

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: 150015	Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 4/10/2013 3:07 pm

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: 4/10/2013 Time: 3:07 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 FRANCISCAN ST ANTHONY-MICHIGAN CITY (150015) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-449,884	-66,118	1,819,432	0	1.00
2.00 Subprovider - IPF	0	12,709	0		0	2.00
3.00 Subprovider - IRF	0	23,044	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-414,131	-66,118	1,819,432	0	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: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 4/10/2013 2:04 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 301 W. HOMER ST		PO Box:									
2.00 City: MICHIGAN CITY		State: IN		Zip Code: 46360		County: LAPORTE					
		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		FRANCISCAN ST ANTHONY-MICHIGAN CITY		150015	33140	1	07/01/1966	N	P	0	3.00
4.00 Subprovider - IPF		FRANCISCAN ST ANTHONY-MICHIGAN CITY		15S015	33140	4	01/01/1998	N	P	0	4.00
5.00 Subprovider - IRF		FRANCISCAN ST ANTHONY-MICHIGAN CITY		15T015	33140	5	01/01/1997	N	P	0	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
17.10 Hospital-Based (CORF) I											17.10
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2012	12/31/2012		20.00	
21.00 Type of Control (see instructions)							1			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							1	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.				2,150	742	44	0	2,098	0		
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.				123	6	0	0	0	0		
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1			26.00	
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1			27.00	
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 4/10/2013 2:04 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150015

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

Worksheet S-2
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
			1.00	2.00	3.00	

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 4/10/2013 2:04 pm		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		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)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
				Physical	Occupational	Speech
				1.00	2.00	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.		2			118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	187,569	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.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number:	141.00
142.00	Street: 1515 DRAGOON TRAIL	PO Box:			142.00
143.00	City: MISHAWAKA	State:	Zip Code:	46546	143.00
			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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

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							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 4/10/2013 2:04 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)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			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		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	03/01/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150015

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

Worksheet S-2
Part II
Date/Time Prepared:
4/10/2013 2:04 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NANCY		RI LEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 932-2300 X33175		NANCY.RI LEY@FRANCISCANALLIANCE.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/01/2013	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.	REGIONAL REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150015

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

Worksheet S-3
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	135	47,166	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		135	47,166	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	52,290	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,588		0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,856		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		183				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: 150015

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

Worksheet S-3
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	11,023	4,197	20,594			1.00
2.00 HMO	463	0				2.00
3.00 HMO IPF Subprovider	23	0				3.00
4.00 HMO IRF Subprovider	87	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,023	4,197	20,594			7.00
8.00 INTENSIVE CARE UNIT	1,296	522	2,559			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		278	1,363			13.00
14.00 Total (see instructions)	12,319	4,997	24,516	0.00	818.12	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	993	471	2,293	0.00	17.08	16.00
17.00 SUBPROVIDER - IRF	1,916	129	2,527	0.00	13.46	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	848.66	27.00
28.00 Observation Bed Days		260	1,428			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		38	185			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150015

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

Worksheet S-3
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	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)		0	3,077	1,155	6,663	1.00
2.00 HMO			106			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	3,077	1,155	6,663	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	127	117	419	16.00
17.00 SUBPROVIDER - IRF	0.00	0	147	9	192	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 4/10/2013 2:04 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	43,176,792	0	43,176,792	1,771,994.00	24.37	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,918,896	0	3,918,896	167,379.00	23.41	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		933,687	0	933,687	23,698.00	39.40	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		245,142	0	245,142	1,745.00	140.48	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		15,445,239	0	15,445,239			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		1,580,384	0	1,580,384			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	470,193	0	470,193	21,741.00	21.63	26.00
27.00	Administrative & General	5.00	7,442,803	0	7,442,803	278,933.00	26.68	27.00
28.00	Administrative & General under contract (see inst.)		53,559	0	53,559	173.00	309.59	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,609,354	0	1,609,354	68,628.00	23.45	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,154,679	0	1,154,679	87,756.00	13.16	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,127,603	-690,600	437,003	29,231.00	14.95	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	690,600	690,600	46,194.00	14.95	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,085,720	0	1,085,720	28,277.00	38.40	38.00
39.00	Central Services and Supply	14.00	555,198	0	555,198	38,101.00	14.57	39.00
40.00	Pharmacy	15.00	1,452,829	0	1,452,829	38,895.00	37.35	40.00
41.00	Medical Records & Medical Records Library	16.00	525,611	0	525,611	31,008.00	16.95	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150015

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

Worksheet S-3
Part II
Date/Time Prepared:
4/10/2013 2:04 pm

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

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part III Date/Time Prepared: 4/10/2013 2:04 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	43,230,351	0	43,230,351	1,772,167.00	24.39	1.00
2.00	Excluded area salaries (see instructions)	3,918,896	0	3,918,896	167,379.00	23.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,311,455	0	39,311,455	1,604,788.00	24.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,178,829	0	1,178,829	25,443.00	46.33	4.00
5.00	Subtotal wage-related costs (see inst.)	15,445,239	0	15,445,239	0.00	39.29	5.00
6.00	Total (sum of lines 3 thru 5)	55,935,523	0	55,935,523	1,630,231.00	34.31	6.00
7.00	Total overhead cost (see instructions)	15,477,549	0	15,477,549	668,937.00	23.14	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 4/10/2013 2:04 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		324,520	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		4,101,794	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		8,358,743	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		383,504	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		29,144	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)		42,701	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		502,644	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		3,105,256	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		92,006	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		85,311	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,025,623	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 4/10/2013 2:04 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10	Date/Time Prepared: 4/10/2013 2:04 pm
					1.00
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.292882	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			7,688,828	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			9,740,780	5.00
6.00	Medicaid charges			64,757,915	6.00
7.00	Medicaid cost (line 1 times line 6)			18,966,428	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			1,536,820	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			1,536,820	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	17,544,500	6,360,300	23,904,800	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,138,468	1,862,817	7,001,285	21.00
22.00	Partial payment by patients approved for charity care	140,600	517,300	657,900	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,997,868	1,345,517	6,343,385	23.00
					1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,213,260	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			387,713	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			6,825,547	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,999,080	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			8,342,465	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,879,285	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150015

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

Worksheet A
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		13,250,402	13,250,402	-4,075,170	9,175,232	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	4,518,528	4,518,528	2.00
4.00 00400 EMPLOYEE BENEFITS	470,193	17,612,491	18,082,684	35,481	18,118,165	4.00
5.00 00500 ADMINI STRATIVE & GENERAL	7,442,803	28,760,709	36,203,512	-35,481	36,168,031	5.00
7.00 00700 OPERATION OF PLANT	1,609,354	3,039,639	4,648,993	0	4,648,993	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	381,897	381,897	0	381,897	8.00
9.00 00900 HOUSEKEEPING	1,154,679	289,824	1,444,503	0	1,444,503	9.00
10.00 01000 DIETARY	1,127,603	989,657	2,117,260	-1,296,715	820,545	10.00
11.00 01100 CAFETERIA	0	0	0	1,296,715	1,296,715	11.00
13.00 01300 NURSING ADMINISTRATION	1,085,720	45,006	1,130,726	0	1,130,726	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	555,198	1,692,978	2,248,176	-93,473	2,154,703	14.00
15.00 01500 PHARMACY	1,452,829	4,427,043	5,879,872	0	5,879,872	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	525,611	493,734	1,019,345	0	1,019,345	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,116,852	855,322	7,972,174	-1,106,738	6,865,436	30.00
31.00 03100 INTENSIVE CARE UNIT	1,585,496	122,165	1,707,661	0	1,707,661	31.00
40.00 04000 SUBPROVIDER - I PF	930,699	65,220	995,919	0	995,919	40.00
41.00 04100 SUBPROVIDER - I RF	803,090	-1,749	801,341	0	801,341	41.00
43.00 04300 NURSERY	0	0	0	378,915	378,915	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,831,833	9,411,808	14,243,641	-4,233,664	10,009,977	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	727,823	727,823	52.00
53.00 05300 ANESTHESIOLOGY	39,989	49,264	89,253	0	89,253	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,433,198	823,627	3,256,825	-22,960	3,233,865	54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	475,991	26,581	502,572	0	502,572	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	481,250	1,188,672	1,669,922	0	1,669,922	55.00
55.01 05501 WOODLAND CANCER CARE CENTER	385,736	398,056	783,792	0	783,792	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	790,643	2,318,033	3,108,676	-1,985,969	1,122,707	59.00
60.00 06000 LABORATORY	0	5,620,178	5,620,178	0	5,620,178	60.00
60.01 06001 FSED LABORATORY	0	987,428	987,428	0	987,428	60.01
65.00 06500 RESPIRATORY THERAPY	890,235	178,485	1,068,720	0	1,068,720	65.00
66.00 06600 PHYSICAL THERAPY	81,582	3,043,442	3,125,024	0	3,125,024	66.00
69.00 06900 ELECTROCARDIOLOGY	777,324	182,439	959,763	0	959,763	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,314	1,314	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,892,708	5,892,708	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OB CLINIC	0	2,543	2,543	0	2,543	90.01
90.02 09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
90.03 09003 INFUSION OP SERVICES	189,854	287,910	477,764	0	477,764	90.03
90.04 09004 MATERNAL HEA	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	2,659,811	417,965	3,077,776	-1,314	3,076,462	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	1,094,112	880,184	1,974,296	0	1,974,296	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040 ENDOCRINOLOGY	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESITNAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	40,991,685	97,840,953	138,832,638	0	138,832,638	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 RETAIL PHARMACY	0	0	0	0	0	194.00
194.01 07951 WORKING WELL	1,182,581	604,679	1,787,260	0	1,787,260	194.01
194.02 07952 APS DUNELAND SURG ASSOC	0	0	0	0	0	194.02
194.03 07953 MED WATCH	0	11,368	11,368	0	11,368	194.03
194.04 07954 OCCUPATIONAL MED CENTER	0	0	0	0	0	194.04
194.05 07955 PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06 07956 DENTAL SERVICES	0	0	0	0	0	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150015

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

Worksheet A

Date/Time Prepared:
4/10/2013 2:04 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	
194.07 07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10 07960 WOMEN SERVICES	0	0	0	0	0	194.10
194.11 07961 DUNELAND FITNESS CENTER	922,783	594,997	1,517,780	0	1,517,780	194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	79,743	6,257,490	6,337,233	0	6,337,233	194.16
194.17 07967 ENT	0	0	0	0	0	194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19 07969 HEALTH PARTNERS	0	382	382	0	382	194.19
200.00 TOTAL (SUM OF LINES 118-199)	43,176,792	105,309,869	148,486,661	0	148,486,661	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150015

