

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/21/2013 4:33 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/21/2013 Time: 4:33 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 MARION GENERAL HOSPITAL (150011) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-449,547	-373,257	0	-2,209,947 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	34,957	0	-355,740	3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
200.00	Total	0	-414,590	-373,257	0	-2,565,687 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150011		Period: From 07/01/2012 To 06/30/2013		Worksheet S-2 Part I Date/Time Prepared: 11/21/2013 1:58 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 441 WABASH AVENUE	PO Box:								1.00	
2.00	City: MARION	State: IN		Zip Code: 46952-		County: GRANT				2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	MARION GENERAL HOSPITAL	150011	99915	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF	MARION GENERAL HOSPITAL REHAB	15T011	99915	5	07/01/2005	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	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2012	06/30/2013			20.00	
21.00	Type of Control (see instructions)					2				21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,738	582	0	0	2,500	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.	174	46	0	0	7	0		25.00		
							Urban/Rural	S	Date of Geogr		
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						2			26.00	
27.00	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.						2			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						1			35.00	

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		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.	07/01/2012	06/30/2013	36.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00			
		Y/N 1.00	Y/N 2.00				
39.00	Does 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. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			V 1.00	XVIII 2.00	XIX 3.00	39.00
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N			45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N			46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N			47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N			48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N					56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.						57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N					59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N					60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
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 Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	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
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Site	Unwei ghted FTEs in Hospi tal	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 associated with primary care FTEs for each primary care program in which you trained residents. 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
			Unwei ghted FTEs Nonprovi der Site	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	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	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. 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		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.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V 1.00	XIX 2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00 3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	661,216	0		0	118.01
			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					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		Y		Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N			140.00

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				N	145.00	
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multi campus							
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
				1.00			
Health Information Technology (HIT) Incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00169.00	
				Beginni ng	Endi ng		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/21/2013 1:58 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	10/09/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		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

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TINA		SEVERS	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7946		TSEVERS@BLUEANDCO.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/09/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 11/21/2013 1:58 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	78	28,470	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		78	28,470	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	19	6,935	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		97	35,405	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		115				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,627	1,738	18,022			1.00
2.00 HMO and other (see instructions)	1,967	3,082				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	311	53				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,627	1,738	18,022			7.00
8.00 INTENSIVE CARE UNIT	1,892	0	3,572			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)	9,519	1,738	21,594	0.00	938.13	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,013	174	2,771	0.00	18.27	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	956.40	27.00
28.00 Observation Bed Days		1,363	3,809			28.00
29.00 Ambulance Trips	1,515					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,181	379	5,376	1.00
2.00 HMO and other (see instructions)			477			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,181	379	5,376	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	172	14	232	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2013 1:58 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	48,331,142	-168,708	48,162,434	1,956,808.30	24.61
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		110,238	0	110,238	726.92	151.65
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,903,884	270,723	7,174,607	394,296.30	18.20
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		825,530	0	825,530	12,481.10	66.14
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		37,500	0	37,500	250.00	150.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,471,105	0	13,471,105		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,483,515	0	3,483,515		
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 Department	4.00	919,711	19,829	939,540	31,303.60	30.01
27.00	Administrative & General	5.00	7,658,950	-249,868	7,409,082	292,912.90	25.29
28.00	Administrative & General under contract (see inst.)		1,525,536	0	1,525,536	10,515.76	145.07
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	596,634	-18,451	578,183	36,945.80	15.65
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		1,067,283	0	1,067,283	96,461.00	11.06
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		1,289,830	0	1,289,830	68,059.00	18.95
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,309,599	-509,314	800,285	20,609.50	38.83
39.00	Central Services and Supply	14.00	284,557	19,046	303,603	18,349.00	16.55
40.00	Pharmacy	15.00	2,036,656	-5,851	2,030,805	49,863.90	40.73

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2013 1:58 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
11/21/2013 1:58 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	52,213,791	-168,708	52,045,083	2,131,844.06	24.41	1.00
2.00	Excluded area salaries (see instructions)	6,903,884	270,723	7,174,607	394,296.30	18.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,309,907	-439,431	44,870,476	1,737,547.76	25.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	863,030	0	863,030	12,731.10	67.79	4.00
5.00	Subtotal wage-related costs (see inst.)	13,471,105	0	13,471,105	0.00	30.02	5.00
6.00	Total (sum of lines 3 thru 5)	59,644,042	-439,431	59,204,611	1,750,278.86	33.83	6.00
7.00	Total overhead cost (see instructions)	16,688,756	-744,609	15,944,147	625,020.46	25.51	7.00

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part IV
Date/Time Prepared:
11/21/2013 1:58 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,049,254	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,237,237	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	102,630	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)	8,303,562	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,914	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	46,357	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)	444,335	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	525,782	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,985,734	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	79,943	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	164,402	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,941,150	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	70,815	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part V
Date/Time Prepared:
11/21/2013 1:58 pm

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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		11,849,631		11,004,835	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	919,711	16,955,042	17,874,753	17,922,053	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,658,950	20,659,443	28,318,393	28,188,972	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	CAFETERIA	0	0	0	1,274,176	6.01
6.02	00602	CAFETERIA	0	0	0	0	6.02
7.00	00700	OPERATION OF PLANT	596,634	3,738,371	4,335,005	4,681,470	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	378,175	378,175	378,175	8.00
9.00	00900	HOUSEKEEPING	0	2,258,253	2,258,253	2,265,157	9.00
10.00	01000	DIETARY	0	1,940,326	1,940,326	609,915	10.00
13.00	01300	NURSING ADMINISTRATION	1,309,599	59,738	1,369,337	860,023	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	284,557	605,214	889,771	908,817	14.00
15.00	01500	PHARMACY	2,036,656	7,363,963	9,400,619	2,516,443	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,054,265	958,017	10,012,282	10,136,586	30.00
31.00	03100	INTENSIVE CARE UNIT	2,452,740	257,066	2,709,806	2,689,246	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	922,154	714,982	1,637,136	1,637,136	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,907,618	4,609,505	7,517,123	7,796,687	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,832,378	3,187,247	6,019,625	4,835,064	54.00
57.00	05700	CT SCAN	0	0	0	902,876	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	524,336	58.00
59.00	05900	CARDIAC CATHETERIZATION	545,804	2,553,222	3,099,026	3,149,778	59.00
60.00	06000	LABORATORY	2,608,440	4,411,279	7,019,719	7,027,801	60.00
60.01	06001	ONCOLOGY	998,326	510,162	1,508,488	1,508,488	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	60.02
65.00	06500	RESPIRATORY THERAPY	1,231,087	732,051	1,963,138	2,043,049	65.00
66.00	06600	PHYSICAL THERAPY	1,398,352	353,772	1,752,124	1,752,124	66.00
69.00	06900	ELECTROCARDIOLOGY	634,978	86,200	721,178	805,277	69.00
69.01	06901	CARDIAC REHAB	98,479	6,446	104,925	136,160	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,884,176	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	157,322	78,703	236,025	283,335	90.00
91.00	09100	EMERGENCY	3,701,362	838,181	4,539,543	4,497,159	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	862,919	170,423	1,033,342	1,071,018	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,212,331	85,275,412	128,487,743	128,290,332	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,187	16,187	35,528	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.02	19202	VISITOR MEALS	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	109,918	2,161	112,079	116,964	192.03
192.04	19204	LIFELINE	27,565	3,149	30,714	35,616	192.04
192.05	19205	OWNED PROPERTIES	0	939,635	939,635	275,437	192.05
192.08	19211	PARISH NURSING	33,665	21,830	55,495	69,441	192.08
192.09	19212	BIOERRORISM GRANT	0	6,457	6,457	24,167	192.09
192.10	19214	BREAST PUMPS	0	1,977	1,977	3,198	192.10
192.14	19210	MGH PHYS PRACT MGMT	1,033,893	484,222	1,518,115	1,563,304	192.14
192.15	19215	MGH MARION SURGEONS	337,558	1,423,353	1,760,911	1,789,548	192.15
192.16	19216	MGH MGH MED ONC	0	958,289	958,289	958,289	192.16
192.17	19217	MGH FMC SOUTH	390,157	844,111	1,234,268	1,444,121	192.17
192.18	19218	MGH FAIRM MED ASSOC	141,016	395,307	536,323	536,323	192.18
192.19	19219	MGH FMC MARION	266,734	632,803	899,537	975,570	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	223,388	712,103	935,491	936,221	193.01
193.02	19302	MGH FMC GAS CITY	190,964	586,739	777,703	779,586	193.02
193.03	19303	MGH HOSPITALISTS	39,568	2,226,572	2,266,140	2,266,140	193.03
193.04	19304	MGH MAR FAM PRACT	708,820	1,390,319	2,099,139	2,104,529	193.04
193.05	19305	MGH FMC SWAYZEE	59,391	103,723	163,114	186,658	193.05
193.06	19306	MGH PEDIATRIC CTR	210,293	720,637	930,930	969,867	193.06
193.07	19307	MGH SPECIALTY PHYS	128,076	335,844	463,920	501,760	193.07
193.08	19308	MGH FMC CONVERSE	70,675	151,088	221,763	221,763	193.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A

Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
193.09 19309 MGH UPLAND HEALTH	399,171	804,452	1,203,623	4,735	1,208,358	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	55,748	349,480	405,228	13,644	418,872	193.11
193.12 19312 OB/GYN	404,150	1,740,006	2,144,156	12,804	2,156,960	193.12
193.15 19315 MGH RIVER VIEW BLDG	0	-3,051	-3,051	0	-3,051	193.15
194.00 07963 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 07950 MOW	0	0	0	0	0	194.01
194.02 07951 MENTAL HEALTH	0	0	0	0	0	194.02
194.03 07952 ADVERTISING	0	0	0	294,817	294,817	194.03
194.04 07953 MGH WORK SOLUTIONS	258,963	457,452	716,415	5,568	721,983	194.04
194.05 07954 MGH TAYLOR UNIVERSITY	29,098	100,278	129,376	0	129,376	194.05
194.08 07957 MGH SMMP BLDG	0	233,008	233,008	0	233,008	194.08
194.09 07958 MGH AMBUCARE BLDG	0	43,377	43,377	0	43,377	194.09
194.10 07959 MGH 106 LYONS BLDG	0	869	869	0	869	194.10
200.00 TOTAL (SUM OF LINES 118-199)	48,331,142	100,957,789	149,288,931	0	149,288,931	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-120,224	10,884,611	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,144	17,920,909	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,857,513	16,331,459	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	CAFETERIA	-28,140	1,246,036	6.01
6.02	00602	CAFETERIA	0	0	6.02
7.00	00700	OPERATION OF PLANT	-130,372	4,551,098	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-7,436	370,739	8.00
9.00	00900	HOUSEKEEPING	-2,188	2,262,969	9.00
10.00	01000	DIETARY	-3,397	606,518	10.00
13.00	01300	NURSING ADMINISTRATION	-4	860,019	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,499	907,318	14.00
15.00	01500	PHARMACY	-24,906	2,491,537	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-31,767	10,104,819	30.00
31.00	03100	INTENSIVE CARE UNIT	-367	2,688,879	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-72,344	1,564,792	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-15,438	7,781,249	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-424,458	4,410,606	54.00
57.00	05700	CT SCAN	0	902,876	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	524,336	58.00
59.00	05900	CARDIAC CATHETERIZATION	-9,817	3,139,961	59.00
60.00	06000	LABORATORY	-50,041	6,977,760	60.00
60.01	06001	ONCOLOGY	-708	1,507,780	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	60.02
65.00	06500	RESPIRATORY THERAPY	-8,703	2,034,346	65.00
66.00	06600	PHYSICAL THERAPY	-140	1,751,984	66.00
69.00	06900	ELECTROCARDIOLOGY	-53,694	751,583	69.00
69.01	06901	CARDIAC REHAB	-5	136,155	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-800	6,883,376	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-78	283,257	90.00
91.00	09100	EMERGENCY	-165,734	4,331,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-82,350	988,668	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,093,267	115,197,065	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,528	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.02	19202	VISITOR MEALS	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	116,964	192.03
192.04	19204	LIFELINE	0	35,616	192.04
192.05	19205	OWNED PROPERTIES	0	275,437	192.05
192.08	19211	PARI SH NURSING	0	69,441	192.08
192.09	19212	BIOTERRORISM GRANT	0	24,167	192.09
192.10	19214	BREAST PUMPS	0	3,198	192.10
192.14	19210	MGH PHYS PRACT MGMT	-60,210	1,503,094	192.14
192.15	19215	MGH MARION SURGEONS	-44,597	1,744,951	192.15
192.16	19216	MGH MGH MED ONC	0	958,289	192.16
192.17	19217	MGH FMC SOUTH	0	1,444,121	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	536,323	192.18
192.19	19219	MGH FMC MARION	-112,327	863,243	192.19
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	936,221	193.01
193.02	19302	MGH FMC GAS CITY	0	779,586	193.02
193.03	19303	MGH HOSPITALISTS	0	2,266,140	193.03
193.04	19304	MGH MAR FAM PRACT	0	2,104,529	193.04
193.05	19305	MGH FMC SWAYZEE	-27,675	158,983	193.05
193.06	19306	MGH PEDIATRIC CTR	-60,669	909,198	193.06
193.07	19307	MGH SPECIALTY PHYS	-40,982	460,778	193.07
193.08	19308	MGH FMC CONVERSE	0	221,763	193.08
193.09	19309	MGH UPLAND HEALTH	0	1,208,358	193.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
193.10	19310	MGH MGH WOMENS CTR	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	-18,580	400,292	193.11
193.12	19312	OB/GYN	0	2,156,960	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	-3,051	193.15
194.00	07963	OTHER NONREIMBURSABLE	0	0	194.00
194.01	07950	MOW	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	194.02
194.03	07952	ADVERTISING	0	294,817	194.03
194.04	07953	MGH WORK SOLUTIONS	-83,601	638,382	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	129,376	194.05
194.08	07957	MGH SMMP BLDG	0	233,008	194.08
194.09	07958	MGH AMBUCARE BLDG	0	43,377	194.09
194.10	07959	MGH 106 LYONS BLDG	0	869	194.10
200.00		TOTAL (SUM OF LINES 118-199)	-13,541,908	135,747,023	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet Non-CMS W Date/Time Prepared: 11/21/2013 1:58 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01	CAFETERIA	00601		6.01
6.02	CAFETERIA	00602		6.02
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	ONCOLOGY	06001		60.01
60.02	RADIATION ONCOLOGY	06002		60.02
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	CARDIAC REHAB	06901		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	09201		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.02	VISITOR MEALS	19202		192.02
192.03	GREAT BEGINNINGS/MATERNAL	19203		192.03
192.04	LIFELINE	19204		192.04
192.05	OWNED PROPERTIES	19205		192.05
192.08	PARISH NURSING	19211		192.08
192.09	BLOTERRORISM GRANT	19212		192.09
192.10	BREAST PUMPS	19214		192.10
192.14	MGH PHYS PRACT MGMT	19210		192.14
192.15	MGH MARION SURGEONS	19215		192.15
192.16	MGH MGH MED ONC	19216		192.16
192.17	MGH FMC SOUTH	19217		192.17
192.18	MGH FAIRM MED ASSOC	19218		192.18
192.19	MGH FMC MARION	19219		192.19
193.00	NONPAID WORKERS	19300		193.00
193.01	MGH FMC NORTHWOOD	19301		193.01
193.02	MGH FMC GAS CITY	19302		193.02
193.03	MGH HOSPITALISTS	19303		193.03
193.04	MGH MAR FAM PRACT	19304		193.04
193.05	MGH FMC SWAYZEE	19305		193.05
193.06	MGH PEDIATRIC CTR	19306		193.06
193.07	MGH SPECIALTY PHYS	19307		193.07
193.08	MGH FMC CONVERSE	19308		193.08

