000	1,260,393	65.00
66.00	06600 PHYSICAL THERAPY	0	10,037,233	0.000000	0.000000	468,746	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,779,566	0.000000	0.000000	442,942	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	658,625	0.000000	0.000000	28,603	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,469,506	0.000000	0.000000	1,918,397	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,120,629	0.000000	0.000000	460,362	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	96,052,323	0.000000	0.000000	7,145,591	73.00
74.00	07400 RENAL DIALYSIS	0	3,195,268	0.000000	0.000000	141,142	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 LITHOTRIPSY	0	177,986	0.000000	0.000000	0	76.00
76.01	03021 ENDOSCOPY	0	27,165,968	0.000000	0.000000	130,246	76.01
76.02	03022 PRISION CLINIC	0	29,876	0.000000	0.000000	0	76.02
76.03	03023 WOUND CARE	0	3,588,735	0.000000	0.000000	6,749	76.03
76.04	03024 OPIC	0	4,129,234	0.000000	0.000000	3,056	76.04
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	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	27,531,553	0.000000	0.000000	925,874	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,106,384	0.000000	0.000000	208,075	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	441,431,401			23,286,701	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Title XIX			Hospital		Cost
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	5,297,578	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	983,846	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	102,907	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,390,104	0	0	0	54.00
54.01	05401 ULTRASOUND	0	497,535	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	85,425	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	645,167	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	626,807	0	0	0	56.00
57.00	05700 CT SCAN	0	1,907,366	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	443,823	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	626,637	0	0	0	59.00
60.00	06000 LABORATORY	0	4,086,518	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	97,735	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	169,948	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	238,559	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	737,066	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	220,389	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,062,847	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	791,554	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,616,273	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 LITHOTRIPSY	0	38,073	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	1,752,343	0	0	0	76.01
76.02	03022 PRISION CLINIC	0	0	0	0	0	76.02
76.03	03023 WOUND CARE	0	714,051	0	0	0	76.03
76.04	03024 OPIC	0	496,339	0	0	0	76.04
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	5,334,092	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	654,449	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	35,617,431	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	Cost
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05401 ULTRASOUND	0	0			54.01
54.02	05402 MAMMOGRAPHY	0	0			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03020 LITHOTRIPSY	0	0			76.00
76.01	03021 ENDOSCOPY	0	0			76.01
76.02	03022 PRISION CLINIC	0	0			76.02
76.03	03023 WOUND CARE	0	0			76.03
76.04	03024 OPIC	0	0			76.04
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	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part V
Date/Time Prepared:
1/30/2013 9:17 am

		Title XIX		Hospital		Cost
Cost Center Description	Cost to Charge Ratio From worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.137134	5,297,578	0	0	50.00
51.00	05100 RECOVERY ROOM	0.121243	983,846	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.457032	102,907	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250689	1,390,104	0	0	54.00
54.01	05401 ULTRASOUND	0.153994	497,535	0	0	54.01
54.02	05402 MAMMOGRAPHY	0.333516	85,425	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213562	645,167	0	0	55.00
56.00	05600 RADIOISOTOPE	0.127706	626,807	0	0	56.00
57.00	05700 CT SCAN	0.044473	1,907,366	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096600	443,823	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071589	626,637	0	0	59.00
60.00	06000 LABORATORY	0.087698	4,086,518	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203322	97,735	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.182198	169,948	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.252282	238,559	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134483	737,066	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.326363	220,389	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218668	2,062,847	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489313	791,554	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123004	5,616,273	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.190758	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03020 LITHOTRIPSY	0.332560	38,073	0	0	76.00
76.01	03021 ENDOSCOPY	0.081869	1,752,343	0	0	76.01
76.02	03022 PRISION CLINIC	13.429241	0	0	0	76.02
76.03	03023 WOUND CARE	0.286470	714,051	0	0	76.03
76.04	03024 OPIC	0.211892	496,339	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
91.00	09100 EMERGENCY	0.148684	5,334,092	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341895	654,449	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		35,617,431	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		35,617,431	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part V
Date/Time Prepared:
1/30/2013 9:17 am