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

Worksheet A
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,362,464	7,812,768	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,518,528	2.00
4.00	00400	EMPLOYEE BENEFITS	0	18,118,165	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,798,610	25,369,421	5.00
7.00	00700	OPERATION OF PLANT	0	4,648,993	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-492	381,405	8.00
9.00	00900	HOUSEKEEPING	0	1,444,503	9.00
10.00	01000	DIETARY	-863,729	-43,184	10.00
11.00	01100	CAFETERIA	0	1,296,715	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,130,726	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-138,876	2,015,827	14.00
15.00	01500	PHARMACY	-51,338	5,828,534	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,560	1,017,785	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-835	6,864,601	30.00
31.00	03100	INTENSIVE CARE UNIT	-12,761	1,694,900	31.00
40.00	04000	SUBPROVIDER - I PF	0	995,919	40.00
41.00	04100	SUBPROVIDER - I RF	0	801,341	41.00
43.00	04300	NURSERY	-932	377,983	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-456,940	9,553,037	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	727,823	52.00
53.00	05300	ANESTHESIOLOGY	-3,687	85,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-205	3,233,660	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	502,572	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,669,922	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	-10,500	773,292	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-29,822	1,092,885	59.00
60.00	06000	LABORATORY	0	5,620,178	60.00
60.01	06001	FSED LABORATORY	0	987,428	60.01
65.00	06500	RESPIRATORY THERAPY	-525	1,068,195	65.00
66.00	06600	PHYSICAL THERAPY	0	3,125,024	66.00
69.00	06900	ELECTROCARDIOLOGY	-2,973	956,790	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,314	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,892,708	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OB CLINIC	0	2,543	90.01
90.02	09002	PAIN MANAGEMENT	0	0	90.02
90.03	09003	INFUSION OP SERVICES	0	477,764	90.03
90.04	09004	MATERNAL HEA	0	0	90.04
91.00	09100	EMERGENCY	-277	3,076,185	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	-518,028	1,456,268	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,254,554	124,578,084	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RETAIL PHARMACY	0	0	194.00
194.01	07951	WORKING WELL	0	1,787,260	194.01
194.02	07952	APS DUNELAND SURG ASSOC	0	0	194.02
194.03	07953	MED WATCH	0	11,368	194.03
194.04	07954	OCCUPATIONAL MED CENTER	0	0	194.04
194.05	07955	PHYSICIAN PRACTICE	0	0	194.05
194.06	07956	DENTAL SERVICES	0	0	194.06
194.07	07957	DUNELAND MED WATCH	0	0	194.07
194.08	07958	WESTVILLE CLINIC	0	0	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150015

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

Worksheet A
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.09	07959 ORTHOPEDICS	0	0	194.09
194.10	07960 WOMEN SERVICES	0	0	194.10
194.11	07961 DUNELAND FITNESS CENTER	0	1,517,780	194.11
194.12	07962 CARDIOLOGY ASSOC	0	0	194.12
194.13	07963 DUNELAND FAMILY PRACTICE	0	0	194.13
194.14	07964 ORTHOPEDICS	0	0	194.14
194.15	07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.15
194.16	07966 PHYSICIAN PRACTICE MD WISE	0	6,337,233	194.16
194.17	07967 ENT	0	0	194.17
194.18	07968 SLEEP CLINIC	0	0	194.18
194.19	07969 HEALTH PARTNERS	0	382	194.19
200.00	TOTAL (SUM OF LINES 118-199)	-14,254,554	134,232,107	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAPITAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,518,528	1.00	
	TOTALS		0	4,518,528		
B - DIETARY						
1.00	CAFETERIA	11.00	690,600	606,115	1.00	
	TOTALS		690,600	606,115		
C - WORKERS COMPENSATION						
1.00	EMPLOYEE BENEFITS	4.00	0	35,481	1.00	
	TOTALS		0	35,481		
D - MEDICAL SUPPLIES CHARGEABLE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	25,005	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,917,780	2.00	
3.00	OPERATING ROOM	50.00	0	153	3.00	
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	72,692	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	167	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,314	6.00	
	TOTALS		0	3,017,111		
E - MEDICAL SUPPLIES - PACEMAKERS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	702,963	1.00	
	TOTALS		0	702,963		
F - NURSERY AND LABOR/DELIVERY						
1.00	NURSERY	43.00	325,719	53,196	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	625,644	102,179	2.00	
	TOTALS		951,363	155,375		
G - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	398,520	1.00	
	TOTALS		0	398,520		
H - OTHER INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	44,838	1.00	
	TOTALS		0	44,838		
I - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	118,478	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	799,987	2.00	
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	22,960	3.00	
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,283,173	4.00	
	TOTALS		0	2,224,598		
500.00	Grand Total: Increases		1,641,963	11,703,529	500.00	

RECLASSIFICATIONS

Provider CCN: 150015

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

Worksheet A-6

Date/Time Prepared:
4/10/2013 2:04 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,518,528	9		1.00
	TOTALS		0	4,518,528			
B - DIETARY							
1.00	DIETARY	10.00	690,600	606,115	0		1.00
	TOTALS		690,600	606,115			
C - WORKERS COMPENSATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	35,481	0		1.00
	TOTALS		0	35,481			
D - MEDICAL SUPPLIES CHARGEABLE							
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	25,005	0		1.00
2.00	OPERATING ROOM	50.00	0	2,917,780	0		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	153	0		3.00
4.00	OPERATING ROOM	50.00	0	72,692	0		4.00
5.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	167	0		5.00
6.00	EMERGENCY	91.00	0	1,314	0		6.00
	TOTALS		0	3,017,111			
E - MEDICAL SUPPLIES - PACEMAKERS							
1.00	CARDIAC CATHETERIZATION	59.00	0	702,963	0		1.00
	TOTALS		0	702,963			
F - NURSERY AND LABOR/DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	325,719	53,196	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	625,644	102,179	0		2.00
	TOTALS		951,363	155,375			
G - DEPRECIATION							
1.00	OPERATING ROOM	50.00	0	398,520	9		1.00
	TOTALS		0	398,520			
H - OTHER INTEREST							
1.00	OPERATING ROOM	50.00	0	44,838	11		1.00
	TOTALS		0	44,838			
I - IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	118,478	0		1.00
2.00	OPERATING ROOM	50.00	0	799,987	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,960	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,283,173	0		4.00
	TOTALS		0	2,224,598			
500.00	Grand Total: Decreases		1,641,963	11,703,529			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150015

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
4/10/2013 2:04 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	6,650,028	0	0	0	1.00
2.00	Land Improvements	2,876,534	1,099,714	0	1,099,714	2.00
3.00	Buildings and Fixtures	84,711,087	7,324,138	0	7,324,138	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	87,300,967	13,306,152	0	13,306,152	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	181,538,616	21,730,004	0	21,730,004	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	181,538,616	21,730,004	0	21,730,004	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	13,250,402	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,250,402	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150015

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
4/10/2013 2:04 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,650,028	0		1.00		
2.00	Land Improvements	3,976,248	0		2.00		
3.00	Buildings and Fixtures	92,035,225	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	100,607,119	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	203,268,620	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	203,268,620	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	13,250,402		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	13,250,402		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,758,342	-143,229	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,518,528	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,276,870	-143,229	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150015

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-1,849,730	0	0	-952,615	7,812,768	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,518,528	2.00
3.00	Total (sum of lines 1-2)	-1,849,730	0	0	-952,615	12,331,296	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150015

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

Worksheet A-8

Date/Time Prepared:
4/10/2013 2:04 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
				Cost Center	Line #
				3.00	4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)		0		0.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-541,197	ADMINISTRATIVE & GENERAL	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00
8.00	Television and radio service (chapter 21)		0		0.00
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-1,044,851		
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	822,522		
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests	B	-800,791	DIETARY	10.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients		0		0.00
18.00	Sale of medical records and abstracts	B	-1,560	MEDICAL RECORDS & LIBRARY	16.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines	B	-11,516	DIETARY	10.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00
29.00	Physicians' assistant		0		0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00
33.00	MEALS ON WHEELS	B	-674	DIETARY	10.00
34.00	UNCLAIMED PROPERTY	B	-18,124	ADMINISTRATIVE & GENERAL	5.00
35.00	MED STAFF FILING FEES	B	-21,720	ADMINISTRATIVE & GENERAL	5.00
36.00	WINE/LIQUOR	A	-276	DIETARY	10.00
37.00	ICU CONSULTING FEES	A	-900	ADMINISTRATIVE & GENERAL	5.00
38.00	STAFF EDUCATION COSTS	B	-955	ADMINISTRATIVE & GENERAL	5.00
39.00	MISC LAUNDRY	B	-492	LAUNDRY & LINEN SERVICE	8.00
40.00	OB PROGRAM FEES	B	-835	ADULTS & PEDIATRICS	30.00
41.00	DONATIONS EXPENSE	A	-1,960	ADMINISTRATIVE & GENERAL	5.00
42.00	ADVERTISING EXPENSE	A	-1,075,338	ADMINISTRATIVE & GENERAL	5.00
43.00	RENTAL INCOME	B	-160,552	ADMINISTRATIVE & GENERAL	5.00
44.00	A&G MISC REVENUE	B	-67,340	ADMINISTRATIVE & GENERAL	5.00
45.00	LOBBYING	A	-1,247	ADMINISTRATIVE & GENERAL	5.00
46.00	INTEREST INCOME	B	-61,939	ADMINISTRATIVE & GENERAL	5.00
47.00	SISTERS MAINTENANCE	B	-12,000	ADMINISTRATIVE & GENERAL	5.00
48.00	WOODLAND SURGERY BUILDING RENTAL INC	B	-143,229	CAP REL COSTS-BLDG & FIXT	1.00
49.00	NURSERY BABY PHOTOS	B	-932	NURSERY	43.00
49.01	GOODWILL	B	-952,615	CAP REL COSTS-BLDG & FIXT	1.00
49.02	OUTSIDE HOME HEALTH SUPPLIES	B	-829	ADMINISTRATIVE & GENERAL	5.00
49.03	ER MISC. INCOME	B	-277	EMERGENCY	91.00
49.04	DISCOUNTS/REBATES	B	-50,472	DIETARY	10.00
49.05	DISCOUNTS/REBATES	B	-114,407	PHARMACY	15.00

Provider CCN: 150015 Period: From 01/01/2012 To 12/31/2012 Worksheet A-8
 Date/Time Prepared: 4/10/2013 2:04 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 #	
			1.00	2.00	
49.06 HAF PROVIDER TAX	A	-9,990,048	ADMINISTRATIVE & GENERAL	5.00	49.06
49.07		0		0.00	49.07
49.08		0		0.00	49.08
49.09		0		0.00	49.09
49.10		0		0.00	49.10
49.11		0		0.00	49.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,254,554			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150015