COST CENTERS USED IN COST REPORT

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet Non-CMS W
Date/Time Prepared:
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
193.09 MGH UPLAND HEALTH	19309		193.09
193.10 MGH MGH WOMENS CTR	19310		193.10
193.11 MGH MGH PSYCHIATRY	19311		193.11
193.12 OB/GYN	19312		193.12
193.15 MGH RIVER VIEW BLDG	19315		193.15
194.00 OTHER NONREIMBURSABLE	07963		194.00
194.01 MOW	07950		194.01
194.02 MENTAL HEALTH	07951		194.02
194.03 ADVERTISING	07952		194.03
194.04 MGH WORK SOLUTIONS	07953		194.04
194.05 MGH TAYLOR UNIVERSITY	07954		194.05
194.08 MGH SMMP BLDG	07957		194.08
194.09 MGH AMBUCARE BLDG	07958		194.09
194.10 MGH 106 LYONS BLDG	07959		194.10
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SATELITE OFFICE					
1.00	ELECTROCARDIOLOGY	69.00	2,657	1,497	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	13,319	24,526	2.00
TOTALS			15,976	26,023	
B - CAFETERIA					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	80,353	1.00
2.00	CAFETERIA	6.01	0	1,274,176	2.00
TOTALS			0	1,354,529	
C - ADMIN DIRECTOR					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	20,560	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	19,046	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	116,462	0	3.00
4.00	OPERATING ROOM	50.00	107,019	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	50,752	0	5.00
6.00	RESPIRATORY THERAPY	65.00	79,911	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	64,109	0	7.00
8.00	CARDIAC REHAB	69.01	16,917	0	8.00
9.00	CLINIC	90.00	16,056	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	7,842	0	10.00
11.00	AMBULANCE SERVICES	95.00	37,676	0	11.00
12.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	19,341	0	12.00
13.00	GREAT BEGINNINGS/MATERNAL	192.03	4,885	0	13.00
14.00	LIFELINE	192.04	4,902	0	14.00
15.00	PARI SH NURSING	192.08	10,172	0	15.00
16.00	BIOTERRORISM GRANT	192.09	17,710	0	16.00
17.00	BREAST PUMPS	192.10	1,221	0	17.00
TOTALS			594,581	0	
D - ADVERTISING					
1.00	ADVERTISING	194.03	207,354	87,463	1.00
TOTALS			207,354	87,463	
E - LEASED PROPERTY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,740	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	89,656	2.00
3.00	OPERATION OF PLANT	7.00	0	364,175	3.00
4.00	HOUSEKEEPING	9.00	0	6,904	4.00
5.00	DIETARY	10.00	0	24,118	5.00
6.00	OPERATING ROOM	50.00	0	172,545	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	177,468	7.00
8.00	CT SCAN	57.00	0	12,862	8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,476	9.00
10.00	LABORATORY	60.00	0	50,081	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	15,836	11.00
12.00	CARDIAC REHAB	69.01	0	14,318	12.00
13.00	CLINIC	90.00	0	31,254	13.00
14.00	PARI SH NURSING	192.08	0	3,774	14.00
15.00	MGH PHYS PRACT MGMT	192.14	0	45,189	15.00
16.00	MGH MARION SURGEONS	192.15	0	28,637	16.00
17.00	MGH FMC SOUTH	192.17	0	209,853	17.00
18.00	MGH FMC MARION	192.19	0	76,033	18.00
19.00	MGH WORK SOLUTIONS	194.04	0	5,568	19.00
20.00	MGH FMC NORTHWOOD	193.01	0	730	20.00
21.00	MGH FMC GAS CITY	193.02	0	1,883	21.00
22.00	MGH MAR FAM PRACT	193.04	0	5,390	22.00
23.00	MGH FMC SWAYZEE	193.05	0	23,544	23.00
24.00	MGH PEDIATRIC CTR	193.06	0	38,937	24.00
25.00	MGH SPECIALTY PHYS	193.07	0	37,840	25.00
26.00	MGH UPLAND HEALTH	193.09	0	4,735	26.00
27.00	MGH MGH PSYCHIATRY	193.11	0	13,644	27.00
28.00	OB/GYN	193.12	0	12,804	28.00
TOTALS			0	1,508,994	
F - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,884,176	1.00
TOTALS			0	6,884,176	
G - CT/MRI RECLASS					
1.00	CT SCAN	57.00	418,773	471,241	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	239,901	269,959	2.00
TOTALS			658,674	741,200	
H - SHORT TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	731	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	37,901	2.00
3.00	OPERATION OF PLANT	7.00	0	741	3.00

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	PHARMACY	15.00	0	5,851	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	41,572	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	13,450	6.00
7.00	SUBPROVIDER - IRF	41.00	0	1,961	7.00
8.00	OPERATING ROOM	50.00	0	3,664	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,069	9.00
10.00	LABORATORY	60.00	0	8,311	10.00
11.00	RESPIRATORY THERAPY	65.00	0	3,012	11.00
12.00	PHYSICAL THERAPY	66.00	0	4,564	12.00
13.00	CLINIC	90.00	0	1,212	13.00
14.00	EMERGENCY	91.00	0	8,563	14.00
15.00	AMBULANCE SERVICES	95.00	0	13,963	15.00
16.00	MGH PHYS PRACT MGMT	192.14	0	1,131	16.00
17.00	MGH FMC SOUTH	192.17	0	450	17.00
18.00	MGH FMC MARION	192.19	0	1,193	18.00
19.00	MGH FMC GAS CITY	193.02	0	472	19.00
20.00	MGH MAR FAM PRACT	193.04	0	2,081	20.00
21.00	MGH FMC SWAYZEE	193.05	0	1,006	21.00
22.00	MGH PEDIATRIC CTR	193.06	0	9,469	22.00
23.00	MGH FMC CONVERSE	193.08	0	698	23.00
24.00	MGH MGH PSYCHIATRY	193.11	0	114	24.00
25.00	ONCOLOGY	60.01	0	1,529	25.00
	TOTALS		0	168,708	
500.00	Grand Total: Increases		1,476,585	10,771,093	500.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - SATELITE OFFICE						
1.00	LABORATORY	60.00	15,976	26,023	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		15,976	26,023		
B - CAFETERIA						
1.00	DIETARY	10.00	0	1,354,529	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	1,354,529		
C - ADMIN DIRECTOR						
1.00	ADMINISTRATIVE & GENERAL	5.00	4,613	0	0	1.00
2.00	OPERATION OF PLANT	7.00	17,710	0	0	2.00
3.00	NURSING ADMINISTRATION	13.00	509,314	0	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	20,560	0	0	4.00
5.00	EMERGENCY	91.00	42,384	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
	TOTALS		594,581	0		
D - ADVERTISING						
1.00	ADMINISTRATIVE & GENERAL	5.00	207,354	87,463	0	1.00
	TOTALS		207,354	87,463		
E - LEASED PROPERTY						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	844,796	10	1.00
2.00	OWNED PROPERTIES	192.05	0	664,198	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
	TOTALS		0	1,508,994		
F - PHARMACY RECLASS						
1.00	PHARMACY	15.00	0	6,884,176	0	1.00
	TOTALS		0	6,884,176		
G - CT/MRI RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	658,674	741,200	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		658,674	741,200		
H - SHORT TERM DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	731	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	37,901	0	0	2.00
3.00	OPERATION OF PLANT	7.00	741	0	0	3.00
4.00	PHARMACY	15.00	5,851	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	41,572	0	0	5.00

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
6.00	INTENSIVE CARE UNIT	31.00	13,450	0	0	6.00
7.00	SUBPROVIDER - IRF	41.00	1,961	0	0	7.00
8.00	OPERATING ROOM	50.00	3,664	0	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	5,069	0	0	9.00
10.00	LABORATORY	60.00	8,311	0	0	10.00
11.00	RESPIRATORY THERAPY	65.00	3,012	0	0	11.00
12.00	PHYSICAL THERAPY	66.00	4,564	0	0	12.00
13.00	CLINIC	90.00	1,212	0	0	13.00
14.00	EMERGENCY	91.00	8,563	0	0	14.00
15.00	AMBULANCE SERVICES	95.00	13,963	0	0	15.00
16.00	MGH PHYS PRACT MGMT	192.14	1,131	0	0	16.00
17.00	MGH FMC SOUTH	192.17	450	0	0	17.00
18.00	MGH FMC MARION	192.19	1,193	0	0	18.00
19.00	MGH FMC GAS CITY	193.02	472	0	0	19.00
20.00	MGH MAR FAM PRACT	193.04	2,081	0	0	20.00
21.00	MGH FMC SWAYZEE	193.05	1,006	0	0	21.00
22.00	MGH PEDIATRIC CTR	193.06	9,469	0	0	22.00
23.00	MGH FMC CONVERSE	193.08	698	0	0	23.00
24.00	MGH MGH PSYCHIATRY	193.11	114	0	0	24.00
25.00	ONCOLOGY	60.01	1,529	0	0	25.00
	TOTALS		168,708	0		
500.00	Grand Total: Decreases		1,645,293	10,602,385		500.00

RECLASSIFICATIONS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/21/2013 1:58 pm

Increases			Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
A - SATELITE OFFICE							
1.00	ELECTROCARDIOLOGY	69.00	2,657	LABORATORY	60.00	15,976	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	13,319		0.00	0	2.00
	TOTALS		15,976	TOTALS		15,976	
B - CAFETERIA							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	DIETARY	10.00	0	1.00
2.00	CAFETERIA	6.01	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
C - ADMIN DIRECTOR							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	20,560	ADMINISTRATIVE & GENERAL	5.00	4,613	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	19,046	OPERATION OF PLANT	7.00	17,710	2.00
3.00	ADULTS & PEDIATRICS	30.00	116,462	NURSING ADMINISTRATION	13.00	509,314	3.00
4.00	OPERATING ROOM	50.00	107,019	INTENSIVE CARE UNIT	31.00	20,560	4.00
5.00	CARDIAC CATHETERIZATION	59.00	50,752	EMERGENCY	91.00	42,384	5.00
6.00	RESPIRATORY THERAPY	65.00	79,911		0.00	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	64,109		0.00	0	7.00
8.00	CARDIAC REHAB	69.01	16,917		0.00	0	8.00
9.00	CLINIC	90.00	16,056		0.00	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	7,842		0.00	0	10.00
11.00	AMBULANCE SERVICES	95.00	37,676		0.00	0	11.00
12.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	19,341		0.00	0	12.00
13.00	GREAT BEGINNINGS/MATERNAL	192.03	4,885		0.00	0	13.00
14.00	LIFELINE	192.04	4,902		0.00	0	14.00
15.00	PARISH NURSING	192.08	10,172		0.00	0	15.00
16.00	BOTERRORISM GRANT	192.09	17,710		0.00	0	16.00
17.00	BREAST PUMPS	192.10	1,221		0.00	0	17.00
	TOTALS		594,581	TOTALS		594,581	
D - ADVERTISING							
1.00	ADVERTISING	194.03	207,354	ADMINISTRATIVE & GENERAL	5.00	207,354	1.00
	TOTALS		207,354	TOTALS		207,354	
E - LEASED PROPERTY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	OWNED PROPERTIES	192.05	0	2.00
3.00	OPERATION OF PLANT	7.00	0		0.00	0	3.00
4.00	HOUSEKEEPING	9.00	0		0.00	0	4.00
5.00	DIETARY	10.00	0		0.00	0	5.00
6.00	OPERATING ROOM	50.00	0		0.00	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0		0.00	0	7.00
8.00	CT SCAN	57.00	0		0.00	0	8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0		0.00	0	9.00
10.00	LABORATORY	60.00	0		0.00	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0		0.00	0	11.00
12.00	CARDIAC REHAB	69.01	0		0.00	0	12.00
13.00	CLINIC	90.00	0		0.00	0	13.00
14.00	PARISH NURSING	192.08	0		0.00	0	14.00
15.00	MGH PHYS PRACT MGMT	192.14	0		0.00	0	15.00
16.00	MGH MARION SURGEONS	192.15	0		0.00	0	16.00
17.00	MGH FMC SOUTH	192.17	0		0.00	0	17.00
18.00	MGH FMC MARION	192.19	0		0.00	0	18.00
19.00	MGH WORK SOLUTIONS	194.04	0		0.00	0	19.00
20.00	MGH FMC NORTHWOOD	193.01	0		0.00	0	20.00
21.00	MGH FMC GAS CITY	193.02	0		0.00	0	21.00
22.00	MGH MAR FAM PRACT	193.04	0		0.00	0	22.00
23.00	MGH FMC SWAYZEE	193.05	0		0.00	0	23.00
24.00	MGH PEDIATRIC CTR	193.06	0		0.00	0	24.00
25.00	MGH SPECIALTY PHYS	193.07	0		0.00	0	25.00
26.00	MGH UPLAND HEALTH	193.09	0		0.00	0	26.00
27.00	MGH MGH PSYCHIATRY	193.11	0		0.00	0	27.00
28.00	OB/GYN	193.12	0		0.00	0	28.00
	TOTALS		0	TOTALS		0	
F - PHARMACY RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0	1.00
	TOTALS		0	TOTALS		0	
G - CT/MRI RECLASS							
1.00	CT SCAN	57.00	418,773	RADIOLOGY-DIAGNOSTIC	54.00	658,674	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	239,901		0.00	0	2.00
	TOTALS		658,674	TOTALS		658,674	

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/21/2013 1:58 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
H - SHORT TERM DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	731 1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	ADMINISTRATIVE & GENERAL	5.00	37,901 2.00
3.00	OPERATION OF PLANT	7.00	0	OPERATION OF PLANT	7.00	741 3.00
4.00	PHARMACY	15.00	0	PHARMACY	15.00	5,851 4.00
5.00	ADULTS & PEDIATRICS	30.00	0	ADULTS & PEDIATRICS	30.00	41,572 5.00
6.00	INTENSIVE CARE UNIT	31.00	0	INTENSIVE CARE UNIT	31.00	13,450 6.00
7.00	SUBPROVIDER - IRF	41.00	0	SUBPROVIDER - IRF	41.00	1,961 7.00
8.00	OPERATING ROOM	50.00	0	OPERATING ROOM	50.00	3,664 8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	RADIOLOGY-DIAGNOSTIC	54.00	5,069 9.00
10.00	LABORATORY	60.00	0	LABORATORY	60.00	8,311 10.00
11.00	RESPIRATORY THERAPY	65.00	0	RESPIRATORY THERAPY	65.00	3,012 11.00
12.00	PHYSICAL THERAPY	66.00	0	PHYSICAL THERAPY	66.00	4,564 12.00
13.00	CLINIC	90.00	0	CLINIC	90.00	1,212 13.00
14.00	EMERGENCY	91.00	0	EMERGENCY	91.00	8,563 14.00
15.00	AMBULANCE SERVICES	95.00	0	AMBULANCE SERVICES	95.00	13,963 15.00
16.00	MGH PHYS PRACT MGMT	192.14	0	MGH PHYS PRACT MGMT	192.14	1,131 16.00
17.00	MGH FMC SOUTH	192.17	0	MGH FMC SOUTH	192.17	450 17.00
18.00	MGH FMC MARION	192.19	0	MGH FMC MARION	192.19	1,193 18.00
19.00	MGH FMC GAS CITY	193.02	0	MGH FMC GAS CITY	193.02	472 19.00
20.00	MGH MAR FAM PRACT	193.04	0	MGH MAR FAM PRACT	193.04	2,081 20.00
21.00	MGH FMC SWAYZEE	193.05	0	MGH FMC SWAYZEE	193.05	1,006 21.00
22.00	MGH PEDIATRIC CTR	193.06	0	MGH PEDIATRIC CTR	193.06	9,469 22.00
23.00	MGH FMC CONVERSE	193.08	0	MGH FMC CONVERSE	193.08	698 23.00
24.00	MGH MGH PSYCHIATRY	193.11	0	MGH MGH PSYCHIATRY	193.11	114 24.00
25.00	ONCOLOGY	60.01	0	ONCOLOGY	60.01	1,529 25.00
	TOTALS		0	TOTALS		168,708
500.00	Grand Total: Increases		1,476,585	Grand Total: Decreases		1,645,293 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