		Title XIX		Hospital	Cost
Cost Center Description	PPS Services (see inst.)	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	726,478	0	0	50.00
51.00	05100 RECOVERY ROOM	119,284	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	47,032	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	348,484	0	0	54.00
54.01	05401 ULTRASOUND	76,617	0	0	54.01
54.02	05402 MAMMOGRAPHY	28,491	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	137,783	0	0	55.00
56.00	05600 RADIOISOTOPE	80,047	0	0	56.00
57.00	05700 CT SCAN	84,826	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	42,873	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	44,860	0	0	59.00
60.00	06000 LABORATORY	358,379	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	19,872	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	30,964	0	0	65.00
66.00	06600 PHYSICAL THERAPY	60,184	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	99,123	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	71,927	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	451,079	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	387,318	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	690,824	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 LITHOTRIPSY	12,662	0	0	76.00
76.01	03021 ENDOSCOPY	143,463	0	0	76.01
76.02	03022 PRISION CLINIC	0	0	0	76.02
76.03	03023 WOUND CARE	204,554	0	0	76.03
76.04	03024 OPIC	105,170	0	0	76.04
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	793,094	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	223,753	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Subtotal (see instructions)	5,389,141	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	5,389,141	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/30/2013 9:17 am

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)	18,810	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	18,810	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)	17,998	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)	10,908	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)	16,682,575	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	16,682,575	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	19,490,745	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	19,490,745	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.855923	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)	1,082.94	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)	16,682,575	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	886.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	9,674,305	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)	9,674,305	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/30/2013 9:17 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,356,266	2,988	1,457.92	1,754	2,557,192	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					15,317,295	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,548,792	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,716,273	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					911,408	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,627,681	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,921,111	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)					812	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					886.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					720,163	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Title XVIII			Hospital	PPS
		Cost	Routine Cost (from line 27)	column 1 - column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,493,506	16,682,575	0.149468	720,163	107,641 90.00
91.00	Nursing School cost	0	16,682,575	0.000000	720,163	0 91.00
92.00	Allied health cost	0	16,682,575	0.000000	720,163	0 92.00
93.00	All other Medical Education	0	16,682,575	0.000000	720,163	0 93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046
Component CCN: 15S046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IPF

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)	3,954	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,954	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,954	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)	1,578	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)	3,067,858	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)	3,067,858	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	6,960,674	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	6,960,674	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.440742	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)	1,760.41	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)	3,067,858	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)	775.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,224,354	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)	1,224,354	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046
Component CCN: 15S046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	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						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1.00	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					182,469	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,406,823	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					160,230	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					12,543	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					172,773	53.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,234,050	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: 150046
Component CCN: 15S046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IPF

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	401,477	3,067,858	0.130866	0	0 90.00
91.00 Nursing School cost	0	3,067,858	0.000000	0	0 91.00
92.00 Allied health cost	0	3,067,858	0.000000	0	0 92.00
93.00 All other Medical Education	0	3,067,858	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1
Date/Time Prepared:
1/30/2013 9:17 am

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)	2,480	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,480	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)	2,480	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)	1,754	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)	2,665,053	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)	2,665,053	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	2,251,840	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	2,251,840	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.183500	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)	908.00	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)	2,665,053	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)	1,074.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,884,883	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)	1,884,883	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1
Date/Time Prepared:
1/30/2013 9:17 am

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)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	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						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,167,139	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,052,022	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)					308,388	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					93,463	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					401,851	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,650,171	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: 150046
Component CCN: 15T046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1
Date/Time Prepared:
1/30/2013 9:17 am

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	436,041	2,665,053	0.163614	0	0	90.00
91.00 Nursing School cost	0	2,665,053	0.000000	0	0	91.00
92.00 Allied health cost	0	2,665,053	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,665,053	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/30/2013 9:17 am

Title XIX

Hospital

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)	18,810	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	18,810	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)	17,998	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,050	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)	1,382	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)	16,645,088	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)	16,645,088	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	19,490,745	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	19,490,745	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.854000	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)	1,082.94	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)	16,645,088	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)	884.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,583,886	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)	3,583,886	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-1

Date/Time Prepared:
1/30/2013 9:17 am

		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)	894,261	1,382	647.08	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,356,266	2,988	1,457.92	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							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					4,234,195	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,818,081	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)					812	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.91	88.00
89.00	observation bed cost (line 87 x line 88) (see instructions)					718,547	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

worksheet D-1

Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description	Title XIX		Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	Cost
	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed cost (from line 89)		
	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: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-3
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Hospital