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

Worksheet A-8

Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MEALS ON WHEELS	0	33.00
34.00	UNCLAIMED PROPERTY	0	34.00
35.00	MED STAFF FILING FEES	0	35.00
36.00	WINE/LIQUOR	0	36.00
37.00	ICU CONSULTING FEES	0	37.00
38.00	STAFF EDUCATION COSTS	0	38.00
39.00	MISC LAUNDRY	0	39.00
40.00	OB PROGRAM FEES	0	40.00
41.00	DONATIONS EXPENSE	0	41.00
42.00	ADVERTISING EXPENSE	0	42.00
43.00	RENTAL INCOME	0	43.00
44.00	A&G MISC REVENUE	0	44.00
45.00	LOBBYING	0	45.00
46.00	INTEREST INCOME	0	46.00
47.00	SISTERS MAINTENANCE	0	47.00
48.00	WOODLAND SURGERY BUILDING RENTAL INC	10	48.00
49.00	NURSERY BABY PHOTOS	0	49.00
49.01	GOODWILL	14	49.01
49.02	OUTSIDE HOME HEALTH SUPPLIES	0	49.02
49.03	ER MISC. INCOME	10	49.03
49.04	DISCOUNTS/REBATES	0	49.04
49.05	DISCOUNTS/REBATES	14	49.05
49.06	HAF PROVIDER TAX	0	49.06
49.07		0	49.07
49.08		0	49.08
49.09		0	49.09
49.10		0	49.10
49.11		0	49.11

Provider CCN: 150015

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

Worksheet A-8
 Date/Time Prepared:
 4/10/2013 2:04 pm

Cost Center Description		Wkst. A-7 Ref.	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	5.00	50.00

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

Provider CCN: 150015

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

Worksheet A-8-1

Date/Time Prepared:
4/10/2013 2:04 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	1.00
2.00		1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	3.00
4.00		14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE	4.00
4.01		15.00	PHARMACY	COEP / PHARMACY	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

		Symbol (1)	Name	Percentage of Ownership	
		1.00	2.00	3.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

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

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

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

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

Provider CCN: 150015

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

Worksheet A-8-1

Date/Time Prepared:
4/10/2013 2:04 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
						4.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1,447,701	3,342,269	-1,894,568	11	1.00	
2.00	1,627,948	0	1,627,948	9	2.00	
3.00	11,437,853	10,272,904	1,164,949	0	3.00	
4.00	0	138,876	-138,876	0	4.00	
4.01	362,901	299,832	63,069	0	4.01	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	14,876,403	14,053,881	822,522		5.00

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

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

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

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

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

6.00		FRANCISCAN ALLI	100.00	HEALTHCARE SERV	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150015

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

Worksheet A-8-2

Date/Time Prepared:
4/10/2013 2:04 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00		5.00ADMINISTRATIVE & GENERAL	15,400	0	1.00
2.00		5.00ADMINISTRATIVE & GENERAL	14,775	0	2.00
3.00		31.00INTENSIVE CARE UNIT	28,500	0	3.00
4.00		50.00OPERATING ROOM	130,682	130,682	4.00
5.00		50.00OPERATING ROOM	17,400	0	5.00
6.00		50.00OPERATING ROOM	349,678	293,273	6.00
7.00		53.00ANESTHESIOLOGY	25,450	0	7.00
8.00		54.00RADIOLOGY-DIAGNOSTIC	75	75	8.00
9.00		54.00RADIOLOGY-DIAGNOSTIC	130	130	9.00
10.00		55.01WOODLAND CANCER CARE CENTER	10,500	10,500	10.00
11.00		59.00CARDIAC CATHETERIZATION	61,712	0	11.00
12.00		65.00RESPIRATORY THERAPY	525	525	12.00
13.00		69.00ELECTROCARDIOLOGY	8,000	0	13.00
14.00		91.00EMERGENCY	17,500	0	14.00
15.00		91.01FREE STANDING EMERGENCY DEPT	518,028	518,028	15.00
200.00			1,198,355	953,213	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150015

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

Worksheet A-8-2

Date/Time Prepared:
4/10/2013 2:04 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	15,400	171,400	110	9,064	453	1.00
2.00	14,775	171,400	142	11,701	585	2.00
3.00	28,500	171,400	191	15,739	787	3.00
4.00	0	204,100	0	0	0	4.00
5.00	17,400	204,100	119	11,677	584	5.00
6.00	56,405	204,100	297	29,143	1,457	6.00
7.00	25,450	200,300	226	21,763	1,088	7.00
8.00	0	231,100	0	0	0	8.00
9.00	0	231,100	0	0	0	9.00
10.00	0	231,100	0	0	0	10.00
11.00	61,712	171,400	387	31,890	1,595	11.00
12.00	0	171,400	0	0	0	12.00
13.00	8,000	171,400	61	5,027	251	13.00
14.00	17,500	171,400	214	17,634	882	14.00
15.00	0	171,400	0	0	0	15.00
200.00	245,142		1,747	153,638	7,682	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150015

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

Worksheet A-8-2

Date/Time Prepared:
4/10/2013 2:04 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	9,064	1.00
2.00	0	0	0	0	11,701	2.00
3.00	0	0	0	0	15,739	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	11,677	5.00
6.00	0	0	0	0	29,143	6.00
7.00	0	0	0	0	21,763	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	31,890	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	5,027	13.00
14.00	0	0	0	0	17,634	14.00
15.00	0	0	0	0	0	15.00
200.00	0	0	0	0	153,638	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150015

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

Worksheet A-8-2
Date/Time Prepared:
4/10/2013 2:04 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	6,336	6,336	1.00
2.00	3,074	3,074	2.00
3.00	12,761	12,761	3.00
4.00	0	130,682	4.00
5.00	5,723	5,723	5.00
6.00	27,262	320,535	6.00
7.00	3,687	3,687	7.00
8.00	0	75	8.00
9.00	0	130	9.00
10.00	0	10,500	10.00
11.00	29,822	29,822	11.00
12.00	0	525	12.00
13.00	2,973	2,973	13.00
14.00	0	0	14.00
15.00	0	518,028	15.00
200.00	91,638	1,044,851	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,812,768	7,812,768			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,518,528		4,518,528		2.00
4.00 00400	EMPLOYEE BENEFITS	18,118,165	75,294	21,497	18,214,956	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	25,369,421	1,255,004	351,482	3,174,452	30,150,359
7.00 00700	OPERATION OF PLANT	4,648,993	983,160	70,196	686,412	6,388,761
8.00 00800	LAUNDRY & LINEN SERVICE	381,405	86,801	0	0	468,206
9.00 00900	HOUSEKEEPING	1,444,503	142,508	46,863	492,487	2,126,361
10.00 01000	DIETARY	-43,184	209,680	25,040	186,388	377,924
11.00 01100	CAFETERIA	1,296,715	0	0	294,551	1,591,266
13.00 01300	NURSING ADMINISTRATION	1,130,726	35,456	112,542	463,075	1,741,799
14.00 01400	CENTRAL SERVICES & SUPPLY	2,015,827	137,128	67,451	236,800	2,457,206
15.00 01500	PHARMACY	5,828,534	55,935	6,260	619,652	6,510,381
16.00 01600	MEDICAL RECORDS & LIBRARY	1,017,785	60,733	7,175	224,180	1,309,873
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,864,601	1,246,864	182,141	2,629,667	10,923,273
31.00 03100	INTENSIVE CARE UNIT	1,694,900	122,485	161,551	676,236	2,655,172
40.00 04000	SUBPROVIDER - I PF	995,919	130,024	2,226	396,956	1,525,125
41.00 04100	SUBPROVIDER - I RF	801,341	235,332	1,776	342,529	1,380,978
43.00 04300	NURSERY	377,983	18,673	0	138,924	535,580
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,553,037	392,794	1,009,179	2,060,844	13,015,854
52.00 05200	DELIVERY ROOM & LABOR ROOM	727,823	149,798	0	266,846	1,144,467
53.00 05300	ANESTHESIOLOGY	85,566	11,341	1,585	17,056	115,548
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,233,660	376,136	1,063,880	1,037,793	5,711,469
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	502,572	59,508	0	203,017	765,097
55.00 05500	RADIOLOGY-THERAPEUTIC	1,669,922	186,022	1,864	205,260	2,063,068
55.01 05501	WOODLAND CANCER CARE CENTER	773,292	221,956	44,654	164,522	1,204,424
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	1,092,885	89,958	520,358	337,220	2,040,421
60.00 06000	LABORATORY	5,620,178	186,500	11,377	0	5,818,055
60.01 06001	FSED LABORATORY	987,428	27,002	0	0	1,014,430
65.00 06500	RESPIRATORY THERAPY	1,068,195	41,604	52,646	379,698	1,542,143
66.00 06600	PHYSICAL THERAPY	3,125,024	28,664	7,795	34,796	3,196,279
69.00 06900	ELECTROCARDIOLOGY	956,790	114,945	52,074	331,540	1,455,349
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,314	0	0	0	1,314
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,892,708	0	0	0	5,892,708
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	OB CLINIC	2,543	0	0	0	2,543
90.02 09002	PAIN MANAGEMENT	0	0	0	0	0
90.03 09003	INFUSION OP SERVICES	477,764	28,934	0	80,975	587,673
90.04 09004	MATERNAL HEA	0	0	0	0	0
91.00 09100	EMERGENCY	3,076,185	417,325	73,951	1,134,447	4,701,908
91.01 09101	FREE STANDING EMERGENCY DEPT	1,456,268	444,098	539,121	466,654	2,906,141
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.00 04040	ENDOCRINOLOGY	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
99.00 09900	CMHC	0	0	0	0	0
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	124,578,084	7,571,662	4,434,684	17,282,977	123,321,155
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,459	0	0	20,459
194.00 07950	RETAIL PHARMACY	0	0	0	0	0
194.01 07951	WORKING WELL	1,787,260	0	7,411	504,387	2,299,058
194.02 07952	APS DUNELAND SURG ASSOC	0	0	0	0	0
194.03 07953	MED WATCH	11,368	126,286	1,406	0	139,060