	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	4,003,477	693,741	0	693,741	274,970	1.00
2.00	Land Improvements	1,873,701	1,399,746	0	1,399,746	12,088	2.00
3.00	Buildings and Fixtures	68,140,581	7,518,261	0	7,518,261	1,229,964	3.00
4.00	Building Improvements	846,347	12,902	0	12,902	0	4.00
5.00	Fixed Equipment	31,693,916	4,735,212	0	4,735,212	0	5.00
6.00	Movable Equipment	63,119,399	12,171,868	0	12,171,868	477,335	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	169,677,421	26,531,730	0	26,531,730	1,994,357	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	169,677,421	26,531,730	0	26,531,730	1,994,357	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,422,248	0				1.00
2.00	Land Improvements	3,261,359	0				2.00
3.00	Buildings and Fixtures	74,428,878	0				3.00
4.00	Building Improvements	859,249	0				4.00
5.00	Fixed Equipment	36,429,128	0				5.00
6.00	Movable Equipment	74,813,932	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	194,214,794	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	194,214,794	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	11,849,631	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	11,849,631	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	11,849,631				1.00
3.00	Total (sum of lines 1-2)	0	11,849,631				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	94,785,196	0	94,785,196	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	94,785,196	0	94,785,196	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	11,850,420	-844,796	1.00
3.00	Total (sum of lines 1-2)	0	0	0	11,850,420	-844,796	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-121,013	0	0	0	10,884,611	1.00
3.00	Total (sum of lines 1-2)	-121,013	0	0	0	10,884,611	3.00

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0	0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-92,284	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-462	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-17,020	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)			0	0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-647,759			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-5,790	ADMINISTRATIVE & GENERAL	5.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service			0	0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-23,205	CAFETERIA	6.01	0	14.00
15.00 Rental of quarters to employees and others	B	-1,200	ADMINISTRATIVE & GENERAL	5.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00 Sale of drugs to other than patients			0	0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-65,242	ADMINISTRATIVE & GENERAL	5.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00 Vending machines	B	-4,935	CAFETERIA	6.01	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		32.00
33.00 RETURNED CHECK FEE	B	-1,001	ADMINISTRATIVE & GENERAL	5.00		33.00
33.02 PHYSICIAN PRIV APPLIC	B	-4,000	ADMINISTRATIVE & GENERAL	5.00		33.02
33.05 CHILD SEAT SAFETY INSPECTION	B	-370	ADMINISTRATIVE & GENERAL	5.00		33.05
33.06 HEALTH SCREENING FEES - LAB	B	-24,253	LABORATORY	60.00		33.06
33.07 HEALTH SCREENING FEES - RAD	B	-2,256	RADIOLOGY-DIAGNOSTIC	54.00		33.07
33.09 MED STAFF OTHER SCREENING-MED STAFF	B	693	ADMINISTRATIVE & GENERAL	5.00		33.09
33.10 FLU SHOT HEALTH SCREENS	B	-1,865	ADMINISTRATIVE & GENERAL	5.00		33.10
33.11 OTHER HEALTH SCREENING-BONE DENSITY	B	-152	ADMINISTRATIVE & GENERAL	5.00		33.11
33.13 EMERGENCY DRUG SALES	B	-81	PHARMACY	15.00		33.13
33.14 PAGER RENTAL	B	-4,140	ADMINISTRATIVE & GENERAL	5.00		33.14
33.16 RIVER VIEW TRANSCRIPT	B	-1,786	ADMINISTRATIVE & GENERAL	5.00		33.16
33.20 EMPL UNIFORMS	B	-73	ADMINISTRATIVE & GENERAL	5.00		33.20
33.21 PCC MARKETING AG	B	-1,361	ADMINISTRATIVE & GENERAL	5.00		33.21
33.22 EDUCATIONAL WORKSHOP	B	-2,231	ADMINISTRATIVE & GENERAL	5.00		33.22
33.23 OPT HEALTH LINEN SEV	B	-2,828	LAUNDRY & LINEN SERVICE	8.00		33.23
33.24 AMBULANCE SVC - ASSISTS	B	-80,375	AMBULANCE SERVICES	95.00		33.24
33.25 AMBULANCE SVC - CORONER SVC	B	-372	AMBULANCE SERVICES	95.00		33.25
33.26 AMBULANCE SVC - LINEN SERVICES	B	-4,608	LAUNDRY & LINEN SERVICE	8.00		33.26
33.27 AMBULANCE SVC - COMMUNITY EVENT STAF	B	-1,480	AMBULANCE SERVICES	95.00		33.27
33.29 CONTRACT ARU OTH ARU MEDICAL DIRECTO	B	-61,288	SUBPROVIDER - IRF	41.00		33.29
33.30 SCHOOL PHYS OTH SCHOOL PHYS	B	-3,000	ADMINISTRATIVE & GENERAL	5.00		33.30
33.31 PRECEPT OTHER PHARMACY STUDENT	B	-800	DRUGS CHARGED TO PATIENTS	73.00		33.31
33.33 SICK CHILD CARE PROGRAM	B	-1,115	ADULTS & PEDIATRICS	30.00		33.33
33.34 STERILIZATION SERVICES	B	-60	CENTRAL SERVICES & SUPPLY	14.00		33.34
33.35 UNCLAIMED OTHER STATE MONIES RECOVER	B	-184	ADMINISTRATIVE & GENERAL	5.00		33.35
33.37 UNCLAIMED OTHER MONIES RECOVERED	B	-22	ADMINISTRATIVE & GENERAL	5.00		33.37
33.39 ED SCHOLAR OTHER EDUCATIONAL	B	-748	ADMINISTRATIVE & GENERAL	5.00		33.39
33.40 CPR TRAIN OTH AHA COMMUNITY	B	-7,068	ADMINISTRATIVE & GENERAL	5.00		33.40
33.41 PHYSICIAN RECRUITMENT	B	-854,593	ADMINISTRATIVE & GENERAL	5.00		33.41
33.42 PHYS IT SUBSIDY	B	-24,426	ADMINISTRATIVE & GENERAL	5.00		33.42
33.43 ED ANESTHESIOLOGIST	B	-1,338,969	ADMINISTRATIVE & GENERAL	5.00		33.43
33.44 GAIN ON DISPOSAL	B	134,476	ADMINISTRATIVE & GENERAL	5.00		33.44
33.45 TELEPHONE SERVICE	A	-9,792	ADMINISTRATIVE & GENERAL	5.00		33.45
33.46 TELEPHONE SERVICE	A	-113,135	OPERATION OF PLANT	7.00		33.46
33.47 MISC REV	A	-1,118	ADMINISTRATIVE & GENERAL	5.00		33.47
33.48 ENTERTAINMENT EXP	A	-957	ADMINISTRATIVE & GENERAL	5.00		33.48
33.49 EMPLOYEE USE OF AUTO	A	-4,205	ADMINISTRATIVE & GENERAL	5.00		33.49
33.50 DONATIONS	A	-1,281,252	ADMINISTRATIVE & GENERAL	5.00		33.50
33.51 VHA OPPORTUNITY	A	-1,144	EMPLOYEE BENEFITS DEPARTMENT	4.00		33.51
33.52 VHA OPPORTUNITY	A	-25,140	ADMINISTRATIVE & GENERAL	5.00		33.52
33.53 VHA OPPORTUNITY	A	-217	OPERATION OF PLANT	7.00		33.53
33.55 VHA OPPORTUNITY	A	-2,188	HOUSEKEEPING	9.00		33.55
33.56 VHA OPPORTUNITY	A	-3,397	DIETARY	10.00		33.56
33.57 VHA OPPORTUNITY	A	-4	NURSING ADMINISTRATION	13.00		33.57
33.58 VHA OPPORTUNITY	A	-1,439	CENTRAL SERVICES & SUPPLY	14.00		33.58
33.59 VHA OPPORTUNITY	A	-24,651	PHARMACY	15.00		33.59
33.60 VHA OPPORTUNITY	A	-30,652	ADULTS & PEDIATRICS	30.00		33.60
33.61 VHA OPPORTUNITY	A	-289	INTENSIVE CARE UNIT	31.00		33.61
33.62 VHA OPPORTUNITY	A	632	SUBPROVIDER - IRF	41.00		33.62
33.63 VHA OPPORTUNITY	A	-15,438	OPERATING ROOM	50.00		33.63
33.64 VHA OPPORTUNITY	A	-16,669	RADIOLOGY-DIAGNOSTIC	54.00		33.64
33.65 VHA OPPORTUNITY	A	-19,988	LABORATORY	60.00		33.65
33.66 VHA OPPORTUNITY	A	-239	ONCOLOGY	60.01		33.66
33.67 VHA OPPORTUNITY	A	-2,620	RESPIRATORY THERAPY	65.00		33.67
33.68 VHA OPPORTUNITY	A	-55	PHYSICAL THERAPY	66.00		33.68