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		10,005,470		30.00
31.00	03100 INTENSIVE CARE UNIT		3,267,116		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.137255	10,741,706	1,474,353	50.00
51.00	05100 RECOVERY ROOM	0.121243	1,182,575	143,379	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.457032	41,710	19,063	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250689	1,515,516	379,923	54.00
54.01	05401 ULTRASOUND	0.153994	336,505	51,820	54.01
54.02	05402 MAMMOGRAPHY	0.333516	3,370	1,124	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213562	260,527	55,639	55.00
56.00	05600 RADIOISOTOPE	0.127706	551,645	70,448	56.00
57.00	05700 CT SCAN	0.044473	3,401,065	151,256	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096600	509,733	49,240	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071589	6,493,456	464,860	59.00
60.00	06000 LABORATORY	0.087698	11,536,096	1,011,693	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203322	2,604,873	529,628	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.182287	6,202,999	1,130,726	65.00
66.00	06600 PHYSICAL THERAPY	0.254422	1,391,537	354,038	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.135866	3,076,940	418,052	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.326363	68,596	22,387	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218668	9,584,691	2,095,865	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489313	4,255,567	2,082,304	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123004	29,641,436	3,646,015	73.00
74.00	07400 RENAL DIALYSIS	0.190758	2,381,870	454,361	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 LITHOTRIPSY	0.332560	0	0	76.00
76.01	03021 ENDOSCOPY	0.085432	770,910	65,860	76.01
76.02	03022 PRISION CLINIC	13.429241	0	0	76.02
76.03	03023 WOUND CARE	0.290576	101,137	29,388	76.03
76.04	03024 OPIC	0.220895	33,901	7,489	76.04
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	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.148684	3,420,660	508,597	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341895	291,864	99,787	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		100,400,885	15,317,295	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		100,400,885		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-3

Component CCN: 15S046

Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IPF

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		2,738,966		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.137255	0	0	50.00
51.00	05100 RECOVERY ROOM	0.121243	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.457032	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250689	24,553	6,155	54.00
54.01	05401 ULTRASOUND	0.153994	2,636	406	54.01
54.02	05402 MAMMOGRAPHY	0.333516	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213562	0	0	55.00
56.00	05600 RADIOISOTOPE	0.127706	0	0	56.00
57.00	05700 CT SCAN	0.044473	57,958	2,578	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096600	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071589	1,011	72	59.00
60.00	06000 LABORATORY	0.087698	535,626	46,973	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203322	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.182287	11,553	2,106	65.00
66.00	06600 PHYSICAL THERAPY	0.254422	11,568	2,943	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.135866	18,328	2,490	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.326363	4,077	1,331	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218668	8,839	1,933	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489313	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123004	562,798	69,226	73.00
74.00	07400 RENAL DIALYSIS	0.190758	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 LITHOTRIPSY	0.332560	0	0	76.00
76.01	03021 ENDOSCOPY	0.085432	0	0	76.01
76.02	03022 PRISION CLINIC	13.429241	0	0	76.02
76.03	03023 WOUND CARE	0.290576	0	0	76.03
76.04	03024 OPIC	0.220895	0	0	76.04
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	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.148684	311,101	46,256	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341895	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,550,048	182,469	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)		1,550,048		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2011 To 08/31/2012	Worksheet D-3 Date/Time Prepared: 1/30/2013 9:17 am
	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		1,719,026		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.137255	33,631	4,616	50.00
51.00	05100 RECOVERY ROOM	0.121243	8,120	984	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.457032	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250689	68,891	17,270	54.00
54.01	05401 ULTRASOUND	0.153994	7,457	1,148	54.01
54.02	05402 MAMMOGRAPHY	0.333516	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213562	23,425	5,003	55.00
56.00	05600 RADIOISOTOPE	0.127706	3,140	401	56.00
57.00	05700 CT SCAN	0.044473	60,809	2,704	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096600	20,813	2,011	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071589	15,712	1,125	59.00
60.00	06000 LABORATORY	0.087698	444,991	39,025	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203322	77,809	15,820	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.182287	132,305	24,117	65.00
66.00	06600 PHYSICAL THERAPY	0.254422	3,194,310	812,703	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.135866	33,013	4,485	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.326363	2,038	665	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218668	269,984	59,037	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489313	718	351	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123004	1,418,945	174,536	73.00
74.00	07400 RENAL DIALYSIS	0.190758	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 LITHOTRIPSY	0.332560	0	0	76.00
76.01	03021 ENDOSCOPY	0.085432	13,325	1,138	76.01
76.02	03022 PRISION CLINIC	13.429241	0	0	76.02
76.03	03023 WOUND CARE	0.290576	0	0	76.03
76.04	03024 OPIC	0.220895	0	0	76.04
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	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.148684	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341895	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		5,829,436	1,167,139	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		5,829,436		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet D-3

Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,574,208		30.00
31.00	03100 INTENSIVE CARE UNIT		681,290		31.00
40.00	04000 SUBPROVIDER - IPF		1,771,023		40.00
41.00	04100 SUBPROVIDER - IRF		149,820		41.00
43.00	04300 NURSERY		861,732		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.137134	1,926,305	264,162	50.00
51.00	05100 RECOVERY ROOM	0.121243	223,595	27,109	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.457032	2,690,215	1,229,514	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250689	280,655	70,357	54.00
54.01	05401 ULTRASOUND	0.153994	84,236	12,972	54.01
54.02	05402 MAMMOGRAPHY	0.333516	1,383	461	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213562	34,971	7,468	55.00
56.00	05600 RADIOISOTOPE	0.127706	59,071	7,544	56.00
57.00	05700 CT SCAN	0.044473	542,527	24,128	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096600	91,950	8,882	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071589	878,769	62,910	59.00
60.00	06000 LABORATORY	0.087698	3,013,336	264,264	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203322	319,512	64,964	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.182198	1,260,393	229,641	65.00
66.00	06600 PHYSICAL THERAPY	0.252282	468,746	118,256	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134483	442,942	59,568	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.326363	28,603	9,335	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218668	1,918,397	419,492	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489313	460,362	225,261	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123004	7,145,591	878,936	73.00
74.00	07400 RENAL DIALYSIS	0.190758	141,142	26,924	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 LITHOTRIPSY	0.332560	0	0	76.00
76.01	03021 ENDOSCOPY	0.081869	130,246	10,663	76.01
76.02	03022 PRISION CLINIC	13.429241	0	0	76.02
76.03	03023 WOUND CARE	0.286470	6,749	1,933	76.03
76.04	03024 OPIC	0.211892	3,056	648	76.04
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	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.148684	925,874	137,663	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.341895	208,075	71,140	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		23,286,701	4,234,195	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		23,286,701		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet E
Part A
Date/Time Prepared:
1/30/2013 9:17 am

		Title XVIII		Hospital	
		PPS		PPS	
		before 1/1	on/after 1/1	before 1/1	on/after 1/1
		1.00	1.01	1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments	19,060,489			1.00
2.00	Outlier payments for discharges. (see instructions)	1,017,190			2.00
2.01	Outlier reconciliation amount	0			2.01
3.00	Managed Care Simulated Payments	0			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	169.78			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)	6.92			30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	17.95			31.00
32.00	Sum of lines 30 and 31	24.87			32.00
33.00	Allowable disproportionate share percentage (see instructions)	9.73			33.00
34.00	Disproportionate share adjustment (see instructions)	1,854,586			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		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		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)	21,932,265			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0			48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet E Part A Date/Time Prepared: 1/30/2013 9:17 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		21,932,265	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		1,764,735	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 (from wkst D, Part III, column 9, lines 30-35).		0	57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,697,000	59.00
60.00	Primary payer payments		21,273	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,675,727	61.00
62.00	Deductibles billed to program beneficiaries		1,733,021	62.00
63.00	Coinsurance billed to program beneficiaries		111,894	63.00
64.00	Allowable bad debts (see instructions)		153,095	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		107,167	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		21,891	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,937,979	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.95	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)		21,937,979	71.00
72.00	Interim payments		22,482,264	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)		-544,285	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		633,609	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from worksheet E, Part A line 2 (see instructions)		0	90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet E
Part B
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Hospital

PPS

1.00

PART B - MEDICAL AND OTHER HEALTH SERVICES

1.00	Medical and other services (see instructions)	12,123	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	11,923,244	2.00
3.00	PPS payments	12,339,706	3.00
4.00	Outlier payment (see instructions)	83,742	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	12,123	11.00

COMPUTATION OF LESSER OF COST OR CHARGES

Reasonable charges

12.00	Ancillary service charges	98,557	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)	98,557	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)	98,557	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	86,434	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)	12,123	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	12,423,448	24.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT