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.04 07954 OCCUPATIONAL MED CENTER	0	0	0	0	0	194.04
194.05 07955 PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06 07956 DENTAL SERVICES	0	0	0	0	0	194.06
194.07 07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08 07958 WESTVILLE CLNIC	0	0	0	0	0	194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10 07960 WOMEN SERVICES	0	94,361	0	0	94,361	194.10
194.11 07961 DUNELAND FITNESS CENTER	1,517,780	0	75,027	393,580	1,986,387	194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	6,337,233	0	0	34,012	6,371,245	194.16
194.17 07967 ENT	0	0	0	0	0	194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19 07969 HEALTH PARTNERS	382	0	0	0	382	194.19
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	134,232,107	7,812,768	4,518,528	18,214,956	134,232,107	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 4/10/2013 2:04 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	30,150,359			5.00
7.00	00700	OPERATION OF PLANT	1,850,696	8,239,457		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	135,630	130,051	733,887	8.00
9.00	00900	HOUSEKEEPING	615,964	213,515	0	2,955,840
10.00	01000	DIETARY	109,477	314,158	5,193	90,888
11.00	01100	CAFETERIA	460,958	0	0	69,490
13.00	01300	NURSING ADMINISTRATION	504,564	53,122	0	45,959
14.00	01400	CENTRAL SERVICES & SUPPLY	711,803	205,455	0	53,345
15.00	01500	PHARMACY	1,885,927	83,806	0	35,588
16.00	01600	MEDICAL RECORDS & LIBRARY	379,444	90,995	0	73,668
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,164,254	1,868,141	404,274	831,014
31.00	03100	INTENSIVE CARE UNIT	769,150	183,515	20,622	120,194
40.00	04000	SUBPROVIDER - IPF	441,798	194,812	50,875	126,774
41.00	04100	SUBPROVIDER - IRF	400,042	352,591	30,065	124,073
43.00	04300	NURSERY	155,147	27,977	30,593	14,370
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,770,391	588,513	37,731	477,223
52.00	05200	DELIVERY ROOM & LABOR ROOM	331,529	224,438	0	107,615
53.00	05300	ANESTHESIOLOGY	33,472	16,992	0	6,715
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,654,498	563,554	36,183	197,010
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	221,633	89,159	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	597,630	278,712	7,365	31,022
55.01	05501	WOODLAND CANCER CARE CENTER	348,898	332,550	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	591,069	134,781	20,773	37,931
60.00	06000	LABORATORY	1,685,374	279,428	0	120,940
60.01	06001	FSED LABORATORY	293,860	40,456	0	0
65.00	06500	RESPIRATORY THERAPY	446,728	62,334	0	20,070
66.00	06600	PHYSICAL THERAPY	925,898	42,946	4,910	38,572
69.00	06900	ELECTROCARDIOLOGY	421,585	172,219	3,758	48,331
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	381	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,707,000	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
90.01	09001	OB CLINIC	737	0	0	0
90.02	09002	PAIN MANAGEMENT	0	0	0	0
90.03	09003	INFUSION OP SERVICES	170,237	43,350	2,455	14,668
90.04	09004	MATERNAL HEA	0	0	0	0
91.00	09100	EMERGENCY	1,362,049	625,266	75,162	255,682
91.01	09101	FREE STANDING EMERGENCY DEPT	841,851	665,379	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
93.00	04040	ENDOCRINOLOGY	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0
99.00	09900	CMHC	0	0	0	0
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,989,674	7,878,215	729,959	2,941,142
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,927	30,653	0	14,698
194.00	07950	RETAIL PHARMACY	0	0	0	0
194.01	07951	WORKING WELL	665,991	0	0	0
194.02	07952	APS DUNELAND SURG ASSOC	0	0	0	0
194.03	07953	MED WATCH	40,283	189,210	0	0
194.04	07954	OCCUPATIONAL MED CENTER	0	0	0	0
194.05	07955	PHYSICIAN PRACTICE	0	0	0	0
194.06	07956	DENTAL SERVICES	0	0	0	0
194.07	07957	DUNELAND MED WATCH	0	0	0	0
194.08	07958	WESTVILLE CLINIC	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.09	07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10	07960 WOMEN SERVICES	27,334	141,379	0	0	0	194.10
194.11	07961 DUNELAND FITNESS CENTER	575,417	0	3,928	0	0	194.11
194.12	07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13	07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14	07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15	07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16	07966 PHYSICIAN PRACTICE MD WISE	1,845,622	0	0	0	0	194.16
194.17	07967 ENT	0	0	0	0	0	194.17
194.18	07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19	07969 HEALTH PARTNERS	111	0	0	0	0	194.19
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)	30,150,359	8,239,457	733,887	2,955,840	897,640	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 4/10/2013 2:04 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,121,714					11.00
13.00	01300	NURSING ADMINISTRATION	49,757	2,395,201				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	67,065	0	3,494,874			14.00
15.00	01500	PHARMACY	68,461	0	0	8,584,163		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,571	0	10	0	1,908,561	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	482,978	858,002	161,138	0	125,850	30.00
31.00	03100	INTENSIVE CARE UNIT	85,439	151,781	33,056	0	21,832	31.00
40.00	04000	SUBPROVIDER - IPF	62,765	111,502	2,847	0	11,489	40.00
41.00	04100	SUBPROVIDER - IRF	49,463	87,870	12,191	0	16,127	41.00
43.00	04300	NURSERY	0	0	0	0	4,838	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	318,494	499,735	533,180	0	406,940	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	9,293	52.00
53.00	05300	ANESTHESIOLOGY	3,638	0	4,847	0	16,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	149,233	260,280	110,354	0	282,021	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	27,340	0	12,748	0	29,879	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	20,689	0	14,682	0	52,637	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	18,190	0	3,084	0	553	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,454	64,760	0	0	74,241	59.00
60.00	06000	LABORATORY	0	0	7,922	0	190,798	60.00
60.01	06001	FSED LABORATORY	0	0	1,980	0	12,647	60.01
65.00	06500	RESPIRATORY THERAPY	57,878	0	41,478	0	42,269	65.00
66.00	06600	PHYSICAL THERAPY	106,275	0	16,250	0	55,011	66.00
69.00	06900	ELECTROCARDIOLOGY	45,053	80,036	10,987	0	50,274	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	912,162	0	56,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,487,376	0	54,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	25,300	8,584,163	213,379	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OB CLINIC	0	0	1,275	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
90.03	09003	INFUSION OP SERVICES	11,429	0	6,613	0	10,063	90.03
90.04	09004	MATERNAL HEA	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	158,310	281,235	70,822	0	146,645	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	65,889	0	24,572	0	24,881	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,939,371	2,395,201	3,494,874	8,584,163	1,908,561	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	RETAIL PHARMACY	0	0	0	0	0	194.00
194.01	07951	WORKING WELL	72,687	0	0	0	0	194.01
194.02	07952	APS DUNELAND SURG ASSOC	0	0	0	0	0	194.02
194.03	07953	MED WATCH	0	0	0	0	0	194.03
194.04	07954	OCCUPATIONAL MED CENTER	0	0	0	0	0	194.04
194.05	07955	PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06	07956	DENTAL SERVICES	0	0	0	0	0	194.06
194.07	07957	DUNELAND MED WATCH	0	0	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	0 194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	0 194.09
194.10 07960 WOMEN SERVICES	0	0	0	0	0	0 194.10
194.11 07961 DUNELAND FITNESS CENTER	105,577	0	0	0	0	0 194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	0 194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	0 194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	0 194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	4,079	0	0	0	0	0 194.16
194.17 07967 ENT	0	0	0	0	0	0 194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	0 194.18
194.19 07969 HEALTH PARTNERS	0	0	0	0	0	0 194.19
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)	2,121,714	2,395,201	3,494,874	8,584,163	1,908,561	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,481,329	0	19,481,329	30.00
31.00	03100	INTENSIVE CARE UNIT	4,122,339	0	4,122,339	31.00
40.00	04000	SUBPROVIDER - IPF	2,601,087	0	2,601,087	40.00
41.00	04100	SUBPROVIDER - IRF	2,533,957	0	2,533,957	41.00
43.00	04300	NURSERY	768,505	0	768,505	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,648,061	0	19,648,061	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,817,342	0	1,817,342	52.00
53.00	05300	ANESTHESIOLOGY	197,585	0	197,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,964,602	0	8,964,602	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	1,145,856	0	1,145,856	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,065,805	0	3,065,805	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	1,907,699	0	1,907,699	55.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,000,430	0	3,000,430	59.00
60.00	06000	LABORATORY	8,102,517	0	8,102,517	60.00
60.01	06001	FSED LABORATORY	1,363,373	0	1,363,373	60.01
65.00	06500	RESPIRATORY THERAPY	2,212,900	0	2,212,900	65.00
66.00	06600	PHYSICAL THERAPY	4,386,141	0	4,386,141	66.00
69.00	06900	ELECTROCARDIOLOGY	2,287,592	0	2,287,592	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	970,076	0	970,076	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,141,386	0	9,141,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,822,842	0	8,822,842	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OB CLINIC	4,555	0	4,555	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	90.02
90.03	09003	INFUSION OP SERVICES	846,488	0	846,488	90.03
90.04	09004	MATERNAL HEA	0	0	0	90.04
91.00	09100	EMERGENCY	7,677,079	0	7,677,079	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	4,528,713	0	4,528,713	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	119,598,259	0	119,598,259	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,737	0	71,737	190.00
194.00	07950	RETAIL PHARMACY	0	0	0	194.00
194.01	07951	WORKING WELL	3,037,736	0	3,037,736	194.01
194.02	07952	APS DUNELAND SURG ASSOC	0	0	0	194.02
194.03	07953	MED WATCH	368,553	0	368,553	194.03
194.04	07954	OCCUPATIONAL MED CENTER	0	0	0	194.04
194.05	07955	PHYSICIAN PRACTICE	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.06	07956	DENTAL SERVICES	0	0	0	194.06
194.07	07957	DUNELAND MED WATCH	0	0	0	194.07
194.08	07958	WESTVILLE CLINIC	0	0	0	194.08
194.09	07959	ORTHOPEDICS	0	0	0	194.09
194.10	07960	WOMEN SERVICES	263,074	0	263,074	194.10
194.11	07961	DUNELAND FITNESS CENTER	2,671,309	0	2,671,309	194.11
194.12	07962	CARDIOLOGY ASSOC	0	0	0	194.12
194.13	07963	DUNELAND FAMILY PRACTICE	0	0	0	194.13
194.14	07964	ORTHOPEDICS	0	0	0	194.14
194.15	07965	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.15
194.16	07966	PHYSICIAN PRACTICE MD WISE	8,220,946	0	8,220,946	194.16
194.17	07967	ENT	0	0	0	194.17
194.18	07968	SLEEP CLINIC	0	0	0	194.18
194.19	07969	HEALTH PARTNERS	493	0	493	194.19
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)	134,232,107	0	134,232,107	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150015