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.69 VHA OPPORTUNITY	A	-5	CARDIAC REHAB	69.01	0	33.69
33.70 VHA OPPORTUNITY	A	-9,804	CARDIAC CATHETERIZATION	59.00	0	33.70
33.71 VHA OPPORTUNITY	A	-39	ELECTROCARDIOLOGY	69.00	0	33.71
33.72 VHA OPPORTUNITY	A	-78	CLINIC	90.00	0	33.72
33.73 VHA OPPORTUNITY	A	-734	EMERGENCY	91.00	0	33.73
33.74 VHA OPPORTUNITY	A	-123	AMBULANCE SERVICES	95.00	0	33.74
33.75 FINANCE BANK SERVICE CHARGES	A	-143,884	ADMINISTRATIVE & GENERAL	5.00	0	33.75
33.76 FINANCE DISCOUNT PAYMENTS	A	7,846	ADMINISTRATIVE & GENERAL	5.00	0	33.76
33.77 NONALLOWABLE 2008 BONDS	A	-105,567	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.77
33.79 BLDG COSTS	A	789	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.79
33.85 LOBBYING COSTS	A	-19,125	ADMINISTRATIVE & GENERAL	5.00	0	33.85
33.87 LOBBYING COSTS	A	-174	PHARMACY	15.00	0	33.87
33.88 LOBBYING COSTS	A	-469	ONCOLOGY	60.01	0	33.88
33.89 LOBBYING COSTS	A	-78	INTENSIVE CARE UNIT	31.00	0	33.89
33.90 LOBBYING COSTS	A	-85	PHYSICAL THERAPY	66.00	0	33.90
33.91 LOBBYING COSTS	A	-13	CARDIAC CATHETERIZATION	59.00	0	33.91
33.92 ED ON CALL SVC	A	-1,574,314	ADMINISTRATIVE & GENERAL	5.00	0	33.92
33.94 XIX ASSESSMENT FEE A/C 7200.7892	A	-6,529,759	ADMINISTRATIVE & GENERAL	5.00	0	33.94
33.96 ELIMINATING ENTRIES	A	-60,210	MGH PHYS PRACT MGMT	192.14	0	33.96
33.97 ELIMINATING ENTRIES	A	-83,601	MGH WORK SOLUTIONS	194.04	0	33.97
33.98 ELIMINATING ENTRIES	A	-44,597	MGH MARION SURGEONS	192.15	0	33.98
33.99 ELIMINATING ENTRIES	A	-112,327	MGH FMC MARION	192.19	0	33.99
34.00 ELIMINATING ENTRIES	A	-27,675	MGH FMC SWAYZEE	193.05	0	34.00
34.01 ELIMINATING ENTRIES	A	-60,669	MGH PEDIATRIC CTR	193.06	0	34.01
34.02 ELIMINATING ENTRIES	A	-18,580	MGH MGH PSYCHIATRY	193.11	0	34.02
34.03 ELIMINATING ENTRIES	A	-40,982	MGH SPECIALTY PHYS	193.07	0	34.03
34.04 OPERATING INTEREST INCOME	B	-15,446	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	34.04
34.05 ITEMIZED BILL FEES	B	-15	ADMINISTRATIVE & GENERAL	5.00	0	34.05
34.06		0		0.00	0	34.06
34.07		0		0.00	0	34.07
34.08		0		0.00	0	34.08
34.09		0		0.00	0	34.09
34.10		0		0.00	0	34.10
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,541,908				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:
11/21/2013 1:58 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	41.00	DR. A	11,688	0	0	0	0	1.00
2.00	69.00	ELECTROCARDIOLOGY	53,655	0	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	6,083	0	0	0	0	3.00
4.00	91.00	EMERGENCY	165,000	0	0	0	0	4.00
5.00	60.00	DR. B	5,800	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	405,533	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			647,759	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	41.00	DR. A	0	0	0	0	0	1.00
2.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	60.00	DR. B	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	41.00	DR. A	0	0	0	11,688		1.00
2.00	69.00	ELECTROCARDIOLOGY	0	0	0	53,655		2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	6,083		3.00
4.00	91.00	EMERGENCY	0	0	0	165,000		4.00
5.00	60.00	DR. B	0	0	0	5,800		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	405,533		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	647,759		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADM NI STRATI V E & GENERAL		
		RELATED COSTS NEW BLDG & FIXT					
	0	1.00	4.00	4A	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	10,884,611	10,884,611				1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	17,920,909	378,164	18,299,073			4.00	
5.00 00500 ADM NI STRATI VE & GENERAL	16,331,459	1,530,146	2,956,071	20,817,676	20,817,676	5.00	
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
6.01 00601 CAFETERIA	1,246,036	140,906	0	1,386,942	251,217	6.01	
6.02 00602 CAFETERIA	0	0	0	0	0	6.02	
7.00 00700 OPERATI ON OF PLANT	4,551,098	2,500,571	230,279	7,281,948	1,318,979	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	370,739	61,519	0	432,258	78,295	8.00	
9.00 00900 HOUSEKEEPING	2,262,969	92,308	0	2,355,277	426,611	9.00	
10.00 01000 DI ETARY	606,518	189,126	0	795,644	144,115	10.00	
13.00 01300 NURSI NG ADM NI STRATI ON	860,019	20,371	505,457	1,385,847	251,018	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	907,318	69,376	109,828	1,086,522	196,802	14.00	
15.00 01500 PHARMACY	2,491,537	88,903	786,074	3,366,514	609,777	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	10,104,819	1,280,811	3,495,082	14,880,712	2,695,312	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,688,879	291,298	946,667	3,926,844	711,269	31.00	
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	1,564,792	277,854	355,917	2,198,563	398,226	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	7,781,249	1,020,825	1,122,233	9,924,307	1,797,590	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00	
54.00 05400 RADIOLOGY-DI AGNOSTIC	4,410,606	542,205	1,093,193	6,046,004	1,095,113	54.00	
57.00 05700 CT SCAN	902,876	37,976	0	940,852	170,417	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	524,336	120,535	0	644,871	116,805	58.00	
59.00 05900 CARDIAC CATHETERIZATION	3,139,961	146,668	210,660	3,497,289	633,464	59.00	
60.00 06000 LABORATORY	6,977,760	301,222	1,006,761	8,285,743	1,500,797	60.00	
60.01 06001 ONCOLOGY	1,507,780	0	385,317	1,893,097	342,897	60.01	
60.02 06002 RADIATION ONCOLOGY	0	0	0	0	0	60.02	
65.00 06500 RESPIRATORY THERAPY	2,034,346	133,660	475,154	2,643,160	478,756	65.00	
66.00 06600 PHYSICAL THERAPY	1,751,984	25,638	539,712	2,317,334	419,739	66.00	
69.00 06900 ELECTROCARDIOLOGY	751,583	234,901	245,078	1,231,562	223,073	69.00	
69.01 06901 CARDIAC REHAB	136,155	37,744	38,009	211,908	38,383	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	6,883,376	0	0	6,883,376	1,246,786	73.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	283,257	82,413	60,267	425,937	77,150	90.00	
91.00 09100 EMERGENCY	4,331,425	322,611	1,428,589	6,082,625	1,101,746	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	988,668	120,855	333,055	1,442,578	261,294	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	115,197,065	10,048,606	16,323,403	112,385,390	16,585,631	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,528	39,199	0	74,727	13,535	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.02 19202 VISITOR MEALS	0	0	0	0	0	192.02	
192.03 19203 GREAT BEGINNINGS/MATERNAL	116,964	0	42,424	159,388	28,870	192.03	
192.04 19204 LIFELINE	35,616	0	10,639	46,255	8,378	192.04	
192.05 19205 OWNED PROPERTIES	275,437	0	0	275,437	49,890	192.05	
192.08 19211 PARI SH NURSI NG	69,441	9,952	12,993	92,386	16,734	192.08	
192.09 19212 BI OTERRORI SM GRANT	24,167	0	0	24,167	4,377	192.09	
192.10 19214 BREAST PUMPS	3,198	175	0	3,373	611	192.10	
192.14 19210 MGH PHYS PRACT MGMT	1,503,094	98,622	399,044	2,000,760	362,398	192.14	
192.15 19215 MGH MARION SURGEONS	1,744,951	73,683	130,285	1,948,919	353,008	192.15	
192.16 19216 MGH MGH MED ONC	958,289	0	0	958,289	173,575	192.16	
192.17 19217 MGH FMC SOUTH	1,444,121	0	150,586	1,594,707	288,849	192.17	
192.18 19218 MGH FAIRM MED ASSOC	536,323	0	54,427	590,750	107,003	192.18	
192.19 19219 MGH FMC MARION	863,243	189,853	102,949	1,156,045	209,394	192.19	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 MGH FMC NORTHWOOD	936,221	0	86,220	1,022,441	185,195	193.01	
193.02 19302 MGH FMC GAS CITY	779,586	0	73,705	853,291	154,557	193.02	
193.03 19303 MGH HOSPITALISTS	2,266,140	0	15,272	2,281,412	413,232	193.03	
193.04 19304 MGH MAR FAM PRACT	2,104,529	0	273,578	2,378,107	430,747	193.04	
193.05 19305 MGH FMC SWAYZEE	158,983	35,154	22,923	217,060	39,316	193.05	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
193.06 19306 MGH PEDIATRIC CTR	909,198	98,244		81,165	1,088,607	197,179	193.06
193.07 19307 MGH SPECIALTY PHYS	460,778	98,855		49,433	609,066	110,320	193.07
193.08 19308 MGH FMC CONVERSE	221,763	0		27,278	249,041	45,109	193.08
193.09 19309 MGH UPLAND HEALTH	1,208,358	0		154,065	1,362,423	246,776	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0		0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	400,292	32,447		21,517	454,256	82,279	193.11
193.12 19312 OB/GYN	2,156,960	0		155,987	2,312,947	418,944	193.12
193.15 19315 MGH RIVER VIEW BLDG	-3,051	0		0	-3,051	0	193.15
194.00 07963 OTHER NONREIMBURSABLE	0	0		0	0	0	194.00
194.01 07950 MOW	0	0		0	0	0	194.01
194.02 07951 MENTAL HEALTH	0	0		0	0	0	194.02
194.03 07952 ADVERTISING	294,817	0		0	294,817	53,400	194.03
194.04 07953 MGH WORK SOLUTIONS	638,382	159,821		99,950	898,153	162,682	194.04
194.05 07954 MGH TAYLOR UNIVERSITY	129,376	0		11,230	140,606	25,468	194.05
194.08 07957 MGH SMMP BLDG	233,008	0		0	233,008	42,205	194.08
194.09 07958 MGH AMBUCARE BLDG	43,377	0		0	43,377	7,857	194.09
194.10 07959 MGH 106 LYONS BLDG	869	0		0	869	157	194.10
200.00 Cross Foot Adjustments					0		200.00
201.00 Negative Cost Centers					0		201.00
202.00 TOTAL (sum lines 118-201)	135,747,023	10,884,611		18,299,073	135,747,023	20,817,676	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
6.01	00601	CAFETERIA	0	1,638,159			6.01
6.02	00602	CAFETERIA	0	1,514,415	1,514,415		6.02
7.00	00700	OPERATION OF PLANT	0	0	40,905	8,641,832	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	83,923	594,476
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	83,923	8.00
9.00	00900	HOUSEKEEPING	0	0	0	125,924	0
9.00	00900	HOUSEKEEPING	0	0	0	125,924	9.00
10.00	01000	DIETARY	0	0	0	258,001	40,162
10.00	01000	DIETARY	0	0	0	258,001	10.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,872	27,789	0
13.00	01300	NURSING ADMINISTRATION	0	0	22,872	27,789	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	19,948	94,641	9,294
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	19,948	94,641	14.00
15.00	01500	PHARMACY	0	0	56,158	121,279	0
15.00	01500	PHARMACY	0	0	56,158	121,279	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	389,167	1,747,255	196,683
30.00	03000	ADULTS & PEDIATRICS	0	0	389,167	1,747,255	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	88,100	397,383	33,764
31.00	03100	INTENSIVE CARE UNIT	0	0	88,100	397,383	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41,314	379,042	16,549
41.00	04100	SUBPROVIDER - I RF	0	0	41,314	379,042	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	122,136	1,392,588	84,830
50.00	05000	OPERATING ROOM	0	0	122,136	1,392,588	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	96,893	739,665	56,988
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	96,893	739,665	54.00
57.00	05700	CT SCAN	0	0	18,470	51,807	0
57.00	05700	CT SCAN	0	0	18,470	51,807	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	10,581	164,432	128
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	10,581	164,432	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	25,018	200,081	7,815
59.00	05900	CARDIAC CATHETERIZATION	0	0	25,018	200,081	59.00
60.00	06000	LABORATORY	0	0	121,920	410,920	0
60.00	06000	LABORATORY	0	0	121,920	410,920	60.00
60.01	06001	ONCOLOGY	0	0	0	0	7,358
60.01	06001	ONCOLOGY	0	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	60.02
65.00	06500	RESPIRATORY THERAPY	0	0	45,527	182,336	8,416
65.00	06500	RESPIRATORY THERAPY	0	0	45,527	182,336	65.00
66.00	06600	PHYSICAL THERAPY	0	0	24,225	34,974	16,428
66.00	06600	PHYSICAL THERAPY	0	0	24,225	34,974	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	32,797	320,447	4,151
69.00	06900	ELECTROCARDIOLOGY	0	0	32,797	320,447	69.00
69.01	06901	CARDIAC REHAB	0	0	5,033	51,489	31
69.01	06901	CARDIAC REHAB	0	0	5,033	51,489	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
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	0
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	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	6,448	112,426	3,778
90.00	09000	CLINIC	0	0	6,448	112,426	90.00
91.00	09100	EMERGENCY	0	0	153,462	440,099	78,500
91.00	09100	EMERGENCY	0	0	153,462	440,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	53,067	164,868	26,542
95.00	09500	AMBULANCE SERVICES	0	0	53,067	164,868	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,514,415	1,374,041	7,501,369	591,417
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,514,415	1,374,041	7,501,369	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	791	53,474	0
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	791	53,474	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.02	19202	VISITOR MEALS	0	123,744	0	0	0
192.02	19202	VISITOR MEALS	0	123,744	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	11
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	192.03
192.04	19204	LIFELINE	0	0	1,127	0	0
192.04	19204	LIFELINE	0	0	1,127	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	0
192.05	19205	OWNED PROPERTIES	0	0	0	0	192.05
192.08	19211	PARI SH NURSING	0	0	1,642	13,577	0
192.08	19211	PARI SH NURSING	0	0	1,642	13,577	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	23	238	0
192.10	19214	BREAST PUMPS	0	0	23	238	192.10
192.14	19210	MGH PHYS PRACT MGMT	0	0	58,972	134,539	0
192.14	19210	MGH PHYS PRACT MGMT	0	0	58,972	134,539	192.14
192.15	19215	MGH MARION SURGEONS	0	0	21,011	100,517	0
192.15	19215	MGH MARION SURGEONS	0	0	21,011	100,517	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.16	19216	MGH MGH MED ONC	0	0	0	0	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	0	0
192.17	19217	MGH FMC SOUTH	0	0	0	0	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	0	20,076	258,994	1,288
192.19	19219	MGH FMC MARION	0	0	20,076	258,994	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	0
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	0	288
193.02	19302	MGH FMC GAS CITY	0	0	0	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0
193.03	19303	MGH HOSPITALISTS	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	498
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	47,956	0
193.05	19305	MGH FMC SWAYZEE	0	0	0	47,956	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	15,549	134,023	317
193.06	19306	MGH PEDIATRIC CTR	0	0	15,549	134,023	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	9,015	134,856	0
193.07	19307	MGH SPECIALTY PHYS	0	0	9,015	134,856	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	0	108
193.08	19308	MGH FMC CONVERSE	0	0	0	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	414
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	193.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
193.11	19311 MGH MGH PSYCHIATRY	0	0	4,554	44,264	0	193.11
193.12	19312 OB/GYN	0	0	0	0	0	193.12
193.15	19315 MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
194.00	07963 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07950 MOW	0	0	0	0	0	194.01
194.02	07951 MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952 ADVERTISING	0	0	7,614	0	0	194.03
194.04	07953 MGH WORK SOLUTIONS	0	0	0	218,025	135	194.04
194.05	07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.08	07957 MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958 MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959 MGH 106 LYONS BLDG	0	0	0	0	0	194.10
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,638,159	1,514,415	8,641,832	594,476	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
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Cost Center Description		HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	2,907,812					9.00
10.00	01000	36,609	1,274,531				10.00
13.00	01300	18,305	0	1,705,831			13.00
14.00	01400	54,914	0	0	1,462,121		14.00
15.00	01500	54,914	0	69,312	0	4,277,954	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	724,337	770,011	480,321	154,830	0	30.00
31.00	03100	167,356	116,418	108,737	43,820	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	120,287	110,171	50,992	1,461	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	405,316	0	150,745	952,351	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	122,902	0	119,589	7,303	0	54.00
57.00	05700	0	0	22,797	0	0	57.00
58.00	05800	27,457	0	13,060	0	0	58.00
59.00	05900	78,448	0	30,878	29,213	0	59.00
60.00	06000	146,437	0	166,731	36,517	0	60.00
60.01	06001	0	0	52,936	2,921	0	60.01
60.02	06002	0	0	0	0	0	60.02
65.00	06500	172,586	0	65,723	24,831	0	65.00
66.00	06600	0	0	58,366	0	0	66.00
69.00	06900	78,448	0	40,479	5,843	0	69.00
69.01	06901	65,373	0	6,212	0	0	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	4,277,954	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	52,299	0	7,958	0	0	90.00
91.00	09100	439,310	16,633	189,408	87,640	0	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	18,305	0	65,498	7,303	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		2,783,603	1,013,233	1,699,742	1,354,033	4,277,954	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	10,460	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	6,061	0	0	192.03
192.04	19204	9,152	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.08	19211	0	0	0	0	0	192.08
192.09	19212	0	0	0	0	0	192.09
192.10	19214	0	0	28	0	0	192.10
192.14	19210	26,149	0	0	0	0	192.14
192.15	19215	0	0	0	21,910	0	192.15
192.16	19216	0	0	0	0	0	192.16
192.17	19217	78,448	0	0	0	0	192.17
192.18	19218	0	0	0	0	0	192.18
192.19	19219	0	0	0	7,303	0	192.19
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	7,303	0	193.01
193.02	19302	0	0	0	7,303	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	0	0	0	14,607	0	193.04
193.05	19305	0	0	0	7,303	0	193.05
193.06	19306	0	0	0	7,303	0	193.06
193.07	19307	0	0	0	0	0	193.07
193.08	19308	0	0	0	7,303	0	193.08
193.09	19309	0	0	0	21,910	0	193.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
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Cost Center Description		HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	13.00	14.00	15.00	
193.10	19310	0	0	0	0	0	193.10
193.11	19311	0	0	0	0	0	193.11
193.12	19312	0	0	0	4,382	0	193.12
193.15	19315	0	0	0	0	0	193.15
194.00	07963	0	0	0	0	0	194.00
194.01	07950	0	180,800	0	0	0	194.01
194.02	07951	0	80,498	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	0	1,461	0	194.04
194.05	07954	0	0	0	0	0	194.05
194.08	07957	0	0	0	0	0	194.08
194.09	07958	0	0	0	0	0	194.09
194.10	07959	0	0	0	0	0	194.10
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118-201)	2,907,812	1,274,531	1,705,831	1,462,121	4,277,954	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500 ADMINISTRATIVE & GENERAL				5.00
6.00	00600 MAINTENANCE & REPAIRS				6.00
6.01	00601 CAFETERIA				6.01
6.02	00602 CAFETERIA				6.02
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	22,038,628	0	22,038,628	30.00
31.00	03100 INTENSIVE CARE UNIT	5,593,691	0	5,593,691	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	3,316,605	0	3,316,605	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	14,829,863	0	14,829,863	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,284,457	0	8,284,457	54.00
57.00	05700 CT SCAN	1,204,343	0	1,204,343	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	977,334	0	977,334	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,502,206	0	4,502,206	59.00
60.00	06000 LABORATORY	10,669,065	0	10,669,065	60.00
60.01	06001 ONCOLOGY	2,299,209	0	2,299,209	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	3,621,335	0	3,621,335	65.00
66.00	06600 PHYSICAL THERAPY	2,871,066	0	2,871,066	66.00
69.00	06900 ELECTROCARDIOLOGY	1,936,800	0	1,936,800	69.00
69.01	06901 CARDIAC REHAB	378,429	0	378,429	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,408,116	0	12,408,116	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	685,996	0	685,996	90.00
91.00	09100 EMERGENCY	8,589,423	0	8,589,423	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	2,039,455	0	2,039,455	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	106,246,021	0	106,246,021	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	152,987	0	152,987	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.02	19202 VISITOR MEALS	123,744	0	123,744	192.02
192.03	19203 GREAT BEGINNINGS/MATERNAL	194,330	0	194,330	192.03
192.04	19204 LIFELINE	64,912	0	64,912	192.04
192.05	19205 OWNED PROPERTIES	325,327	0	325,327	192.05
192.08	19211 PARI SH NURSING	124,339	0	124,339	192.08
192.09	19212 BIOTERRORISM GRANT	28,544	0	28,544	192.09
192.10	19214 BREAST PUMPS	4,273	0	4,273	192.10
192.14	19210 MGH PHYS PRACT MGMT	2,582,818	0	2,582,818	192.14
192.15	19215 MGH MARION SURGEONS	2,445,365	0	2,445,365	192.15
192.16	19216 MGH MGH MED ONC	1,131,864	0	1,131,864	192.16
192.17	19217 MGH FMC SOUTH	1,962,004	0	1,962,004	192.17
192.18	19218 MGH FAIRM MED ASSOC	697,753	0	697,753	192.18
192.19	19219 MGH FMC MARION	1,653,100	0	1,653,100	192.19
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 MGH FMC NORTHWOOD	1,214,939	0	1,214,939	193.01
193.02	19302 MGH FMC GAS CITY	1,015,439	0	1,015,439	193.02
193.03	19303 MGH HOSPITALISTS	2,694,644	0	2,694,644	193.03
193.04	19304 MGH MAR FAM PRACT	2,823,959	0	2,823,959	193.04
193.05	19305 MGH FMC SWAYZEE	311,635	0	311,635	193.05
193.06	19306 MGH PEDIATRIC CTR	1,442,978	0	1,442,978	193.06
193.07	19307 MGH SPECIALTY PHYS	863,257	0	863,257	193.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
193.08	19308	MGH FMC CONVERSE	301,561	0	301,561	193.08
193.09	19309	MGH UPLAND HEALTH	1,631,523	0	1,631,523	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	585,353	0	585,353	193.11
193.12	19312	OB/GYN	2,736,273	0	2,736,273	193.12
193.15	19315	MGH RIVER VIEW BLDG	-3,051	0	-3,051	193.15
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	194.00
194.01	07950	MOW	180,800	0	180,800	194.01
194.02	07951	MENTAL HEALTH	80,498	0	80,498	194.02
194.03	07952	ADVERTISING	355,831	0	355,831	194.03
194.04	07953	MGH WORK SOLUTIONS	1,280,456	0	1,280,456	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	166,074	0	166,074	194.05
194.08	07957	MGH SMMP BLDG	275,213	0	275,213	194.08
194.09	07958	MGH AMBUCARE BLDG	51,234	0	51,234	194.09
194.10	07959	MGH 106 LYONS BLDG	1,026	0	1,026	194.10
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	135,747,023	0	135,747,023	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet Non-CMS W
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1		1.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	70		4.00
5.00	ADMINISTRATIVE & GENERAL	-73		5.00
6.00	MAINTENANCE & REPAIRS	1		6.00
6.01	CAFETERIA	71		6.01
6.02	CAFETERIA	72		6.02
7.00	OPERATION OF PLANT	1		7.00
8.00	LAUNDRY & LINEN SERVICE	8		8.00
9.00	HOUSEKEEPING	9		9.00
10.00	DIETARY	10		10.00
13.00	NURSING ADMINISTRATION	13		13.00
14.00	CENTRAL SERVICES & SUPPLY	14		14.00
15.00	PHARMACY	15		15.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	378,164	378,164	378,164		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,530,146	1,530,146	61,088	1,591,234	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01 00601	CAFETERIA	0	140,906	140,906	0	19,202	6.01
6.02 00602	CAFETERIA	0	0	0	0	0	6.02
7.00 00700	OPERATION OF PLANT	0	2,500,571	2,500,571	4,759	100,819	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	61,519	61,519	0	5,985	8.00
9.00 00900	HOUSEKEEPING	0	92,308	92,308	0	32,609	9.00
10.00 01000	DIETARY	0	189,126	189,126	0	11,016	10.00
13.00 01300	NURSING ADMINISTRATION	0	20,371	20,371	10,445	19,187	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	69,376	69,376	2,270	15,043	14.00
15.00 01500	PHARMACY	0	88,903	88,903	16,244	46,609	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,280,811	1,280,811	72,235	206,015	30.00
31.00 03100	INTENSIVE CARE UNIT	0	291,298	291,298	19,563	54,367	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	277,854	277,854	7,355	30,439	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	1,020,825	1,020,825	23,191	137,402	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	542,205	542,205	22,591	83,707	54.00
57.00 05700	CT SCAN	0	37,976	37,976	0	13,026	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	120,535	120,535	0	8,928	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	146,668	146,668	4,353	48,420	59.00
60.00 06000	LABORATORY	0	301,222	301,222	20,805	114,716	60.00
60.01 06001	ONCOLOGY	0	0	0	7,963	26,210	60.01
60.02 06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 06500	RESPIRATORY THERAPY	0	133,660	133,660	9,819	36,595	65.00
66.00 06600	PHYSICAL THERAPY	0	25,638	25,638	11,153	32,083	66.00
69.00 06900	ELECTROCARDIOLOGY	0	234,901	234,901	5,065	17,051	69.00
69.01 06901	CARDIAC REHAB	0	37,744	37,744	785	2,934	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	95,300	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	82,413	82,413	1,245	5,897	90.00
91.00 09100	EMERGENCY	0	322,611	322,611	29,522	84,214	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	120,855	120,855	6,883	19,972	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	10,048,606	10,048,606	337,334	1,267,746	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,199	39,199	0	1,035	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02 19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03 19203	GREAT BEGINNINGS/MATERNAL	0	0	0	877	2,207	192.03
192.04 19204	LIFELINE	0	0	0	220	640	192.04
192.05 19205	OWNED PROPERTIES	0	0	0	0	3,813	192.05
192.08 19211	PARI SH NURSING	0	9,952	9,952	269	1,279	192.08
192.09 19212	BIOTERRORISM GRANT	0	0	0	0	335	192.09
192.10 19214	BREAST PUMPS	0	175	175	0	47	192.10
192.14 19210	MGH PHYS PRACT MGMT	0	98,622	98,622	8,246	27,701	192.14
192.15 19215	MGH MARION SURGEONS	0	73,683	73,683	2,692	26,983	192.15
192.16 19216	MGH MGH MED ONC	0	0	0	0	13,268	192.16
192.17 19217	MGH FMC SOUTH	0	0	0	3,112	22,079	192.17
192.18 19218	MGH FAIRM MED ASSOC	0	0	0	1,125	8,179	192.18
192.19 19219	MGH FMC MARION	0	189,853	189,853	2,127	16,005	192.19
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301	MGH FMC NORTHWOOD	0	0	0	1,782	14,156	193.01
193.02 19302	MGH FMC GAS CITY	0	0	0	1,523	11,814	193.02
193.03 19303	MGH HOSPITALISTS	0	0	0	316	31,586	193.03
193.04 19304	MGH MAR FAM PRACT	0	0	0	5,654	32,925	193.04
193.05 19305	MGH FMC SWAYZEE	0	35,154	35,154	474	3,005	193.05
193.06 19306	MGH PEDIATRIC CTR	0	98,244	98,244	1,677	15,072	193.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
		1.00	2A				
193.07 19307 MGH SPECIALTY PHYS	0	98,855	98,855	1,022	8,433	193.07	
193.08 19308 MGH FMC CONVERSE	0	0	0	564	3,448	193.08	
193.09 19309 MGH UPLAND HEALTH	0	0	0	3,184	18,863	193.09	
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	193.10	
193.11 19311 MGH MGH PSYCHIATRY	0	32,447	32,447	445	6,289	193.11	
193.12 19312 OB/GYN	0	0	0	3,224	32,023	193.12	
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0	0	193.15	
194.00 07963 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00	
194.01 07950 MOW	0	0	0	0	0	194.01	
194.02 07951 MENTAL HEALTH	0	0	0	0	0	194.02	
194.03 07952 ADVERTISING	0	0	0	0	4,082	194.03	
194.04 07953 MGH WORK SOLUTIONS	0	159,821	159,821	2,065	12,435	194.04	
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	232	1,947	194.05	
194.08 07957 MGH SMMP BLDG	0	0	0	0	3,226	194.08	
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	601	194.09	
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	12	194.10	
200.00 Cross Foot Adjustments				0		200.00	
201.00 Negative Cost Centers				0		201.00	
202.00 TOTAL (sum lines 118-201)	0	10,884,611	10,884,611	378,164	1,591,234	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
6.01	00601	CAFETERIA	0	160,108			6.01
6.02	00602	CAFETERIA	0	148,014	148,014		6.02
7.00	00700	OPERATION OF PLANT	0	0	3,998	2,610,147	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	25,348	92,852
9.00	00900	HOUSEKEEPING	0	0	0	38,034	0
10.00	01000	DIETARY	0	0	0	77,926	6,273
13.00	01300	NURSING ADMINISTRATION	0	0	2,235	8,393	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,950	28,585	1,452
15.00	01500	PHARMACY	0	0	5,489	36,631	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	38,036	527,731	30,719
31.00	03100	INTENSIVE CARE UNIT	0	0	8,611	120,024	5,274
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	4,038	114,485	2,585
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	11,937	420,612	13,250
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,470	223,406	8,901
57.00	05700	CT SCAN	0	0	1,805	15,648	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,034	49,664	20
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,445	60,432	1,221
60.00	06000	LABORATORY	0	0	11,916	124,113	0
60.01	06001	ONCOLOGY	0	0	0	0	1,149
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	4,450	55,072	1,314
66.00	06600	PHYSICAL THERAPY	0	0	2,368	10,564	2,566
69.00	06900	ELECTROCARDIOLOGY	0	0	3,205	96,787	648
69.01	06901	CARDIAC REHAB	0	0	492	15,552	5
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	630	33,957	590
91.00	09100	EMERGENCY	0	0	14,999	132,926	12,261
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	5,187	49,796	4,146
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	148,014	134,295	2,265,686	92,374
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	77	16,151	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.02	19202	VISITOR MEALS	0	12,094	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	2
192.04	19204	LIFELINE	0	0	110	0	0
192.05	19205	OWNED PROPERTIES	0	0	0	0	0
192.08	19211	PARI SH NURSING	0	0	160	4,101	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	0	2	72	0
192.14	19210	MGH PHYS PRACT MGMT	0	0	5,764	40,636	0
192.15	19215	MGH MARION SURGEONS	0	0	2,054	30,360	0
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC SOUTH	0	0	0	0	0
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0
192.19	19219	MGH FMC MARION	0	0	1,962	78,226	201
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	0
193.02	19302	MGH FMC GAS CITY	0	0	0	0	45
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	78
193.05	19305	MGH FMC SWAYZEE	0	0	0	14,484	0
193.06	19306	MGH PEDIATRIC CTR	0	0	1,520	40,480	49
193.07	19307	MGH SPECIALTY PHYS	0	0	881	40,731	0
193.08	19308	MGH FMC CONVERSE	0	0	0	0	17
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	65
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description		MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.00	6.01	6.02	7.00	8.00	
193.11	19311 MGH MGH PSYCHIATRY	0	0	445	13,369	0	193.11
193.12	19312 OB/GYN	0	0	0	0	0	193.12
193.15	19315 MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
194.00	07963 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07950 MOW	0	0	0	0	0	194.01
194.02	07951 MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952 ADVERTISING	0	0	744	0	0	194.03