25.00	Deductibles and coinsurance (for CAH, see instructions)	2,653,756	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23] (for CAH, see instructions)	9,781,815	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	9,781,815	30.00
31.00	Primary payer payments	11,937	31.00
32.00	Subtotal (line 30 minus line 31)	9,769,878	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)	379,222	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	265,455	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	269,282	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	10,035,333	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	10,035,333	40.00
41.00	Interim payments	10,258,982	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)	-223,649	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet E
Part B
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Hospital

PPS

Overrides
1.00

WORKSHEET OVERRIDE VALUES

112.00 Override of Ancillary service charges (line 12)

0,112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet E Part B Date/Time Prepared: 1/30/2013 9:17 am
Component CCN: 15S046	Title XVIII	Subprovider - IPF
		PPS

		1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	917	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	917	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	7,457	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)	7,457	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)	7,457	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	6,540	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)	917	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)	0	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)	0	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)	917	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)	917	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	917	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)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	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)	917	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	917	40.00
41.00	Interim payments	1,575	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)	-658	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046
Component CCN: 15S046

Period:
From 09/01/2011
To 08/31/2012

Worksheet E
Part B
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IPF

PPS

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 override of Ancillary service charges (line 12)

0,112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2011
To 08/31/2012

Worksheet E
Part B
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IRF

PPS

		1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	653	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	653	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	5,306	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)	5,306	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)	5,306	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	4,653	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)	653	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)	0	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)	0	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)	653	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)	653	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	653	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)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	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)	653	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	653	40.00
41.00	Interim payments	1,080	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)	-427	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet E Part B Date/Time Prepared: 1/30/2013 9:17 am
Component CCN: 15T046	Title XVIII	Subprovider - IRF PPS

WORKSHEET OVERRIDE VALUES		Overrides
112.00	Override of Ancillary service charges (line 12)	1.00
		0
		112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2013 9:17 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		22,482,264		10,258,982	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		22,482,264		10,258,982	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		544,285		223,649	6.02
7.00	Total Medicare program liability (see instructions)		21,937,979		10,035,333	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: 150046
Component CCN: 15S046

Period:
From 09/01/2011
To 08/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IPF

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		1,094,399		1,575	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		1,094,399		1,575	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		86,855		658	6.02
7.00	Total Medicare program liability (see instructions)		1,007,544		917	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: 150046
Component CCN: 15T046

Period:
From 09/01/2011
To 08/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2013 9:17 am

Title XVIII

Subprovider -
IRF

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		2,293,309		1,080	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or Wkst. E-3, line and column as appropriate)		2,293,309		1,080	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		45,220		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		427	6.02
7.00	Total Medicare program liability (see instructions)		2,338,529		653	7.00
				Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet E-1 Part II Date/Time Prepared: 1/30/2013 9:17 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14			4,836 1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12			12,662 2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2			951 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			20,986 4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200			471,532,533 5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20			1,637,416 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,781,869 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,823,085 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-41,216 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046	Period: From 09/01/2011	Worksheet E-3
Component CCN: 155046	To 08/31/2012	Part II
		Date/Time Prepared: 1/30/2013 9:17 am
Title XVIII	Subprovider - IPF	PPS

		1.00	
PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,165,826	1.00
2.00	Net IPF PPS Outlier Payments	6,846	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	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	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	10.803279	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.	0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,172,672	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,172,672	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,172,672	18.00
19.00	Deductibles	176,800	19.00
20.00	Subtotal (line 18 minus line 19)	995,872	20.00
21.00	Coinsurance	13,872	21.00
22.00	Subtotal (line 20 minus line 21)	982,000	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	36,491	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	25,544	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	36,491	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,007,544	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,007,544	31.00
32.00	Interim payments	1,094,399	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	-86,855	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part II, line 2	6,846	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: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet E-3 Part III Date/Time Prepared: 1/30/2013 9:17 am
Component CCN: 15T046		
Title XVIII	Subprovider - IRF	PPS