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

Worksheet B
Part II
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		BLDG & FIXT	MVBLE EQUIP				
		0	2.00				2A
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS	0	75,294	21,497	96,791	96,791	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,255,004	351,482	1,606,486	16,881	5.00
7.00 00700	OPERATION OF PLANT	0	983,160	70,196	1,053,356	3,647	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	86,801	0	86,801	0	8.00
9.00 00900	HOUSEKEEPING	0	142,508	46,863	189,371	2,617	9.00
10.00 01000	DIETARY	0	209,680	25,040	234,720	990	10.00
11.00 01100	CAFETERIA	0	0	0	0	1,565	11.00
13.00 01300	NURSING ADMINISTRATION	0	35,456	112,542	147,998	2,460	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	137,128	67,451	204,579	1,258	14.00
15.00 01500	PHARMACY	0	55,935	6,260	62,195	3,292	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	60,733	7,175	67,908	1,191	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,246,864	182,141	1,429,005	13,971	30.00
31.00 03100	INTENSIVE CARE UNIT	0	122,485	161,551	284,036	3,593	31.00
40.00 04000	SUBPROVIDER - I/PF	0	130,024	2,226	132,250	2,109	40.00
41.00 04100	SUBPROVIDER - I/RF	0	235,332	1,776	237,108	1,820	41.00
43.00 04300	NURSERY	0	18,673	0	18,673	738	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	392,794	1,009,179	1,401,973	10,949	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	149,798	0	149,798	1,418	52.00
53.00 05300	ANESTHESIOLOGY	0	11,341	1,585	12,926	91	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	376,136	1,063,880	1,440,016	5,514	54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	59,508	0	59,508	1,079	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	186,022	1,864	187,886	1,091	55.00
55.01 05501	WOODLAND CANCER CARE CENTER	0	221,956	44,654	266,610	874	55.01
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	89,958	520,358	610,316	1,792	59.00
60.00 06000	LABORATORY	0	186,500	11,377	197,877	0	60.00
60.01 06001	FSED LABORATORY	0	27,002	0	27,002	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	41,604	52,646	94,250	2,017	65.00
66.00 06600	PHYSICAL THERAPY	0	28,664	7,795	36,459	185	66.00
69.00 06900	ELECTROCARDIOLOGY	0	114,945	52,074	167,019	1,761	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	OB CLINIC	0	0	0	0	0	90.01
90.02 09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
90.03 09003	INFUSION OP SERVICES	0	28,934	0	28,934	430	90.03
90.04 09004	MATERNAL HEA	0	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	417,325	73,951	491,276	6,027	91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	0	444,098	539,121	983,219	2,479	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040	ENDOCRINOLOGY	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.00 09900	CMHC	0	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,571,662	4,434,684	12,006,346	91,839	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,459	0	20,459	0	190.00
194.00 07950	RETAIL PHARMACY	0	0	0	0	0	194.00
194.01 07951	WORKING WELL	0	0	7,411	7,411	2,680	194.01
194.02 07952	APS DUNELAND SURG ASSOC	0	0	0	0	0	194.02
194.03 07953	MED WATCH	0	126,286	1,406	127,692	0	194.03
194.04 07954	OCCUPATIONAL MED CENTER	0	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150015

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.05 07955 PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06 07956 DENTAL SERVICES	0	0	0	0	0	194.06
194.07 07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10 07960 WOMEN SERVICES	0	94,361	0	94,361	0	194.10
194.11 07961 DUNELAND FITNESS CENTER	0	0	75,027	75,027	2,091	194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	0	0	0	0	181	194.16
194.17 07967 ENT	0	0	0	0	0	194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19 07969 HEALTH PARTNERS	0	0	0	0	0	194.19
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	7,812,768	4,518,528	12,331,296	96,791	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 4/10/2013 2:04 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,623,367			5.00
7.00	00700	OPERATION OF PLANT	99,646	1,156,649		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,303	18,256	112,360	8.00
9.00	00900	HOUSEKEEPING	33,165	29,973	0	255,126
10.00	01000	DIETARY	5,894	44,101	795	7,845
11.00	01100	CAFETERIA	24,819	0	0	5,998
13.00	01300	NURSING ADMINISTRATION	27,167	7,457	0	3,967
14.00	01400	CENTRAL SERVICES & SUPPLY	38,325	28,842	0	4,604
15.00	01500	PHARMACY	101,542	11,765	0	3,072
16.00	01600	MEDICAL RECORDS & LIBRARY	20,430	12,774	0	6,358
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	170,370	262,252	61,895	71,726
31.00	03100	INTENSIVE CARE UNIT	41,413	25,762	3,157	10,374
40.00	04000	SUBPROVIDER - IPF	23,787	27,348	7,789	10,942
41.00	04100	SUBPROVIDER - IRF	21,539	49,496	4,603	10,709
43.00	04300	NURSERY	8,353	3,927	4,684	1,240
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	203,014	82,615	5,777	41,190
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,850	31,506	0	9,289
53.00	05300	ANESTHESIOLOGY	1,802	2,385	0	580
54.00	05400	RADIOLOGY-DIAGNOSTIC	89,082	79,111	5,540	17,004
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	11,933	12,516	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	32,178	39,125	1,128	2,678
55.01	05501	WOODLAND CANCER CARE CENTER	18,785	46,683	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	31,824	18,920	3,180	3,274
60.00	06000	LABORATORY	90,744	39,226	0	10,439
60.01	06001	FSED LABORATORY	15,822	5,679	0	0
65.00	06500	RESPIRATORY THERAPY	24,053	8,750	0	1,732
66.00	06600	PHYSICAL THERAPY	49,852	6,029	752	3,329
69.00	06900	ELECTROCARDIOLOGY	22,699	24,176	575	4,172
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,909	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
90.01	09001	OB CLINIC	40	0	0	0
90.02	09002	PAIN MANAGEMENT	0	0	0	0
90.03	09003	INFUSION OP SERVICES	9,166	6,085	376	1,266
90.04	09004	MATERNAL HEA	0	0	0	0
91.00	09100	EMERGENCY	73,336	87,774	11,508	22,069
91.01	09101	FREE STANDING EMERGENCY DEPT	45,327	93,405	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
93.00	04040	ENDOCRINOLOGY	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0
99.00	09900	CMHC	0	0	0	0
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,453,189	1,105,938	111,759	253,857
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	319	4,303	0	1,269
194.00	07950	RETAIL PHARMACY	0	0	0	0
194.01	07951	WORKING WELL	35,858	0	0	0
194.02	07952	APS DUNELAND SURG ASSOC	0	0	0	0
194.03	07953	MED WATCH	2,169	26,561	0	0
194.04	07954	OCCUPATIONAL MED CENTER	0	0	0	0
194.05	07955	PHYSICIAN PRACTICE	0	0	0	0
194.06	07956	DENTAL SERVICES	0	0	0	0
194.07	07957	DUNELAND MED WATCH	0	0	0	0
194.08	07958	WESTVILLE CLINIC	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150015

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

Worksheet B
Part II
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.09	07959	0	0	0	0	0	194.09
194.10	07960	1,472	19,847	0	0	0	194.10
194.11	07961	30,982	0	601	0	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	0	0	0	0	0	194.15
194.16	07966	99,372	0	0	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	6	0	0	0	0	194.19
200.00							200.00
	Cross Foot Adjustments						
201.00							201.00
	Negative Cost Centers					13,510	
202.00							202.00
	TOTAL (sum lines 118-201)	1,623,367	1,156,649	112,360	255,126	294,345	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 4/10/2013 2:04 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	32,382					11.00
13.00	01300		189,808				13.00
14.00	01400	1,024	0	278,632			14.00
15.00	01500	1,045	0	0	182,911		15.00
16.00	01600	833	0	1	0	109,495	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,371	67,992	12,847	0	7,216	30.00
31.00	03100	1,304	12,028	2,635	0	1,252	31.00
40.00	04000	958	8,836	227	0	659	40.00
41.00	04100	755	6,963	972	0	925	41.00
43.00	04300	0	0	0	0	277	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,861	39,602	42,508	0	23,392	50.00
52.00	05200	0	0	0	0	533	52.00
53.00	05300	56	0	386	0	939	53.00
54.00	05400	2,278	20,626	8,798	0	16,171	54.00
54.01	05401	417	0	1,016	0	1,713	54.01
55.00	05500	316	0	1,171	0	3,018	55.00
55.01	05501	278	0	246	0	32	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	556	5,132	0	0	4,257	59.00
60.00	06000	0	0	632	0	10,940	60.00
60.01	06001	0	0	158	0	725	60.01
65.00	06500	883	0	3,307	0	2,424	65.00
66.00	06600	1,622	0	1,296	0	3,154	66.00
69.00	06900	688	6,342	876	0	2,883	69.00
71.00	07100	0	0	72,722	0	3,224	71.00
72.00	07200	0	0	118,583	0	3,114	72.00
73.00	07300	0	0	2,017	182,911	12,235	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	102	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	174	0	527	0	577	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	2,416	22,287	5,646	0	8,408	91.00
91.01	09101	1,006	0	1,959	0	1,427	91.01
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	0	0	0	0	96.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		29,600	189,808	278,632	182,911	109,495	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	1,109	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150015

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

Worksheet B
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	0 194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	0 194.09
194.10 07960 WOMEN SERVICES	0	0	0	0	0	0 194.10
194.11 07961 DUNELAND FITNESS CENTER	1,611	0	0	0	0	0 194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	0 194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	0 194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	0 194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	62	0	0	0	0	0 194.16
194.17 07967 ENT	0	0	0	0	0	0 194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	0 194.18
194.19 07969 HEALTH PARTNERS	0	0	0	0	0	0 194.19
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)	32,382	189,808	278,632	182,911	109,495	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 4/10/2013 2:04 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		24.00	25.00	26.00
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	2,311,885	0	2,311,885
31.00	03100	411,076	0	411,076
40.00	04000	237,775	0	237,775
41.00	04100	360,093	0	360,093
43.00	04300	37,892	0	37,892
44.00	04400	0	0	0
45.00	04500	0	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	1,855,881	0	1,855,881
52.00	05200	210,394	0	210,394
53.00	05300	19,165	0	19,165
54.00	05400	1,684,140	0	1,684,140
54.01	05401	88,182	0	88,182
55.00	05500	268,591	0	268,591
55.01	05501	333,508	0	333,508
57.00	05700	0	0	0
58.00	05800	0	0	0
59.00	05900	679,251	0	679,251
60.00	06000	349,858	0	349,858
60.01	06001	49,386	0	49,386
65.00	06500	137,416	0	137,416
66.00	06600	102,678	0	102,678
69.00	06900	231,191	0	231,191
71.00	07100	75,966	0	75,966
72.00	07200	213,606	0	213,606
73.00	07300	197,163	0	197,163
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	0	0	0
89.00	08900	0	0	0
90.00	09000	0	0	0
90.01	09001	142	0	142
90.02	09002	0	0	0
90.03	09003	47,535	0	47,535
90.04	09004	0	0	0
91.00	09100	730,747	0	730,747
91.01	09101	1,128,822	0	1,128,822
92.00	09200	0	0	0
93.00	04040	0	0	0
OTHER REIMBURSABLE COST CENTERS				
96.00	09600	0	0	0
99.00	09900	0	0	0
99.10	09910	0	0	0
101.00	10100	0	0	0
SPECIAL PURPOSE COST CENTERS				
109.00	10900	0	0	0
110.00	11000	0	0	0
111.00	11100	0	0	0
118.00		11,762,343	0	11,762,343
NONREIMBURSABLE COST CENTERS				
190.00	19000	26,350	0	26,350
194.00	07950	0	0	0
194.01	07951	47,058	0	47,058
194.02	07952	0	0	0
194.03	07953	156,422	0	156,422
194.04	07954	0	0	0
194.05	07955	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150015