194.04	07953 MGH WORK SOLUTIONS	0	0	0	65,851	21	194.04
194.05	07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.08	07957 MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958 MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959 MGH 106 LYONS BLDG	0	0	0	0	0	194.10
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	160,108	148,014	2,610,147	92,852	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2012
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Cost Center Description		HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	162,951					9.00
10.00	01000	2,052	286,393				10.00
13.00	01300	1,026	0	61,657			13.00
14.00	01400	3,077	0	0	121,753		14.00
15.00	01500	3,077	0	2,505	0	199,458	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	40,593	173,024	17,362	12,893	0	30.00
31.00	03100	9,378	26,160	3,930	3,649	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	6,741	24,756	1,843	122	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	22,713	0	5,449	79,304	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	6,887	0	4,322	608	0	54.00
57.00	05700	0	0	824	0	0	57.00
58.00	05800	1,539	0	472	0	0	58.00
59.00	05900	4,396	0	1,116	2,433	0	59.00
60.00	06000	8,206	0	6,026	3,041	0	60.00
60.01	06001	0	0	1,913	243	0	60.01
60.02	06002	0	0	0	0	0	60.02
65.00	06500	9,672	0	2,376	2,068	0	65.00
66.00	06600	0	0	2,110	0	0	66.00
69.00	06900	4,396	0	1,463	487	0	69.00
69.01	06901	3,663	0	225	0	0	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	199,458	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,931	0	288	0	0	90.00
91.00	09100	24,618	3,738	6,846	7,298	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	1,026	0	2,367	608	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		155,991	227,678	61,437	112,754	199,458	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	586	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	219	0	0	192.03
192.04	19204	513	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.08	19211	0	0	0	0	0	192.08
192.09	19212	0	0	0	0	0	192.09
192.10	19214	0	0	1	0	0	192.10
192.14	19210	1,465	0	0	0	0	192.14
192.15	19215	0	0	0	1,824	0	192.15
192.16	19216	0	0	0	0	0	192.16
192.17	19217	4,396	0	0	0	0	192.17
192.18	19218	0	0	0	0	0	192.18
192.19	19219	0	0	0	608	0	192.19
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	608	0	193.01
193.02	19302	0	0	0	608	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	0	0	0	1,216	0	193.04
193.05	19305	0	0	0	608	0	193.05
193.06	19306	0	0	0	608	0	193.06
193.07	19307	0	0	0	0	0	193.07
193.08	19308	0	0	0	608	0	193.08
193.09	19309	0	0	0	1,824	0	193.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2012
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Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	9.00	10.00	13.00	14.00	15.00	
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	0 193.10
193.11 19311 MGH MGH PSYCHIATRY	0	0	0	0	0	0 193.11
193.12 19312 OB/GYN	0	0	0	365	0	0 193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	0	0	0	0 193.15
194.00 07963 OTHER NONREIMBURSABLE	0	0	0	0	0	0 194.00
194.01 07950 MOW	0	40,627	0	0	0	0 194.01
194.02 07951 MENTAL HEALTH	0	18,088	0	0	0	0 194.02
194.03 07952 ADVERTISING	0	0	0	0	0	0 194.03
194.04 07953 MGH WORK SOLUTIONS	0	0	0	122	0	0 194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	0 194.05
194.08 07957 MGH SMMP BLDG	0	0	0	0	0	0 194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	0	0	0 194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	0	0	0 194.10
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	162,951	286,393	61,657	121,753	199,458	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500 ADMINISTRATIVE & GENERAL				5.00
6.00	00600 MAINTENANCE & REPAIRS				6.00
6.01	00601 CAFETERIA				6.01
6.02	00602 CAFETERIA				6.02
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	2,399,419	0	2,399,419	30.00
31.00	03100 INTENSIVE CARE UNIT	542,254	0	542,254	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	470,218	0	470,218	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,734,683	0	1,734,683	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	902,097	0	902,097	54.00
57.00	05700 CT SCAN	69,279	0	69,279	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	182,192	0	182,192	58.00
59.00	05900 CARDIAC CATHETERIZATION	271,484	0	271,484	59.00
60.00	06000 LABORATORY	590,045	0	590,045	60.00
60.01	06001 ONCOLOGY	37,478	0	37,478	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	255,026	0	255,026	65.00
66.00	06600 PHYSICAL THERAPY	86,482	0	86,482	66.00
69.00	06900 ELECTROCARDIOLOGY	364,003	0	364,003	69.00
69.01	06901 CARDIAC REHAB	61,400	0	61,400	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	294,758	0	294,758	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	127,951	0	127,951	90.00
91.00	09100 EMERGENCY	639,033	0	639,033	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	210,840	0	210,840	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,238,642	0	9,238,642	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,048	0	57,048	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.02	19202 VISITOR MEALS	12,094	0	12,094	192.02
192.03	19203 GREAT BEGINNINGS/MATERNAL	3,305	0	3,305	192.03
192.04	19204 LI FELINE	1,483	0	1,483	192.04
192.05	19205 OWNED PROPERTIES	3,813	0	3,813	192.05
192.08	19211 PARI SH NURSING	15,761	0	15,761	192.08
192.09	19212 BIOTERRORISM GRANT	335	0	335	192.09
192.10	19214 BREAST PUMPS	297	0	297	192.10
192.14	19210 MGH PHYS PRACT MGMT	182,434	0	182,434	192.14
192.15	19215 MGH MARION SURGEONS	137,596	0	137,596	192.15
192.16	19216 MGH MGH MED ONC	13,268	0	13,268	192.16
192.17	19217 MGH FMC SOUTH	29,587	0	29,587	192.17
192.18	19218 MGH FAIRM MED ASSOC	9,304	0	9,304	192.18
192.19	19219 MGH FMC MARION	288,982	0	288,982	192.19
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 MGH FMC NORTHWOOD	16,546	0	16,546	193.01
193.02	19302 MGH FMC GAS CITY	13,990	0	13,990	193.02
193.03	19303 MGH HOSPITALISTS	31,902	0	31,902	193.03
193.04	19304 MGH MAR FAM PRACT	39,873	0	39,873	193.04
193.05	19305 MGH FMC SWAYZEE	53,725	0	53,725	193.05
193.06	19306 MGH PEDIATRIC CTR	157,650	0	157,650	193.06
193.07	19307 MGH SPECIALTY PHYS	149,922	0	149,922	193.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
193.08	19308	MGH FMC CONVERSE	4,637	0	4,637	193.08
193.09	19309	MGH UPLAND HEALTH	23,936	0	23,936	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	52,995	0	52,995	193.11
193.12	19312	OB/GYN	35,612	0	35,612	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	193.15
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	194.00
194.01	07950	MOW	40,627	0	40,627	194.01
194.02	07951	MENTAL HEALTH	18,088	0	18,088	194.02
194.03	07952	ADVERTISING	4,826	0	4,826	194.03
194.04	07953	MGH WORK SOLUTIONS	240,315	0	240,315	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	2,179	0	2,179	194.05
194.08	07957	MGH SMMP BLDG	3,226	0	3,226	194.08
194.09	07958	MGH AMBUCARE BLDG	601	0	601	194.09
194.10	07959	MGH 106 LYONS BLDG	12	0	12	194.10
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	10,884,611	0	10,884,611	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	374,032						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	12,995		47,411,430				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	52,581		7,658,950	-20,817,676	114,932,398		5.00
6.00 00600 MAINTENANCE & REPAIRS	0		0	0	0	308,456	6.00
6.01 00601 CAFETERIA	4,842		0	0	1,386,942	4,842	6.01
6.02 00602 CAFETERIA	0		0	0	0	0	6.02
7.00 00700 OPERATION OF PLANT	85,928		596,634	0	7,281,948	85,928	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	2,114		0	0	432,258	2,114	8.00
9.00 00900 HOUSEKEEPING	3,172		0	0	2,355,277	3,172	9.00
10.00 01000 DIETARY	6,499		0	0	795,644	6,499	10.00
13.00 01300 NURSING ADMINISTRATION	700		1,309,599	0	1,385,847	700	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,384		284,557	0	1,086,522	2,384	14.00
15.00 01500 PHARMACY	3,055		2,036,656	0	3,366,514	3,055	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	44,013		9,055,439	0	14,880,712	44,013	30.00
31.00 03100 INTENSIVE CARE UNIT	10,010		2,452,740	0	3,926,844	10,010	31.00
40.00 04000 SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	9,548		922,154	0	2,198,563	9,548	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	35,079		2,907,618	0	9,924,307	35,079	50.00
51.00 05100 RECOVERY ROOM	0		0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	18,632		2,832,379	0	6,046,004	18,632	54.00
57.00 05700 CT SCAN	1,305		0	0	940,852	1,305	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,142		0	0	644,871	4,142	58.00
59.00 05900 CARDIAC CATHETERIZATION	5,040		545,804	0	3,497,289	5,040	59.00
60.00 06000 LABORATORY	10,351		2,608,440	0	8,285,743	10,351	60.00
60.01 06001 ONCOLOGY	0		998,326	0	1,893,097	0	60.01
60.02 06002 RADIATION ONCOLOGY	0		0	0	0	0	60.02
65.00 06500 RESPIRATORY THERAPY	4,593		1,231,087	0	2,643,160	4,593	65.00
66.00 06600 PHYSICAL THERAPY	881		1,398,352	0	2,317,334	881	66.00
69.00 06900 ELECTROCARDIOLOGY	8,072		634,978	0	1,231,562	8,072	69.00
69.01 06901 CARDIAC REHAB	1,297		98,479	0	211,908	1,297	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		0	0	6,883,376	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,832		156,148	0	425,937	2,832	90.00
91.00 09100 EMERGENCY	11,086		3,701,362	0	6,082,625	11,086	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	4,153		862,919	0	1,442,578	4,153	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00							118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,347		0	0	74,727	1,347	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0		0	0	0	0	192.00
192.02 19202 VISITOR MEALS	0		0	0	0	0	192.02
192.03 19203 GREAT BEGINNINGS/MATERNAL	0		109,918	0	159,388	0	192.03
192.04 19204 LIFELINE	0		27,566	0	46,255	0	192.04
192.05 19205 OWNED PROPERTIES	0		0	0	275,437	0	192.05
192.08 19211 PARISH NURSING	342		33,665	0	92,386	342	192.08
192.09 19212 BIOTERRORISM GRANT	0		0	0	24,167	0	192.09
192.10 19214 BREAST PUMPS	6		0	0	3,373	6	192.10
192.14 19210 MGH PHYS PRACT MGMT	3,389		1,033,893	0	2,000,760	3,389	192.14
192.15 19215 MGH MARION SURGEONS	2,532		337,558	0	1,948,919	2,532	192.15
192.16 19216 MGH MGH MED ONC	0		0	0	958,289	0	192.16
192.17 19217 MGH FMC SOUTH	0		390,157	0	1,594,707	0	192.17
192.18 19218 MGH FAIRM MED ASSOC	0		141,016	0	590,750	0	192.18
192.19 19219 MGH FMC MARION	6,524		266,734	0	1,156,045	6,524	192.19
193.00 19300 NONPAID WORKERS	0		0	0	0	0	193.00
193.01 19301 MGH FMC NORTHWOOD	0		223,388	0	1,022,441	0	193.01
193.02 19302 MGH FMC GAS CITY	0		190,964	0	853,291	0	193.02
193.03 19303 MGH HOSPITALISTS	0		39,568	0	2,281,412	0	193.03
193.04 19304 MGH MAR FAM PRACT	0		708,820	0	2,378,107	0	193.04
193.05 19305 MGH FMC SWAYZEE	1,208		59,391	0	217,060	1,208	193.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)				
	1.00	4.00				
193.06 19306 MGH PEDIATRIC CTR	3,376	210,292	0	1,088,607	3,376	193.06
193.07 19307 MGH SPECIALTY PHYS	3,397	128,076	0	609,066	3,397	193.07
193.08 19308 MGH FMC CONVERSE	0	70,675	0	249,041	0	193.08
193.09 19309 MGH UPLAND HEALTH	0	399,171	0	1,362,423	0	193.09
193.10 19310 MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11 19311 MGH MGH PSYCHIATRY	1,115	55,748	0	454,256	1,115	193.11
193.12 19312 OB/GYN	0	404,150	0	2,312,947	0	193.12
193.15 19315 MGH RIVER VIEW BLDG	0	0	3,051	0	0	193.15
194.00 07963 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 07950 MOW	0	0	0	0	0	194.01
194.02 07951 MENTAL HEALTH	0	0	0	0	0	194.02
194.03 07952 ADVERTISING	0	0	0	294,817	0	194.03
194.04 07953 MGH WORK SOLUTIONS	5,492	258,963	0	898,153	5,492	194.04
194.05 07954 MGH TAYLOR UNIVERSITY	0	29,096	0	140,606	0	194.05
194.08 07957 MGH SMMP BLDG	0	0	0	233,008	0	194.08
194.09 07958 MGH AMBUCARE BLDG	0	0	0	43,377	0	194.09
194.10 07959 MGH 106 LYONS BLDG	0	0	0	869	0	194.10
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	10,884,611	18,299,073		20,817,676	0	202.00
202.00	Cost to be allocated (per Wkst. B, Part I)					
203.00	29.100748	0.385963		0.181130	0.000000	203.00
203.00	Unit cost multiplier (Wkst. B, Part I)					
204.00		378,164		1,591,234	0	204.00
204.00	Cost to be allocated (per Wkst. B, Part II)					
205.00		0.007976		0.013845	0.000000	205.00
205.00	Unit cost multiplier (Wkst. B, Part II)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		CAFETERIA A (MEALS SERVED)	CAFETERIA A (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.01	6.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	CAFETERIA	203,671				6.01
6.02	00602	CAFETERIA	188,286	1,393,033			6.02
7.00	00700	OPERATION OF PLANT	0	37,626	217,686		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,114	671,692	8.00
9.00	00900	HOUSEKEEPING	0	0	3,172	0	57,824
10.00	01000	DIETARY	0	0	6,499	45,379	728
13.00	01300	NURSING ADMINISTRATION	0	21,039	700	0	364
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,349	2,384	10,501	1,092
15.00	01500	PHARMACY	0	51,657	3,055	0	1,092
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	357,973	44,013	222,229	14,404
31.00	03100	INTENSIVE CARE UNIT	0	81,039	10,010	38,150	3,328
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	38,003	9,548	18,698	2,392
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	112,347	35,079	95,849	8,060
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	89,127	18,632	64,390	2,444
57.00	05700	CT SCAN	0	16,990	1,305	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,733	4,142	145	546
59.00	05900	CARDIAC CATHETERIZATION	0	23,013	5,040	8,830	1,560
60.00	06000	LABORATORY	0	112,148	10,351	0	2,912
60.01	06001	ONCOLOGY	0	0	0	8,314	0
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	41,878	4,593	9,509	3,432
66.00	06600	PHYSICAL THERAPY	0	22,283	881	18,562	0
69.00	06900	ELECTROCARDIOLOGY	0	30,168	8,072	4,690	1,560
69.01	06901	CARDIAC REHAB	0	4,630	1,297	35	1,300
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,931	2,832	4,269	1,040
91.00	09100	EMERGENCY	0	141,162	11,086	88,696	8,736
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	48,814	4,153	29,990	364
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	188,286	1,263,910	188,958	668,236	55,354
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	728	1,347	0	208
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.02	19202	VISITOR MEALS	15,385	0	0	0	0
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	12	0
192.04	19204	LIFELINE	0	1,037	0	0	182
192.05	19205	OWNED PROPERTIES	0	0	0	0	0
192.08	19211	PARI SH NURSING	0	1,510	342	0	0
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0
192.10	19214	BREAST PUMPS	0	21	6	0	0
192.14	19210	MGH PHYS PRACT MGMT	0	54,245	3,389	0	520
192.15	19215	MGH MARION SURGEONS	0	19,327	2,532	0	0
192.16	19216	MGH MGH MED ONC	0	0	0	0	0
192.17	19217	MGH FMC SOUTH	0	0	0	0	1,560
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0
192.19	19219	MGH FMC MARION	0	18,467	6,524	1,455	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	0
193.02	19302	MGH FMC GAS CITY	0	0	0	325	0
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0
193.04	19304	MGH MAR FAM PRACT	0	0	0	563	0
193.05	19305	MGH FMC SWAYZEE	0	0	1,208	0	0
193.06	19306	MGH PEDIATRIC CTR	0	14,303	3,376	358	0
193.07	19307	MGH SPECIALTY PHYS	0	8,292	3,397	0	0
193.08	19308	MGH FMC CONVERSE	0	0	0	122	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.01	6.02	7.00	8.00	9.00	
193.09	19309 MGH UPLAND HEALTH	0	0	0	468	0	193.09
193.10	19310 MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311 MGH MGH PSYCHIATRY	0	4,189	1,115	0	0	193.11
193.12	19312 OB/GYN	0	0	0	0	0	193.12
193.15	19315 MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
194.00	07963 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07950 MOW	0	0	0	0	0	194.01
194.02	07951 MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952 ADVERTISING	0	7,004	0	0	0	194.03
194.04	07953 MGH WORK SOLUTIONS	0	0	5,492	153	0	194.04
194.05	07954 MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.08	07957 MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958 MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959 MGH 106 LYONS BLDG	0	0	0	0	0	194.10
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)	1,638,159	1,514,415	8,641,832	594,476	2,907,812	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.043163	1.087135	39.698612	0.885043	50.287286	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	160,108	148,014	2,610,147	92,852	162,951	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.786111	0.106253	11.990422	0.138236	2.818051	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		DIETARY (MEALS SERVED)	NURSING ADMINISTRATIVE (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		10.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
13.00	01300	93,637	1,271,319				13.00
14.00	01400	0	0	1,001			14.00
15.00	01500	0	51,657	0	1,000		15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	56,571	357,973	106	0		30.00
31.00	03100	8,553	81,039	30	0		31.00
40.00	04000	0	0	0	0		40.00
41.00	04100	8,094	38,003	1	0		41.00
42.00	04200	0	0	0	0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	112,347	652	0		50.00
51.00	05100	0	0	0	0		51.00
54.00	05400	0	89,127	5	0		54.00
57.00	05700	0	16,990	0	0		57.00
58.00	05800	0	9,733	0	0		58.00
59.00	05900	0	23,013	20	0		59.00
60.00	06000	0	124,261	25	0		60.00
60.01	06001	0	39,452	2	0		60.01
60.02	06002	0	0	0	0		60.02
65.00	06500	0	48,982	17	0		65.00
66.00	06600	0	43,499	0	0		66.00
69.00	06900	0	30,168	4	0		69.00
69.01	06901	0	4,630	0	0		69.01
71.00	07100	0	0	0	0		71.00
72.00	07200	0	0	0	0		72.00
73.00	07300	0	0	0	1,000		73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	5,931	0	0		90.00
91.00	09100	1,222	141,162	60	0		91.00
92.00	09200	0	0	0	0		92.00
92.01	09201	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	48,814	5	0		95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		74,440	1,266,781	927	1,000		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0		190.00
192.00	19200	0	0	0	0		192.00
192.02	19202	0	0	0	0		192.02
192.03	19203	0	4,517	0	0		192.03
192.04	19204	0	0	0	0		192.04
192.05	19205	0	0	0	0		192.05
192.08	19211	0	0	0	0		192.08
192.09	19212	0	0	0	0		192.09
192.10	19214	0	21	0	0		192.10
192.14	19210	0	0	0	0		192.14
192.15	19215	0	0	15	0		192.15
192.16	19216	0	0	0	0		192.16
192.17	19217	0	0	0	0		192.17
192.18	19218	0	0	0	0		192.18
192.19	19219	0	0	5	0		192.19
193.00	19300	0	0	0	0		193.00
193.01	19301	0	0	5	0		193.01
193.02	19302	0	0	5	0		193.02
193.03	19303	0	0	0	0		193.03
193.04	19304	0	0	10	0		193.04
193.05	19305	0	0	5	0		193.05
193.06	19306	0	0	5	0		193.06
193.07	19307	0	0	0	0		193.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		DIETARY (MEALS SERVED)	NURSING ADMINISTRATIVE (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		10.00	13.00	14.00	15.00		
193.08	19308	MGH FMC CONVERSE	0	0	5	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	15	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	3	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	193.15
194.00	07963	OTHER NONREIMBURSABLE	0	0	0	0	194.00
194.01	07950	MOW	13,283	0	0	0	194.01
194.02	07951	MENTAL HEALTH	5,914	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	1	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	194.05
194.08	07957	MGH SMMP BLDG	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	194.10
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)	1,274,531	1,705,831	1,462,121	4,277,954	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.611404	1.341780	1,460.660340	4,277.954000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	286,393	61,657	121,753	199,458	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.058545	0.048498	121.631369	199.458000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	22,038,628		22,038,628	0	22,038,628	30.00
31.00	03100 INTENSIVE CARE UNIT	5,593,691		5,593,691	0	5,593,691	31.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	3,316,605		3,316,605	0	3,316,605	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,829,863		14,829,863	0	14,829,863	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,284,457		8,284,457	0	8,284,457	54.00
57.00	05700 CT SCAN	1,204,343		1,204,343	0	1,204,343	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	977,334		977,334	0	977,334	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,502,206		4,502,206	0	4,502,206	59.00
60.00	06000 LABORATORY	10,669,065		10,669,065	0	10,669,065	60.00
60.01	06001 ONCOLOGY	2,299,209		2,299,209	0	2,299,209	60.01
60.02	06002 RADIATION ONCOLOGY	0		0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	3,621,335	0	3,621,335	0	3,621,335	65.00
66.00	06600 PHYSICAL THERAPY	2,871,066	0	2,871,066	0	2,871,066	66.00
69.00	06900 ELECTROCARDIOLOGY	1,936,800		1,936,800	0	1,936,800	69.00
69.01	06901 CARDIAC REHAB	378,429		378,429	0	378,429	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,408,116		12,408,116	0	12,408,116	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	685,996		685,996	0	685,996	90.00
91.00	09100 EMERGENCY	8,589,423		8,589,423	0	8,589,423	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,845,224		3,845,224	0	3,845,224	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,039,455		2,039,455	0	2,039,455	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	110,091,245	0	110,091,245	0	110,091,245	200.00
201.00	Less Observation Beds	3,845,224		3,845,224		3,845,224	201.00
202.00	Total (see instructions)	106,246,021	0	106,246,021	0	106,246,021	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,294,445		23,294,445		30.00
31.00	03100	INTENSIVE CARE UNIT	7,318,872		7,318,872		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	3,538,782		3,538,782		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,614,215	46,435,517	84,049,732	0.176442	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,396,973	20,892,077	23,289,050	0.355723	54.00
57.00	05700	CT SCAN	3,106,971	20,126,010	23,232,981	0.051838	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	463,575	3,820,549	4,284,124	0.228129	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,123,620	6,833,712	8,957,332	0.502628	59.00
60.00	06000	LABORATORY	8,008,014	29,405,487	37,413,501	0.285166	60.00
60.01	06001	ONCOLOGY	56,332	9,083,551	9,139,883	0.251558	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000	60.02
65.00	06500	RESPIRATORY THERAPY	1,111,504	5,871,179	6,982,683	0.518617	65.00
66.00	06600	PHYSICAL THERAPY	4,352,630	6,374,290	10,726,920	0.267651	66.00
69.00	06900	ELECTROCARDIOLOGY	3,285,769	5,712,396	8,998,165	0.215244	69.00
69.01	06901	CARDIAC REHAB	0	595,890	595,890	0.635065	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,423,752	43,895,183	51,318,935	0.241784	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	405,126	405,126	1.693290	90.00
91.00	09100	EMERGENCY	7,596,960	47,477,270	55,074,230	0.155961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,675,666	7,675,666	0.500963	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,054,992	5,054,992	0.403454	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	111,692,414	259,658,895	371,351,309		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	111,692,414	259,658,895	371,351,309		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/21/2013 1:58 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.176442		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.355723		54.00
57.00	05700 CT SCAN	0.051838		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.228129		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.502628		59.00
60.00	06000 LABORATORY	0.285166		60.00
60.01	06001 ONCOLOGY	0.251558		60.01
60.02	06002 RADIATION ONCOLOGY	0.000000		60.02
65.00	06500 RESPIRATORY THERAPY	0.518617		65.00
66.00	06600 PHYSICAL THERAPY	0.267651		66.00
69.00	06900 ELECTROCARDIOLOGY	0.215244		69.00
69.01	06901 CARDIAC REHAB	0.635065		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241784		73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.693290		90.00
91.00	09100 EMERGENCY	0.155961		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500963		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.403454		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	22,038,628		22,038,628	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	5,593,691		5,593,691	0	0	31.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	3,316,605		3,316,605	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,829,863		14,829,863	0	0	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,284,457		8,284,457	0	0	54.00
57.00	05700 CT SCAN	1,204,343		1,204,343	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	977,334		977,334	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,502,206		4,502,206	0	0	59.00
60.00	06000 LABORATORY	10,669,065		10,669,065	0	0	60.00
60.01	06001 ONCOLOGY	2,299,209		2,299,209	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0		0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	3,621,335	0	3,621,335	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2,871,066	0	2,871,066	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	1,936,800		1,936,800	0	0	69.00
69.01	06901 CARDIAC REHAB	378,429		378,429	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,408,116		12,408,116	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	685,996		685,996	0	0	90.00
91.00	09100 EMERGENCY	8,589,423		8,589,423	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,845,224		3,845,224	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,039,455		2,039,455	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	110,091,245	0	110,091,245	0	0	200.00
201.00	Less Observation Beds	3,845,224		3,845,224			201.00
202.00	Total (see instructions)	106,246,021	0	106,246,021	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XIX Hospital Cost							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,294,445		23,294,445		30.00
31.00	03100	INTENSIVE CARE UNIT	7,318,872		7,318,872		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	3,538,782		3,538,782		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,614,215	46,435,517	84,049,732	0.176442	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,396,973	20,892,077	23,289,050	0.355723	54.00
57.00	05700	CT SCAN	3,106,971	20,126,010	23,232,981	0.051838	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	463,575	3,820,549	4,284,124	0.228129	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,123,620	6,833,712	8,957,332	0.502628	59.00
60.00	06000	LABORATORY	8,008,014	29,405,487	37,413,501	0.285166	60.00
60.01	06001	ONCOLOGY	56,332	9,083,551	9,139,883	0.251558	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000	60.02
65.00	06500	RESPIRATORY THERAPY	1,111,504	5,871,179	6,982,683	0.518617	65.00
66.00	06600	PHYSICAL THERAPY	4,352,630	6,374,290	10,726,920	0.267651	66.00
69.00	06900	ELECTROCARDIOLOGY	3,285,769	5,712,396	8,998,165	0.215244	69.00
69.01	06901	CARDIAC REHAB	0	595,890	595,890	0.635065	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,423,752	43,895,183	51,318,935	0.241784	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	405,126	405,126	1.693290	90.00
91.00	09100	EMERGENCY	7,596,960	47,477,270	55,074,230	0.155961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,675,666	7,675,666	0.500963	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,054,992	5,054,992	0.403454	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	111,692,414	259,658,895	371,351,309		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	111,692,414	259,658,895	371,351,309		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 ONCOLOGY	0.000000			60.01
60.02	06002 RADIATION ONCOLOGY	0.000000			60.02
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901 CARDIAC REHAB	0.000000			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,399,419	0	2,399,419	21,831	109.91	30.00
31.00	INTENSIVE CARE UNIT	542,254		542,254	3,572	151.81	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	470,218	0	470,218	2,771	169.69	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30-199)	3,411,891		3,411,891	28,174		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,627	838,284				
31.00	INTENSIVE CARE UNIT	1,892	287,225				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,013	341,586				
42.00	SUBPROVIDER	0	0				
200.00	Total (lines 30-199)	11,532	1,467,095				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part II
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,734,683	84,049,732	0.020639	15,056,237	310,746	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	902,097	23,289,050	0.038735	1,388,947	53,801	54.00
57.00	05700 CT SCAN	69,279	23,232,981	0.002982	2,010,843	5,996	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	182,192	4,284,124	0.042527	237,865	10,116	58.00
59.00	05900 CARDIAC CATHETERIZATION	271,484	8,957,332	0.030309	1,230,918	37,308	59.00
60.00	06000 LABORATORY	590,045	37,413,501	0.015771	4,568,201	72,045	60.00
60.01	06001 ONCOLOGY	37,478	9,139,883	0.004100	48,939	201	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	255,026	6,982,683	0.036523	543,038	19,833	65.00
66.00	06600 PHYSICAL THERAPY	86,482	10,726,920	0.008062	1,245,895	10,044	66.00
69.00	06900 ELECTROCARDIOLOGY	364,003	8,998,165	0.040453	1,456,850	58,934	69.00
69.01	06901 CARDIAC REHAB	61,400	595,890	0.103039	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	294,758	51,318,935	0.005744	3,816,874	21,924	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	127,951	405,126	0.315830	0	0	90.00
91.00	09100 EMERGENCY	639,033	55,074,230	0.011603	3,773,649	43,786	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	418,641	7,675,666	0.054541	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	6,034,552	332,144,218		35,378,256	644,734	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/21/2013 1:58 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,831	0.00	7,627	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,572	0.00	1,892	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,771	0.00	2,013	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
200.00		Total (lines 30-199)	28,174		11,532	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
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
42.00	04200	SUBPROVIDER	0	0				42.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/21/2013 1:58 pm