		1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)	1,980,770	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0400	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	103,739	3.00
4.00	Outlier Payments	293,178	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	6,775,956	10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10}))\}$ raised to the power of .6876 -1.	0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	2,377,687	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)	2,377,687	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,377,687	19.00
20.00	Deductibles	11,488	20.00
21.00	Subtotal (line 19 minus line 20)	2,366,199	21.00
22.00	Coinsurance	29,232	22.00
23.00	Subtotal (line 21 minus line 22)	2,336,967	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	2,232	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,562	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,232	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,338,529	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)	2,338,529	32.00
33.00	Interim payments	2,293,309	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)	45,220	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part III, line 4	293,178	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: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet E-3
Part VII
Date/Time Prepared:
1/30/2013 9:17 am

		Title XIX		Hospital	Cost	
				Inpatient	Outpatient	
				1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES						
COMPUTATION OF NET COST OF COVERED SERVICES						
1.00	Inpatient hospital/SNF/NF services		7,818,081			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)		7,818,081		0	4.00
5.00	Inpatient primary payer payments		0			5.00
6.00	Outpatient primary payer payments				0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		7,818,081		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES						
Reasonable Charges						
8.00	Routine service charges		0			8.00
9.00	Ancillary service charges		23,286,701		35,617,431	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)		23,286,701		35,617,431	12.00
CUSTOMARY CHARGES						
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)		23,286,701		35,617,431	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		15,468,620		35,617,431	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0		0	18.00
19.00	Interns and Residents (see instructions)		0		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		7,818,081		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.						
22.00	Other than outlier payments		0		0	22.00
23.00	Outlier payments		0		0	23.00
24.00	Program capital payments		0			24.00
25.00	Capital exception payments (see instructions)		0			25.00
26.00	Routine and Ancillary service other pass through costs		0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0		0	27.00
28.00	Customary charges (title v or XIX PPS covered services only)		0		0	28.00
29.00	Titles v or XIX (sum of lines 21 and 27)		7,818,081		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
30.00	Excess of reasonable cost (from line 18)		0		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		7,818,081		0	31.00
32.00	Deductibles		0		0	32.00
33.00	Coinsurance		0		0	33.00
34.00	Allowable bad debts (see instructions)		0		0	34.00
35.00	Utilization review		0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		7,818,081		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		0	37.00
38.00	Subtotal (line 36 ± line 37)		7,818,081		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		7,818,081		0	40.00
41.00	Interim payments		7,502,928		4,875,515	41.00
42.00	Balance due provider/program (line 40 minus 41)		315,153		-4,875,515	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0		0	43.00

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

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet G

Date/Time Prepared:
1/30/2013 9:17 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	-21,024	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	25,519,214	0	0	0	4.00
5.00 Other receivable	139,224	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-10,236,169	0	0	0	6.00
7.00 Inventory	4,489,556	0	0	0	7.00
8.00 Prepaid expenses	270,079	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	20,160,880	0	0	0	11.00
FIXED ASSETS					
12.00 Land	1,262,718	0	0	0	12.00
13.00 Land improvements	3,002,401	0	0	0	13.00
14.00 Accumulated depreciation	-2,758,935	0	0	0	14.00
15.00 Buildings	38,638,215	0	0	0	15.00
16.00 Accumulated depreciation	-20,963,479	0	0	0	16.00
17.00 Leasehold improvements	5,743,767	0	0	0	17.00
18.00 Accumulated depreciation	-4,218,312	0	0	0	18.00
19.00 Fixed equipment	24,304,386	0	0	0	19.00
20.00 Accumulated depreciation	-15,457,343	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	54,621,154	0	0	0	23.00
24.00 Accumulated depreciation	-47,804,493	0	0	0	24.00
25.00 Minor equipment depreciable	1,986,032	0	0	0	25.00
26.00 Accumulated depreciation	-843,678	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	669,805	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	38,182,238	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	2,386,484	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	3,063,197	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	5,449,681	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	63,792,799	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	3,650,060	0	0	0	37.00
38.00 Salaries, wages, and fees payable	3,164,146	0	0	0	38.00
39.00 Payroll taxes payable	1,989,563	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	11,426	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	8,815,195	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	-175,059,247	0	0	0	48.00
49.00 Other long term liabilities	84,141	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	-174,975,106	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	-166,159,911	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	229,952,710	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	229,952,710	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	63,792,799	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-1
Date/Time Prepared:
1/30/2013 9:17 am