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

Worksheet B
Part II
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
194.06	07956 DENTAL SERVICES	0	0	0	194.06
194.07	07957 DUNELAND MED WATCH	0	0	0	194.07
194.08	07958 WESTVILLE CLINIC	0	0	0	194.08
194.09	07959 ORTHOPEDICS	0	0	0	194.09
194.10	07960 WOMEN SERVICES	115,680	0	115,680	194.10
194.11	07961 DUNELAND FITNESS CENTER	110,312	0	110,312	194.11
194.12	07962 CARDIOLOGY ASSOC	0	0	0	194.12
194.13	07963 DUNELAND FAMILY PRACTICE	0	0	0	194.13
194.14	07964 ORTHOPEDICS	0	0	0	194.14
194.15	07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.15
194.16	07966 PHYSICIAN PRACTICE MD WISE	99,615	0	99,615	194.16
194.17	07967 ENT	0	0	0	194.17
194.18	07968 SLEEP CLINIC	0	0	0	194.18
194.19	07969 HEALTH PARTNERS	6	0	6	194.19
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	13,510	0	13,510	201.00
202.00	TOTAL (sum lines 118-201)	12,331,296	0	12,331,296	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	376,144				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,612,441			2.00
4.00 00400	EMPLOYEE BENEFITS	3,625	17,186	42,706,599		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	60,422	281,000	7,442,803	-30,150,359	5.00
7.00 00700	OPERATION OF PLANT	47,334	56,120	1,609,354	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,179	0	0	0	8.00
9.00 00900	HOUSEKEEPING	6,861	37,466	1,154,679	0	9.00
10.00 01000	DIETARY	10,095	20,019	437,003	0	10.00
11.00 01100	CAFETERIA	0	0	690,600	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,707	89,974	1,085,720	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,602	53,925	555,198	0	14.00
15.00 01500	PHARMACY	2,693	5,005	1,452,829	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,924	5,736	525,611	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	60,030	145,617	6,165,489	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,897	129,156	1,585,496	0	31.00
40.00 04000	SUBPROVIDER - I/PF	6,260	1,780	930,699	0	40.00
41.00 04100	SUBPROVIDER - I/RF	11,330	1,420	803,090	0	41.00
43.00 04300	NURSERY	899	0	325,719	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,911	806,811	4,831,833	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,212	0	625,644	0	52.00
53.00 05300	ANESTHESIOLOGY	546	1,267	39,989	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,109	850,542	2,433,198	0	54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	2,865	0	475,991	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	8,956	1,490	481,250	0	55.00
55.01 05501	WOODLAND CANCER CARE CENTER	10,686	35,700	385,736	0	55.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,331	416,012	790,643	0	59.00
60.00 06000	LABORATORY	8,979	9,096	0	0	60.00
60.01 06001	FSED LABORATORY	1,300	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	2,003	42,089	890,235	0	65.00
66.00 06600	PHYSICAL THERAPY	1,380	6,232	81,582	0	66.00
69.00 06900	ELECTROCARDIOLOGY	5,534	41,632	777,324	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OB CLINIC	0	0	0	0	90.01
90.02 09002	PAIN MANAGEMENT	0	0	0	0	90.02
90.03 09003	INFUSION OP SERVICES	1,393	0	189,854	0	90.03
90.04 09004	MATERNAL HEA	0	0	0	0	90.04
91.00 09100	EMERGENCY	20,092	59,122	2,659,811	0	91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	21,381	431,013	1,094,112	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00 04040	ENDOCRINOLOGY	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	364,536	3,545,410	40,521,492	-30,150,359	93,170,796
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	985	0	0	0	190.00
194.00 07950	RETAIL PHARMACY	0	0	0	0	194.00
194.01 07951	WORKING WELL	0	5,925	1,182,581	0	194.01
194.02 07952	APS DUNELAND SURG ASSOC	0	0	0	0	194.02
194.03 07953	MED WATCH	6,080	1,124	0	0	194.03
194.04 07954	OCCUPATIONAL MED CENTER	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1

Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.05 07955 PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06 07956 DENTAL SERVICES	0	0	0	0	0	194.06
194.07 07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08 07958 WESTVILLE CLNIC	0	0	0	0	0	194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10 07960 WOMEN SERVICES	4,543	0	0	0	94,361	194.10
194.11 07961 DUNELAND FITNESS CENTER	0	59,982	922,783	0	1,986,387	194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	0	0	79,743	0	6,371,245	194.16
194.17 07967 ENT	0	0	0	0	0	194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19 07969 HEALTH PARTNERS	0	0	0	0	382	194.19
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,812,768	4,518,528	18,214,956		30,150,359	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	20.770684	1.250824	0.426514		0.289680	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			96,791		1,623,367	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002266		0.015597	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet B-1	
Date/Time Prepared: 4/10/2013 2:04 pm							
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	264,763				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,179	777,247			8.00
9.00	00900	HOUSEKEEPING	6,861	0	198,091		9.00
10.00	01000	DIETARY	10,095	5,500	6,091	118,683	10.00
11.00	01100	CAFETERIA	0	0	4,657	0	57,737
13.00	01300	NURSING ADMINISTRATION	1,707	0	3,080	0	1,354
14.00	01400	CENTRAL SERVICES & SUPPLY	6,602	0	3,575	0	1,825
15.00	01500	PHARMACY	2,693	0	2,385	0	1,863
16.00	01600	MEDICAL RECORDS & LIBRARY	2,924	0	4,937	0	1,485
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,030	428,161	55,692	87,581	13,143
31.00	03100	INTENSIVE CARE UNIT	5,897	21,840	8,055	10,786	2,325
40.00	04000	SUBPROVIDER - I/PF	6,260	53,881	8,496	9,665	1,708
41.00	04100	SUBPROVIDER - I/RF	11,330	31,841	8,315	10,651	1,346
43.00	04300	NURSERY	899	32,400	963	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,911	39,960	31,982	0	8,667
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,212	0	7,212	0	0
53.00	05300	ANESTHESIOLOGY	546	0	450	0	99
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,109	38,321	13,203	0	4,061
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	2,865	0	0	0	744
55.00	05500	RADIOLOGY-THERAPEUTIC	8,956	7,800	2,079	0	563
55.01	05501	WOODLAND CANCER CARE CENTER	10,686	0	0	0	495
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,331	22,000	2,542	0	992
60.00	06000	LABORATORY	8,979	0	8,105	0	0
60.01	06001	FSED LABORATORY	1,300	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,003	0	1,345	0	1,575
66.00	06600	PHYSICAL THERAPY	1,380	5,200	2,585	0	2,892
69.00	06900	ELECTROCARDIOLOGY	5,534	3,980	3,239	0	1,226
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OB CLINIC	0	0	0	0	0
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0
90.03	09003	INFUSION OP SERVICES	1,393	2,600	983	0	311
90.04	09004	MATERNAL HEA	0	0	0	0	0
91.00	09100	EMERGENCY	20,092	79,603	17,135	0	4,308
91.01	09101	FREE STANDING EMERGENCY DEPT	21,381	0	0	0	1,793
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.00	04040	ENDOCRINOLOGY	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	253,155	773,087	197,106	118,683	52,775
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	985	0	985	0	0
194.00	07950	RETAIL PHARMACY	0	0	0	0	0
194.01	07951	WORKING WELL	0	0	0	0	1,978
194.02	07952	APS DUNELAND SURG ASSOC	0	0	0	0	0
194.03	07953	MED WATCH	6,080	0	0	0	0
194.04	07954	OCCUPATIONAL MED CENTER	0	0	0	0	0
194.05	07955	PHYSICIAN PRACTICE	0	0	0	0	0
194.06	07956	DENTAL SERVICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1

Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
194.07	07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08	07958 WESTVILLE CLINIC	0	0	0	0	0	194.08
194.09	07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10	07960 WOMEN SERVICES	4,543	0	0	0	0	194.10
194.11	07961 DUNELAND FITNESS CENTER	0	4,160	0	0	2,873	194.11
194.12	07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13	07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14	07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15	07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16	07966 PHYSICIAN PRACTICE MD WISE	0	0	0	0	111	194.16
194.17	07967 ENT	0	0	0	0	0	194.17
194.18	07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19	07969 HEALTH PARTNERS	0	0	0	0	0	194.19
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)	8,239,457	733,887	2,955,840	897,640	2,121,714	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.120123	0.944213	14.921627	7.563341	36.747909	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,156,649	112,360	255,126	294,345	32,382	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.368620	0.144562	1.287923	2.366261	0.560854	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	36,690				13.00
14.00	01400	0	6,970,251			14.00
15.00	01500	0	0	100		15.00
16.00	01600	0	20	0	408,349,163	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	13,143	321,377	0	26,925,613	30.00
31.00	03100	2,325	65,927	0	4,670,957	31.00
40.00	04000	1,708	5,678	0	2,457,990	40.00
41.00	04100	1,346	24,313	0	3,450,335	41.00
43.00	04300	0	0	0	1,035,053	43.00
44.00	04400	0	0	0	0	44.00
45.00	04500	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	7,655	1,063,385	0	87,077,884	50.00
52.00	05200	0	0	0	1,988,140	52.00
53.00	05300	0	9,666	0	3,503,071	53.00
54.00	05400	3,987	220,092	0	60,338,335	54.00
54.01	05401	0	25,424	0	6,392,516	54.01
55.00	05500	0	29,283	0	11,261,642	55.00
55.01	05501	0	6,150	0	118,374	55.01
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	992	0	0	15,883,920	59.00
60.00	06000	0	15,800	0	40,821,074	60.00
60.01	06001	0	3,949	0	2,705,829	60.01
65.00	06500	0	82,724	0	9,043,527	65.00
66.00	06600	0	32,410	0	11,769,511	66.00
69.00	06900	1,226	21,913	0	10,756,016	69.00
71.00	07100	0	1,819,233	0	12,028,031	71.00
72.00	07200	0	2,966,461	0	11,617,987	72.00
73.00	07300	0	50,458	100	45,652,361	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	0	0	0	0	90.00
90.01	09001	0	2,543	0	0	90.01
90.02	09002	0	0	0	0	90.02
90.03	09003	0	13,190	0	2,153,060	90.03
90.04	09004	0	0	0	0	90.04
91.00	09100	4,308	141,248	0	31,374,724	91.00
91.01	09101	0	49,007	0	5,323,213	91.01
92.00	09200	0	0	0	0	92.00
93.00	04040	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	0	0	0	0	96.00
99.00	09900	0	0	0	0	99.00
99.10	09910	0	0	0	0	99.10
101.00	10100	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	0	0	0	0	109.00
110.00	11000	0	0	0	0	110.00
111.00	11100	0	0	0	0	111.00
118.00		36,690	6,970,251	100	408,349,163	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
194.04	07954	0	0	0	0	194.04
194.05	07955	0	0	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1

Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00		
194.06	07956 DENTAL SERVICES	0	0	0	0		194.06
194.07	07957 DUNELAND MED WATCH	0	0	0	0		194.07
194.08	07958 WESTVILLE CLINIC	0	0	0	0		194.08
194.09	07959 ORTHOPEDICS	0	0	0	0		194.09
194.10	07960 WOMEN SERVICES	0	0	0	0		194.10
194.11	07961 DUNELAND FITNESS CENTER	0	0	0	0		194.11
194.12	07962 CARDIOLOGY ASSOC	0	0	0	0		194.12
194.13	07963 DUNELAND FAMILY PRACTICE	0	0	0	0		194.13
194.14	07964 ORTHOPEDICS	0	0	0	0		194.14
194.15	07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.15
194.16	07966 PHYSICIAN PRACTICE MD WISE	0	0	0	0		194.16
194.17	07967 ENT	0	0	0	0		194.17
194.18	07968 SLEEP CLINIC	0	0	0	0		194.18
194.19	07969 HEALTH PARTNERS	0	0	0	0		194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,395,201	3,494,874	8,584,163	1,908,561		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	65.282120	0.501399	85,841.630000	0.004674		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	189,808	278,632	182,911	109,495		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.173290	0.039974	1,829.110000	0.000268		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 4/10/2013 2:04 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	19,481,329	19,481,329	0	19,481,329	30.00	
31.00	03100 INTENSIVE CARE UNIT	4,122,339	4,122,339	12,761	4,135,100	31.00	
40.00	04000 SUBPROVIDER - I/PF	2,601,087	2,601,087	0	2,601,087	40.00	
41.00	04100 SUBPROVIDER - I/PF	2,533,957	2,533,957	0	2,533,957	41.00	
43.00	04300 NURSERY	768,505	768,505	0	768,505	43.00	
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00	
45.00	04500 NURSING FACILITY	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,648,061	19,648,061	32,985	19,681,046	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,817,342	1,817,342	0	1,817,342	52.00	
53.00	05300 ANESTHESIOLOGY	197,585	197,585	3,687	201,272	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,964,602	8,964,602	0	8,964,602	54.00	
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	1,145,856	1,145,856	0	1,145,856	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	3,065,805	3,065,805	0	3,065,805	55.00	
55.01	05501 WOODLAND CANCER CARE CENTER	1,907,699	1,907,699	0	1,907,699	55.01	
57.00	05700 CT SCAN	0	0	0	0	57.00	
58.00	05800 MRI	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	3,000,430	3,000,430	29,822	3,030,252	59.00	
60.00	06000 LABORATORY	8,102,517	8,102,517	0	8,102,517	60.00	
60.01	06001 FSED LABORATORY	1,363,373	1,363,373	0	1,363,373	60.01	
65.00	06500 RESPIRATORY THERAPY	2,212,900	2,212,900	0	2,212,900	65.00	
66.00	06600 PHYSICAL THERAPY	4,386,141	4,386,141	0	4,386,141	66.00	
69.00	06900 ELECTROCARDIOLOGY	2,287,592	2,287,592	2,973	2,290,565	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	970,076	970,076	0	970,076	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,141,386	9,141,386	0	9,141,386	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	8,822,842	8,822,842	0	8,822,842	73.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	0	0	0	0	90.00	
90.01	09001 OB CLINIC	4,555	4,555	0	4,555	90.01	
90.02	09002 PAIN MANAGEMENT	0	0	0	0	90.02	
90.03	09003 INFUSION OP SERVICES	846,488	846,488	0	846,488	90.03	
90.04	09004 MATERNAL HEA	0	0	0	0	90.04	
91.00	09100 EMERGENCY	7,677,079	7,677,079	0	7,677,079	91.00	
91.01	09101 FREE STANDING EMERGENCY DEPT	4,528,713	4,528,713	0	4,528,713	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,263,252	1,263,252	0	1,263,252	92.00	
93.00	04040 ENDOCRINOLOGY	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
99.00	09900 CMHC	0	0	0	0	99.00	
99.10	09910 CORF	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESITINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
200.00	Subtotal (see instructions)	120,861,511	120,861,511	82,228	120,943,739	200.00	
201.00	Less Observation Beds	1,263,252	1,263,252	0	1,263,252	201.00	
202.00	Total (see instructions)	119,598,259	119,598,259	82,228	119,680,487	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 4/10/2013 2:04 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,457,401		25,457,401			30.00
31.00	03100	INTENSIVE CARE UNIT	4,670,957		4,670,957			31.00
40.00	04000	SUBPROVIDER - IPF	2,457,990		2,457,990			40.00
41.00	04100	SUBPROVIDER - IRF	3,450,335		3,450,335			41.00
43.00	04300	NURSERY	1,035,053		1,035,053			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,120,049	64,957,835	87,077,884	0.225638	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,873,087	115,053	1,988,140	0.914092	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,559,384	1,943,687	3,503,071	0.056403	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,691,492	43,646,843	60,338,335	0.148572	0.000000	54.00
54.01	05401	FSEED RADIOLOGY - DIAGNOSTIC	631,085	5,761,431	6,392,516	0.179250	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,158,284	9,103,358	11,261,642	0.272234	0.000000	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	118,374	118,374	16.115862	0.000000	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,968,137	7,915,783	15,883,920	0.188897	0.000000	59.00
60.00	06000	LABORATORY	17,582,927	23,238,147	40,821,074	0.198489	0.000000	60.00
60.01	06001	FSEED LABORATORY	150,530	2,555,299	2,705,829	0.503865	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	8,389,016	654,511	9,043,527	0.244694	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,774,038	8,995,473	11,769,511	0.372670	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	4,967,417	5,788,599	10,756,016	0.212680	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,945,768	5,082,263	12,028,031	0.080651	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,941,438	3,676,549	11,617,987	0.786830	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,317,473	17,334,888	45,652,361	0.193261	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OB CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0.000000	0.000000	90.02
90.03	09003	INFUSION OP SERVICES	971,520	1,181,540	2,153,060	0.393156	0.000000	90.03
90.04	09004	MATERNAL HEA	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	8,297,614	23,077,110	31,374,724	0.244690	0.000000	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	539,760	4,783,453	5,323,213	0.850748	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	207,702	1,260,510	1,468,212	0.860402	0.000000	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	177,158,457	231,190,706	408,349,163			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	177,158,457	231,190,706	408,349,163			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 4/10/2013 2:04 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.226017		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.914092		52.00
53.00	05300 ANESTHESIOLOGY	0.057456		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148572		54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.179250		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.272234		55.00
55.01	05501 WOODLAND CANCER CARE CENTER	16.115862		55.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.190775		59.00
60.00	06000 LABORATORY	0.198489		60.00
60.01	06001 FSED LABORATORY	0.503865		60.01
65.00	06500 RESPIRATORY THERAPY	0.244694		65.00
66.00	06600 PHYSICAL THERAPY	0.372670		66.00
69.00	06900 ELECTROCARDIOLOGY	0.212957		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.080651		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.786830		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.193261		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OB CLINIC	0.000000		90.01
90.02	09002 PAIN MANAGEMENT	0.000000		90.02
90.03	09003 INFUSION OP SERVICES	0.393156		90.03
90.04	09004 MATERNAL HEA	0.000000		90.04
91.00	09100 EMERGENCY	0.244690		91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.850748		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.860402		92.00
93.00	04040 ENDOCRINOLOGY	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 4/10/2013 2:04 pm	
		Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	19,481,329	19,481,329	0	0
31.00	03100 INTENSIVE CARE UNIT	4,122,339	4,122,339	0	0
40.00	04000 SUBPROVIDER - I/PF	2,601,087	2,601,087	0	0
41.00	04100 SUBPROVIDER - I/RF	2,533,957	2,533,957	0	0
43.00	04300 NURSERY	768,505	768,505	0	0
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0
45.00	04500 NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	19,648,061	19,648,061	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,817,342	1,817,342	0	0
53.00	05300 ANESTHESIOLOGY	197,585	197,585	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,964,602	8,964,602	0	0
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	1,145,856	1,145,856	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	3,065,805	3,065,805	0	0
55.01	05501 WOODLAND CANCER CARE CENTER	1,907,699	1,907,699	0	0
57.00	05700 CT SCAN	0	0	0	0
58.00	05800 MRI	0	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	3,000,430	3,000,430	0	0
60.00	06000 LABORATORY	8,102,517	8,102,517	0	0
60.01	06001 FSED LABORATORY	1,363,373	1,363,373	0	0
65.00	06500 RESPIRATORY THERAPY	2,212,900	2,212,900	0	0
66.00	06600 PHYSICAL THERAPY	4,386,141	4,386,141	0	0
69.00	06900 ELECTROCARDIOLOGY	2,287,592	2,287,592	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	970,076	970,076	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,141,386	9,141,386	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	8,822,842	8,822,842	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000 CLINIC	0	0	0	0
90.01	09001 OB CLINIC	4,555	4,555	0	0
90.02	09002 PAIN MANAGEMENT	0	0	0	0
90.03	09003 INFUSION OP SERVICES	846,488	846,488	0	0
90.04	09004 MATERNAL HEA	0	0	0	0
91.00	09100 EMERGENCY	7,677,079	7,677,079	0	0
91.01	09101 FREE STANDING EMERGENCY DEPT	4,528,713	4,528,713	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,263,252	1,263,252	0	0
93.00	04040 ENDOCRINOLOGY	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0
99.00	09900 CMHC	0	0	0	0
99.10	09910 CORF	0	0	0	0
101.00	10100 HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	0
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0
111.00	11100 ISLET ACQUISITION	0	0	0	0
200.00	Subtotal (see instructions)	120,861,511	120,861,511	0	0
201.00	Less Observation Beds	1,263,252	1,263,252	0	0
202.00	Total (see instructions)	119,598,259	119,598,259	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 4/10/2013 2:04 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,457,401		25,457,401			30.00
31.00	03100	INTENSIVE CARE UNIT	4,670,957		4,670,957			31.00
40.00	04000	SUBPROVIDER - IPF	2,457,990		2,457,990			40.00
41.00	04100	SUBPROVIDER - IRF	3,450,335		3,450,335			41.00
43.00	04300	NURSERY	1,035,053		1,035,053			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,120,049	64,957,835	87,077,884	0.225638	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,873,087	115,053	1,988,140	0.914092	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,559,384	1,943,687	3,503,071	0.056403	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,691,492	43,646,843	60,338,335	0.148572	0.000000	54.00
54.01	05401	FSEED RADIOLOGY - DIAGNOSTIC	631,085	5,761,431	6,392,516	0.179250	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,158,284	9,103,358	11,261,642	0.272234	0.000000	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	118,374	118,374	16.115862	0.000000	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,968,137	7,915,783	15,883,920	0.188897	0.000000	59.00
60.00	06000	LABORATORY	17,582,927	23,238,147	40,821,074	0.198489	0.000000	60.00
60.01	06001	FSEED LABORATORY	150,530	2,555,299	2,705,829	0.503865	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	8,389,016	654,511	9,043,527	0.244694	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,774,038	8,995,473	11,769,511	0.372670	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	4,967,417	5,788,599	10,756,016	0.212680	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,945,768	5,082,263	12,028,031	0.080651	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,941,438	3,676,549	11,617,987	0.786830	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,317,473	17,334,888	45,652,361	0.193261	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OB CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0.000000	0.000000	90.02