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		
					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	84,049,732	0.000000	0.000000	15,056,237	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	23,289,050	0.000000	0.000000	1,388,947	54.00
57.00	05700 CT SCAN	0	23,232,981	0.000000	0.000000	2,010,843	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,284,124	0.000000	0.000000	237,865	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,957,332	0.000000	0.000000	1,230,918	59.00
60.00	06000 LABORATORY	0	37,413,501	0.000000	0.000000	4,568,201	60.00
60.01	06001 ONCOLOGY	0	9,139,883	0.000000	0.000000	48,939	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	60.02
65.00	06500 RESPIRATORY THERAPY	0	6,982,683	0.000000	0.000000	543,038	65.00
66.00	06600 PHYSICAL THERAPY	0	10,726,920	0.000000	0.000000	1,245,895	66.00
69.00	06900 ELECTROCARDIOLOGY	0	8,998,165	0.000000	0.000000	1,456,850	69.00
69.01	06901 CARDIAC REHAB	0	595,890	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	51,318,935	0.000000	0.000000	3,816,874	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	405,126	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	55,074,230	0.000000	0.000000	3,773,649	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,675,666	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	332,144,218			35,378,256	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/21/2013 1:58 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
	11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	5,906,520	5,978,683	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	3,031,043	2,825,002	0	0	54.00
57.00 05700 CT SCAN	0	3,123,177	3,108,930	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	601,007	642,583	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,592,839	1,425,539	0	0	59.00
60.00 06000 LABORATORY	0	602,822	586,874	0	0	60.00
60.01 06001 ONCOLOGY	0	2,396,492	2,199,195	0	0	60.01
60.02 06002 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00 06500 RESPIRATORY THERAPY	0	997,146	930,456	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	50	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	600,869	677,107	0	0	69.00
69.01 06901 CARDIAC REHAB	0	135,942	143,448	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	12,526,183	10,232,175	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	90,443	85,441	0	0	90.00
91.00 09100 EMERGENCY	0	5,186,607	4,899,854	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,297,465	1,154,184	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	38,088,555	34,889,521	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Title XVIII				Hospital		PPS
		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost			
		21.00	22.00	23.00	24.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	ONCOLOGY	0	0	0	0		60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0		60.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
69.01	06901	CARDIAC REHAB	0	0	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
200.00		Total (lines 50-199)	0	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/21/2013 1:58 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	1.00	2.00	2.01	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.176442	5,906,520	5,978,683	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.355723	3,031,043	2,825,002	0	0	54.00
57.00 05700 CT SCAN	0.051838	3,123,177	3,108,930	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.228129	601,007	642,583	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.502628	1,592,839	1,425,539	0	0	59.00
60.00 06000 LABORATORY	0.285166	602,822	586,874	34,515	0	60.00
60.01 06001 ONCOLOGY	0.251558	2,396,492	2,199,195	0	0	60.01
60.02 06002 RADIATION ONCOLOGY	0.000000	0	0	0	0	60.02
65.00 06500 RESPIRATORY THERAPY	0.518617	997,146	930,456	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.267651	0	50	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.215244	600,869	677,107	0	0	69.00
69.01 06901 CARDIAC REHAB	0.635065	135,942	143,448	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.241784	12,526,183	10,232,175	0	23,309	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	1.693290	90,443	85,441	0	0	90.00
91.00 09100 EMERGENCY	0.155961	5,186,607	4,899,854	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500963	1,297,465	1,154,184	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.403454			0		95.00
200.00	Subtotal (see instructions)	38,088,555	34,889,521	34,515	23,309	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	38,088,555	34,889,521	34,515	23,309	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/21/2013 1:58 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs					
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,042,158	1,054,891	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,078,212	1,004,918	0	0		54.00
57.00 05700 CT SCAN	161,899	161,161	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	137,107	146,592	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	800,605	716,516	0	0		59.00
60.00 06000 LABORATORY	171,904	167,357	9,843	0		60.00
60.01 06001 ONCOLOGY	602,857	553,225	0	0		60.01
60.02 06002 RADIATION ONCOLOGY	0	0	0	0		60.02
65.00 06500 RESPIRATORY THERAPY	517,137	482,550	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	13	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	129,333	145,743	0	0		69.00
69.01 06901 CARDIAC REHAB	86,332	91,099	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,028,631	2,473,976	0	5,636		73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	153,146	144,676	0	0		90.00
91.00 09100 EMERGENCY	808,908	764,186	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	649,982	578,203	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES			0			95.00
200.00 Subtotal (see instructions)	9,368,211	8,485,106	9,843	5,636		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,368,211	8,485,106	9,843	5,636		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/21/2013 1:58 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,734,683	84,049,732	0.020639	2,365	49	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	902,097	23,289,050	0.038735	35,813	1,387	54.00
57.00	05700 CT SCAN	69,279	23,232,981	0.002982	31,355	94	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	182,192	4,284,124	0.042527	8,798	374	58.00
59.00	05900 CARDIAC CATHETERIZATION	271,484	8,957,332	0.030309	8,375	254	59.00
60.00	06000 LABORATORY	590,045	37,413,501	0.015771	211,086	3,329	60.00
60.01	06001 ONCOLOGY	37,478	9,139,883	0.004100	136	1	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	255,026	6,982,683	0.036523	40,929	1,495	65.00
66.00	06600 PHYSICAL THERAPY	86,482	10,726,920	0.008062	1,647,198	13,280	66.00
69.00	06900 ELECTROCARDIOLOGY	364,003	8,998,165	0.040453	8,795	356	69.00
69.01	06901 CARDIAC REHAB	61,400	595,890	0.103039	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	294,758	51,318,935	0.005744	294,417	1,691	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	127,951	405,126	0.315830	0	0	90.00
91.00	09100 EMERGENCY	639,033	55,074,230	0.011603	13,856	161	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,675,666	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	5,615,911	332,144,218		2,303,123	22,471	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011
Component CCN: 15T011