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
1.00 Fund balances at beginning of period		221,630,769		0	1.00
2.00 Net income (loss) (from wkst. G-3, line 29)		16,090,679			2.00
3.00 Total (sum of line 1 and line 2)		237,721,448		0	3.00
4.00 Additions (credit adjustments) (specify)	0		0		4.00
5.00	0		0		5.00
6.00	0		0		6.00
7.00	0		0		7.00
8.00	0		0		8.00
9.00	0		0		9.00
10.00 Total additions (sum of line 4-9)		0		0	10.00
11.00 Subtotal (line 3 plus line 10)		237,721,448		0	11.00
12.00 FEDERAL TAX LIABILITY	7,768,738		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)		7,768,738		0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		229,952,710		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-1

Date/Time Prepared:
1/30/2013 9:17 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period			0		0	1.00
2.00 Net income (loss) (from wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)			0		0	3.00
4.00 Additions (credit adjustments) (specify)	0			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)			0		0	11.00
12.00 FEDERAL TAX LIABILITY	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)			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/30/2013 9:17 am

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
PART I - PATIENT REVENUES				
General Inpatient Routine Services				
1.00 Hospital	14,137,089		14,137,089	1.00
2.00 SUBPROVIDER - IPF	6,960,674		6,960,674	2.00
3.00 SUBPROVIDER - IRF	2,251,840		2,251,840	3.00
4.00 SUBPROVIDER				4.00
5.00 Swing bed - SNF	0		0	5.00
6.00 Swing bed - NF	0		0	6.00
7.00 SKILLED NURSING FACILITY	0		0	7.00
8.00 NURSING FACILITY	0		0	8.00
9.00 OTHER LONG TERM CARE	0		0	9.00
10.00 Total general inpatient care services (sum of lines 1-9)	23,349,603		23,349,603	10.00
Intensive Care Type Inpatient Hospital Services				
11.00 INTENSIVE CARE UNIT	5,764,910		5,764,910	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)	5,764,910		5,764,910	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	29,114,513		29,114,513	17.00
18.00 Ancillary services	194,196,683	0	194,196,683	18.00
19.00 Outpatient services	0	248,221,548	248,221,548	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY	0	0	0	22.00
23.00 AMBULANCE SERVICES	0	0	0	23.00
24.00 CMHC	0	0	0	24.00
24.10 CORF	0	0	0	24.10
25.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00 HOSPICE	0	0	0	26.00
27.00 OTHER (SPECIFY)	0	0	0	27.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	223,311,196	248,221,548	471,532,744	28.00
PART II - OPERATING EXPENSES				
29.00 Operating expenses (per wkst. A, column 3, line 200)		103,451,991		29.00
30.00 ADD (SPECIFY)	0			30.00
31.00	0			31.00
32.00	0			32.00
33.00	0			33.00
34.00	0			34.00
35.00	0			35.00
36.00 Total additions (sum of lines 30-35)		0		36.00
37.00 DEDUCT (SPECIFY)	0			37.00
38.00	0			38.00
39.00	0			39.00
40.00	0			40.00
41.00	0			41.00
42.00 Total deductions (sum of lines 37-41)		0		42.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		103,451,991		43.00

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	471,532,744	1.00
2.00	Less contractual allowances and discounts on patients' accounts	354,349,626	2.00
3.00	Net patient revenues (line 1 minus line 2)	117,183,118	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	103,451,991	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,731,127	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	HOSPITAL OTHER INCOME	521,720	24.00
24.01	HITECH OTHER INCOME	14,882	24.01
24.02	HOSPITAL MISC. INCOME	25,945	24.02
25.00	Total other income (sum of lines 6-24)	562,547	25.00
26.00	Total (line 5 plus line 25)	14,293,674	26.00
27.00	HITECH DIVIDENDS	-1,797,005	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1,797,005	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,090,679	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150046

Period:
From 09/01/2011
To 08/31/2012

worksheet I-5

Date/Time Prepared:
1/30/2013 9:17 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	0	1.00
2.00	Total payment (from worksheet I-4, column 6, line 11)	0	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to worksheet E, Part B, line 33)	0	11.00

Provider CCN: 150046	Period: From 09/01/2011 To 08/31/2012	Worksheet L Parts I-III Date/Time Prepared: 1/30/2013 9:17 am
Title XVIII	Hospital	PPS

		1.00	
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	1,532,412	1.00
2.00	Capital DRG outlier payments	153,097	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	57.34	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)	6.92	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	17.95	8.00
9.00	Sum of lines 7 and 8	24.87	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.17	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	79,226	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,764,735	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