Period:
From 07/01/2012
To 06/30/2013

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Title XVIII

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

Period: From 07/01/2012

Worksheet D

Component CCN: 15T011

To 06/30/2013

Part IV
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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	84,049,732	0.000000	0.000000	2,365	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	23,289,050	0.000000	0.000000	35,813	54.00
57.00	05700 CT SCAN	0	23,232,981	0.000000	0.000000	31,355	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,284,124	0.000000	0.000000	8,798	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,957,332	0.000000	0.000000	8,375	59.00
60.00	06000 LABORATORY	0	37,413,501	0.000000	0.000000	211,086	60.00
60.01	06001 ONCOLOGY	0	9,139,883	0.000000	0.000000	136	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	60.02
65.00	06500 RESPIRATORY THERAPY	0	6,982,683	0.000000	0.000000	40,929	65.00
66.00	06600 PHYSICAL THERAPY	0	10,726,920	0.000000	0.000000	1,647,198	66.00
69.00	06900 ELECTROCARDIOLOGY	0	8,998,165	0.000000	0.000000	8,795	69.00
69.01	06901 CARDIAC REHAB	0	595,890	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	51,318,935	0.000000	0.000000	294,417	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	405,126	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	55,074,230	0.000000	0.000000	13,856	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,675,666	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	332,144,218			2,303,123	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 ONCOLOGY	0	0	0	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150011
Component CCN: 15T011

Period:
From 07/01/2012
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Part IV
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Title XVIII

Subprovider -
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0	0		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
57.00	05700 CT SCAN	0	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0	0		60.00
60.01	06001 ONCOLOGY	0	0	0	0		60.01
60.02	06002 RADIATION ONCOLOGY	0	0	0	0		60.02
65.00	06500 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0		69.00
69.01	06901 CARDIAC REHAB	0	0	0	0		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/21/2013 1:58 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,831	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		18,022	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)		7,627	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)		22,038,628	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)		22,038,628	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		22,038,628	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)		1,009.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,699,533	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)		7,699,533	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/21/2013 1:58 pm
Cost Center Description			Title XVIII	Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	5,593,691	3,572	1,565.98	1,892	2,962,834
44.00	INTENSIVE CARE UNIT				43.00
45.00	CORONARY CARE UNIT				44.00
46.00	BURN INTENSIVE CARE UNIT				45.00
47.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				7,682,909
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				18,345,276
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,125,509
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				644,734
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,770,243
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				16,575,033
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				3,809
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,009.51
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,845,224

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/21/2013 1:58 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,399,419	22,038,628	0.108873	3,845,224	418,641	90.00
91.00	Nursing School cost	0	22,038,628	0.000000	3,845,224	0	91.00
92.00	Allied health cost	0	22,038,628	0.000000	3,845,224	0	92.00
93.00	All other Medical Education	0	22,038,628	0.000000	3,845,224	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Component CCN: 15T011		Date/Time Prepared: 11/21/2013 1:58 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,771	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,771	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)		2,771	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,013	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)		3,316,605	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)		3,316,605	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		3,316,605	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)		1,196.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,409,360	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,409,360	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/21/2013 1:58 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
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						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					618,567	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,027,927	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)					341,586	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					22,471	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					364,057	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,663,870	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011 Component CCN: 15T011		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/21/2013 1:58 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	470,218	3,316,605	0.141777	0	0	90.00
91.00	Nursing School cost	0	3,316,605	0.000000	0	0	91.00
92.00	Allied health cost	0	3,316,605	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,316,605	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/21/2013 1:58 pm
Cost Center Description		Cost		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,831	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		18,022	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)		1,738	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)		22,038,628	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)		22,038,628	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		22,038,628	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)		1,009.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,754,528	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)		1,754,528	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/21/2013 1:58 pm
Cost Center Description			Title XIX	Hospital	Cost
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	5,593,691	3,572	1,565.98	0	0
44.00					
45.00					
46.00					
47.00					
Cost Center Description					
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,024,318
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,778,846
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0
52.00	Total Program excludable cost (sum of lines 50 and 51)				0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				3,809
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,009.51
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,845,224

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet D-1

Date/Time Prepared:
11/21/2013 1:58 pm

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/21/2013 1:58 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		9,672,885		30.00
31.00	03100 INTENSIVE CARE UNIT		4,391,849		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.176442	15,056,237	2,656,553	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.355723	1,388,947	494,080	54.00
57.00	05700 CT SCAN	0.051838	2,010,843	104,238	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.228129	237,865	54,264	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.502628	1,230,918	618,694	59.00
60.00	06000 LABORATORY	0.285166	4,568,201	1,302,696	60.00
60.01	06001 ONCOLOGY	0.251558	48,939	12,311	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	0.518617	543,038	281,629	65.00
66.00	06600 PHYSICAL THERAPY	0.267651	1,245,895	333,465	66.00
69.00	06900 ELECTROCARDIOLOGY	0.215244	1,456,850	313,578	69.00
69.01	06901 CARDIAC REHAB	0.635065	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241784	3,816,874	922,859	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.693290	0	0	90.00
91.00	09100 EMERGENCY	0.155961	3,773,649	588,542	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500963	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		35,378,256	7,682,909	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)		35,378,256		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 15T011		Date/Time Prepared: 11/21/2013 1:58 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,585,919		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.176442	2,365	417	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.355723	35,813	12,740	54.00
57.00	05700 CT SCAN	0.051838	31,355	1,625	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.228129	8,798	2,007	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.502628	8,375	4,210	59.00
60.00	06000 LABORATORY	0.285166	211,086	60,195	60.00
60.01	06001 ONCOLOGY	0.251558	136	34	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	0.518617	40,929	21,226	65.00
66.00	06600 PHYSICAL THERAPY	0.267651	1,647,198	440,874	66.00
69.00	06900 ELECTROCARDIOLOGY	0.215244	8,795	1,893	69.00
69.01	06901 CARDIAC REHAB	0.635065	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241784	294,417	71,185	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.693290	0	0	90.00
91.00	09100 EMERGENCY	0.155961	13,856	2,161	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500963	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		2,303,123	618,567	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		2,303,123		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/21/2013 1:58 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,035,149		30.00
31.00	03100 INTENSIVE CARE UNIT		495,574		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.176442	2,096,507	369,912	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.355723	170,233	60,556	54.00
57.00	05700 CT SCAN	0.051838	221,752	11,495	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.228129	31,081	7,090	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.502628	131,691	66,192	59.00
60.00	06000 LABORATORY	0.285166	599,655	171,001	60.00
60.01	06001 ONCOLOGY	0.251558	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	0.518617	88,094	45,687	65.00
66.00	06600 PHYSICAL THERAPY	0.267651	85,345	22,843	66.00
69.00	06900 ELECTROCARDIOLOGY	0.215244	183,811	39,564	69.00
69.01	06901 CARDIAC REHAB	0.635065	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241784	564,040	136,376	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.693290	0	0	90.00
91.00	09100 EMERGENCY	0.155961	600,163	93,602	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500963	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		4,772,372	1,024,318	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		4,772,372		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/21/2013 1:58 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		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		222,575		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.176442	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.355723	5,624	2,001	54.00
57.00	05700 CT SCAN	0.051838	5,490	285	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.228129	2,401	548	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.502628	0	0	59.00
60.00	06000 LABORATORY	0.285166	21,831	6,225	60.00
60.01	06001 ONCOLOGY	0.251558	0	0	60.01
60.02	06002 RADIATION ONCOLOGY	0.000000	0	0	60.02
65.00	06500 RESPIRATORY THERAPY	0.518617	1,016	527	65.00
66.00	06600 PHYSICAL THERAPY	0.267651	219,205	58,670	66.00
69.00	06900 ELECTROCARDIOLOGY	0.215244	761	164	69.00
69.01	06901 CARDIAC REHAB	0.635065	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241784	50,324	12,168	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.693290	0	0	90.00
91.00	09100 EMERGENCY	0.155961	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.500963	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		306,652	80,588	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)		306,652		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/21/2013 1:58 pm	
		Title XVII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		14,786,066		1.00
2.00	Outlier payments for discharges. (see instructions)		215,383		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)		86.56		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)		5.62		30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.32		31.00
32.00	Sum of lines 30 and 31		27.94		32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.27		33.00
34.00	Disproportionate share adjustment (see instructions)		1,814,250		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/21/2013 1:58 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
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)		16,815,699		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		15,088,123		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		16,815,699		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,224,394		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)		18,040,093		59.00
60.00	Primary payer payments		1,188		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,038,905		61.00
62.00	Deductibles billed to program beneficiaries		1,935,980		62.00
63.00	Coinurance billed to program beneficiaries		35,552		63.00
64.00	Allowable bad debts (see instructions)		172,830		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		120,981		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		18,460		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,188,354		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			0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		26,547		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	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)		16,214,901		71.00
71.01	Sequestration adjustment (see instructions)		81,075		71.01
72.00	Interim payments		16,583,373		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		-449,547		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		210,000		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/21/2013 1:58 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
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 DSH PAYMENT PERCENTAGE		Provider CCN: 150011		Period: From 07/01/2012 To 06/30/2013		Worksheet DSH Date/Time Prepared: 11/21/2013 1:58 pm	
		Title XVIII		Hospital		PPS	
		Original mcrx Values	Adjusted mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.62	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	22.32	0.00			22.32	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	27.94	0.00			22.32	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	86.56	0.00			86.56	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	12.27	0.00			7.63	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.23	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,738	0			1,738	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	582	0			582	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	2,500	0			2,500	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	4,820	0			4,820	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	21,594	0			21,594	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	21,594	0			21,594	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	22.32	0.00			22.32	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150011		Period: From 07/01/2012 To 06/30/2013		Worksheet DSH Date/Time Prepared: 11/21/2013 1:58 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	12.27		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		12.27		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		12.27		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	True				True	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/21/2013 1:58 pm
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	7.63	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	7.63	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	7.63	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2013 1:58 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00	14,786,066	0	0	14,786,066	1.00	
2.00	Outlier payments for discharges (see instructions)	2.00	215,383	0	0	215,383	2.00	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1227	0.1227	0.1227	0.1227	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,814,250	0	0	1,814,250	11.00	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	16,815,699	0	0	16,815,699	13.00	
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	15,088,123	0	0	0	14.00	
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	16,815,699	0	0	16,815,699	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,224,394	0	0	1,224,394	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	0	18,040,093	19.00	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,177,462	0	0	1,177,462	20.00	
21.00	Capital DRG outlier payments	2.00	46,932	0	0	46,932	21.00	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	22.00	
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	24.00	
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,224,394	0	0	1,224,394	26.00	
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00		
27.00	Low volume adjustment factor				0.000000	0.000000	27.00	
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0	0	28.00	
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	29.00	
100.00	Transfer low volume adjustments to W/S E Part A.		Y				100.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
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		Total (Col 2 through 4)		
		5.00		
1.00	DRG amounts other than outlier payments	14,786,066		1.00
2.00	Outlier payments for discharges (see instructions)	215,383		2.00
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	0		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	0		6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	Amount from Worksheet E Part A, line 27 (see instructions)			7.00
8.00	IME adjustment (see instructions)	0		8.00
9.00	Total IME payment (sum of lines 6 and 8)	0		9.00
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	1,814,250		11.00
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	16,815,699		13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	16,815,699		15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	1,224,394		16.00
17.00	Special add-on payments for new technologies	0		17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	18,040,093		19.00
		5.00		
20.00	Capital DRG other than outlier	1,177,462		20.00
21.00	Capital DRG outlier payments	46,932		21.00
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	0		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	0		25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	1,224,394		26.00
		5.00		
27.00	Low volume adjustment factor			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		29.00
100.00	Transfer low volume adjustments to W/S E Part A.			100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/21/2013 1:58 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,479	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,368,211	2.00
3.00	PPS payments		8,578,416	3.00
4.00	Outlier payment (see instructions)		94,123	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.850	5.00
6.00	Line 2 times line 5		7,962,979	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)		15,479	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		57,824	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)		57,824	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 chargebasis 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)		57,824	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		42,345	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)		15,479	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)		16,652,459	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,607,245	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)		13,060,693	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)		13,060,693	30.00
31.00	Primary payer payments		3,130	31.00
32.00	Subtotal (line 30 minus line 31)		13,057,563	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)		775,812	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		543,068	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		379,629	36.00
37.00	Subtotal (see instructions)		13,600,631	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-95	38.00
39.00	SEQUESTRATION		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,600,726	40.00
40.01	Sequestration adjustment (see instructions)		68,004	40.01
41.00	Interim payments		13,905,979	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-373,257	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0
				112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2013 1:58 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,475,880		12,981,357	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	06/30/2013	107,493	06/30/2013	206,990	3.01
3.02			0	06/30/2013	717,632	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)		107,493		924,622	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,583,373		13,905,979	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		368,472		305,253	6.02
7.00	Total Medicare program liability (see instructions)		16,214,901		13,600,726	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150011
Component CCN: 15T011

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2013 1:58 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		2,956,696		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)		2,956,696		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		49,990		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,006,686		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/21/2013 1:58 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,886,910 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0223 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			135,107 3.00
4.00	Outlier Payments			28,411 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 excluding FTEs in the new program growth period 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 new program growth period 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)			7.591781 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,050,428 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,050,428 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,050,428 19.00
20.00	Deductibles			31,604 20.00
21.00	Subtotal (line 19 minus line 20)			3,018,824 21.00
22.00	Coinurance			12,138 22.00
23.00	Subtotal (line 21 minus line 22)			3,006,686 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,006,686 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	SEQUESTRATION			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,006,686 32.00
32.01	Sequestration adjustment (see instructions)			15,033 32.01
33.00	Interim payments			2,956,696 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			34,957 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			7,000 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			28,411 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2013 1:58 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,778,846		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,778,846	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,778,846	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,530,723		8.00
9.00	Ancillary service charges		4,772,372	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		7,303,095	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		7,303,095	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,524,249	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,778,846	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,778,846	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,778,846	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,778,846	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,778,846	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,778,846	0	40.00
41.00	Interim payments		4,988,793	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-2,209,947	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150011 Component CCN: 15T011	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2013 1:58 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 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	0		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)	0	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)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	222,575		8.00
9.00	Ancillary service charges	306,652	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	529,227	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	529,227	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	529,227	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	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	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	0	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)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	355,740	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	-355,740	0	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: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet G

Date/Time Prepared:
11/21/2013 1:58 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	30,095,166	0	0	0	1.00
2.00	Temporary investments	1,389,661	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	48,458,392	0	0	0	4.00
5.00	Other receivable	1,536,794	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-28,414,175	0	0	0	6.00
7.00	Inventory	1,734,695	0	0	0	7.00
8.00	Prepaid expenses	1,247,880	0	0	0	8.00
9.00	Other current assets	1,139,087	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)	57,187,500	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,422,248	0	0	0	12.00
13.00	Land improvements	3,261,359	0	0	0	13.00
14.00	Accumulated depreciation	-1,494,915	0	0	0	14.00
15.00	Buildings	106,649,620	0	0	0	15.00
16.00	Accumulated depreciation	-58,286,350	0	0	0	16.00
17.00	Leasehold improvements	859,249	0	0	0	17.00
18.00	Accumulated depreciation	-563,152	0	0	0	18.00
19.00	Fixed equipment	1,098,638	0	0	0	19.00
20.00	Accumulated depreciation	-998,133	0	0	0	20.00
21.00	Automobiles and trucks	944,492	0	0	0	21.00
22.00	Accumulated depreciation	-699,355	0	0	0	22.00
23.00	Major movable equipment	73,869,440	0	0	0	23.00
24.00	Accumulated depreciation	-53,920,240	0	0	0	24.00
25.00	Minor equipment depreciable	3,109,748	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	78,252,649	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	162,256,126	10,155	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	9,424,560	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	171,680,686	10,155	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	307,120,835	10,155	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,554,197	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,754,596	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,601,246	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,910,039	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	73,796,733	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	73,796,733	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	95,706,772	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	211,414,063				52.00
53.00	Specific purpose fund		10,155			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	211,414,063	10,155	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	307,120,835	10,155	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-1

Date/Time Prepared:
11/21/2013 1:58 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		188,013,668		10,155		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		18,345,403				2.00
3.00	Total (sum of line 1 and line 2)		206,359,071		10,155		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		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)		206,359,071		10,155		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		206,359,071		10,155		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/21/2013 1:58 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	19,956,864		19,956,864	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,538,782		3,538,782	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	23,495,646		23,495,646	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,318,872		7,318,872	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,318,872		7,318,872	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,814,518		30,814,518	17.00
18.00	Ancillary services	80,244,590		80,244,590	18.00
19.00	Outpatient services	0	255,269,156	255,269,156	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PRACTICE	0	25,880,575	25,880,575	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	111,059,108	281,149,731	392,208,839	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		149,288,931		29.00
30.00		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)	448,645			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)		448,645		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		148,840,286		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150011

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-3

Date/Time Prepared:
11/21/2013 1:58 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	392,208,839	1.00
2.00	Less contractual allowances and discounts on patients' accounts	243,081,651	2.00
3.00	Net patient revenues (line 1 minus line 2)	149,127,188	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	148,840,286	4.00
5.00	Net income from service to patients (line 3 minus line 4)	286,902	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	16,278,781	7.00
8.00	Revenues from telephone and other miscellaneous communication services	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		0	24.00
24.01	OTHER REVENUE	1,815,306	24.01
25.00	Total other income (sum of lines 6-24)	18,094,087	25.00
26.00	Total (line 5 plus line 25)	18,380,989	26.00
27.00	BAD DEBT	35,586	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	35,586	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,345,403	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150011	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/21/2013 1:58 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,177,462	1.00
2.00	Capital DRG outlier payments		46,932	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		59.16	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,224,394	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