90.03	09003	INFUSION OP SERVICES	971,520	1,181,540	2,153,060	0.393156	0.000000	90.03
90.04	09004	MATERNAL HEA	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	8,297,614	23,077,110	31,374,724	0.244690	0.000000	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	539,760	4,783,453	5,323,213	0.850748	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	207,702	1,260,510	1,468,212	0.860402	0.000000	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	177,158,457	231,190,706	408,349,163			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	177,158,457	231,190,706	408,349,163			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 4/10/2013 2:04 pm
		Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0.000000		55.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 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 FSED LABORATORY	0.000000		60.01
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OB CLINIC	0.000000		90.01
90.02	09002 PAIN MANAGEMENT	0.000000		90.02
90.03	09003 INFUSION OP SERVICES	0.000000		90.03
90.04	09004 MATERNAL HEA	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.00	04040 ENDOCRINOLOGY	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 4/10/2013 2:04 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,311,885	0	2,311,885	22,022	104.98	30.00
31.00	03100 INTENSIVE CARE UNIT	411,076	0	411,076	2,559	160.64	31.00
40.00	04000 SUBPROVIDER - IPF	237,775	0	237,775	2,293	103.70	40.00
41.00	04100 SUBPROVIDER - IRF	360,093	0	360,093	2,527	142.50	41.00
43.00	04300 NURSERY	37,892		37,892	1,363	27.80	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	04500 NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	3,358,721		3,358,721	30,764		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 4/10/2013 2:04 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII		Hospital PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,023	1,157,195			30.00
31.00	03100	INTENSIVE CARE UNIT	1,296	208,189			31.00
40.00	04000	SUBPROVIDER - IPF	993	102,974			40.00
41.00	04100	SUBPROVIDER - IRF	1,916	273,030			41.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
200.00		Total (lines 30-199)	15,228	1,741,388			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 4/10/2013 2:04 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	1,855,881	87,077,884	0.021313	8,190,196	174,558	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	210,394	1,988,140	0.105825	12,349	1,307	52.00
53.00	05300 ANESTHESIOLOGY	19,165	3,503,071	0.005471	257,371	1,408	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,684,140	60,338,335	0.027912	8,914,444	248,820	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	88,182	6,392,516	0.013795	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	268,591	11,261,642	0.023850	1,084,462	25,864	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	333,508	118,374	2.817409	0	0	55.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	679,251	15,883,920	0.042763	4,263,429	182,317	59.00
60.00	06000 LABORATORY	349,858	40,821,074	0.008571	8,813,655	75,542	60.00
60.01	06001 FSED LABORATORY	49,386	2,705,829	0.018252	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	137,416	9,043,527	0.015195	4,107,398	62,412	65.00
66.00	06600 PHYSICAL THERAPY	102,678	11,769,511	0.008724	1,091,471	9,522	66.00
69.00	06900 ELECTROCARDIOLOGY	231,191	10,756,016	0.021494	2,764,004	59,410	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	75,966	12,028,031	0.006316	5,193,057	32,799	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	213,606	11,617,987	0.018386	3,999,355	73,532	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	197,163	45,652,361	0.004319	15,431,770	66,650	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OB CLINIC	142	0	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	47,535	2,153,060	0.022078	544,692	12,026	90.03
90.04	09004 MATERNAL HEA	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	730,747	31,374,724	0.023291	4,419,507	102,935	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	1,128,822	5,323,213	0.212057	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	149,913	1,468,212	0.102106	139,702	14,264	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (lines 50-199)	8,553,535	371,277,427		69,226,862	1,143,366	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 4/10/2013 2:04 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 4/10/2013 2:04 pm	
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)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	22,022	0.00	11,023	0		30.00
31.00	03100 INTENSIVE CARE UNIT	2,559	0.00	1,296	0		31.00
40.00	04000 SUBPROVIDER - IPF	2,293	0.00	993	0		40.00
41.00	04100 SUBPROVIDER - IRF	2,527	0.00	1,916	0		41.00
43.00	04300 NURSERY	1,363	0.00	0	0		43.00
44.00	04400 SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500 NURSING FACILITY	0	0.00	0	0		45.00
200.00	Total (lines 30-199)	30,764		15,228	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 4/10/2013 2:04 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	0	0	0	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	FSED LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OB CLINIC	0	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	0	90.02
90.03	09003	INFUSION OP SERVICES	0	0	0	0	0	0	90.03
90.04	09004	MATERNAL HEA	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 4/10/2013 2:04 pm
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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	87,077,884	0.000000	0.000000	8,190,196	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,988,140	0.000000	0.000000	12,349	52.00
53.00	05300 ANESTHESIOLOGY	0	3,503,071	0.000000	0.000000	257,371	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	60,338,335	0.000000	0.000000	8,914,444	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0	6,392,516	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,261,642	0.000000	0.000000	1,084,462	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0	118,374	0.000000	0.000000	0	55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,883,920	0.000000	0.000000	4,263,429	59.00
60.00	06000 LABORATORY	0	40,821,074	0.000000	0.000000	8,813,655	60.00
60.01	06001 FSED LABORATORY	0	2,705,829	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	9,043,527	0.000000	0.000000	4,107,398	65.00
66.00	06600 PHYSICAL THERAPY	0	11,769,511	0.000000	0.000000	1,091,471	66.00
69.00	06900 ELECTROCARDIOLOGY	0	10,756,016	0.000000	0.000000	2,764,004	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,028,031	0.000000	0.000000	5,193,057	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	11,617,987	0.000000	0.000000	3,999,355	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	45,652,361	0.000000	0.000000	15,431,770	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 OB CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0.000000	0.000000	0	90.02
90.03	09003 INFUSION OP SERVICES	0	2,153,060	0.000000	0.000000	544,692	90.03
90.04	09004 MATERNAL HEA	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	31,374,724	0.000000	0.000000	4,419,507	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0	5,323,213	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,468,212	0.000000	0.000000	139,702	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	0	371,277,427			69,226,862	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 4/10/2013 2:04 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	22,960,995	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	174,827	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,139,404	0	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,531,701	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0	0	0	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,954,481	0	59.00
60.00	06000 LABORATORY	0	1,170,460	0	60.00
60.01	06001 FSED LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	191,553	0	65.00
66.00	06600 PHYSICAL THERAPY	0	4,851	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	2,316,371	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,671,238	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,781,850	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,210,148	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OB CLINIC	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0	299,652	0	90.03
90.04	09004 MATERNAL HEA	0	0	0	90.04
91.00	09100 EMERGENCY	0	4,023,705	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	200,883	0	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	0	63,632,119	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 4/10/2013 2:04 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.225638	22,960,995	0	0	5,180,873	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.914092	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056403	174,827	0	0	9,861	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148572	14,139,404	0	0	2,100,720	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.179250	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.272234	2,531,701	0	0	689,215	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	16.115862	0	0	0	0	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.188897	3,954,481	0	0	746,990	59.00
60.00	06000	LABORATORY	0.198489	1,170,460	0	0	232,323	60.00
60.01	06001	FSED LABORATORY	0.503865	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.244694	191,553	0	0	46,872	65.00
66.00	06600	PHYSICAL THERAPY	0.372670	4,851	0	0	1,808	66.00
69.00	06900	ELECTROCARDIOLOGY	0.212680	2,316,371	0	0	492,646	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.080651	2,671,238	0	0	215,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.786830	1,781,850	0	0	1,402,013	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.193261	7,210,148	0	0	1,393,440	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OB CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.000000	0	0	0	0	90.02
90.03	09003	INFUSION OP SERVICES	0.393156	299,652	0	0	117,810	90.03
90.04	09004	MATERNAL HEA	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.244690	4,023,705	0	0	984,560	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0.850748	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.860402	200,883	0	0	172,840	92.00
93.00	04040	ENDOCRINOLOGY	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		63,632,119	0	0	13,787,409	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		63,632,119	0	0	13,787,409	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 4/10/2013 2:04 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 WOODLAND CANCER CARE CENTER	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 FSED LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OB CLINIC	0	0		90.01
90.02 09002 PAIN MANAGEMENT	0	0		90.02
90.03 09003 INFUSION OP SERVICES	0	0		90.03
90.04 09004 MATERNAL HEA	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00 04040 ENDOCRINOLOGY	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150015 Component CCN: 15S015		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 4/10/2013 2:04 pm	
		Title XVIIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,855,881	87,077,884	0.021313	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	210,394	1,988,140	0.105825	0	52.00
53.00	05300	ANESTHESIOLOGY	19,165	3,503,071	0.005471	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,684,140	60,338,335	0.027912	67,265	1,878
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	88,182	6,392,516	0.013795	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	268,591	11,261,642	0.023850	0	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	333,508	118,374	2.817409	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	679,251	15,883,920	0.042763	0	59.00
60.00	06000	LABORATORY	349,858	40,821,074	0.008571	169,297	1,451
60.01	06001	FSED LABORATORY	49,386	2,705,829	0.018252	0	60.01
65.00	06500	RESPIRATORY THERAPY	137,416	9,043,527	0.015195	18,148	276
66.00	06600	PHYSICAL THERAPY	102,678	11,769,511	0.008724	16,049	140
69.00	06900	ELECTROCARDIOLOGY	231,191	10,756,016	0.021494	13,560	291
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	75,966	12,028,031	0.006316	16,082	102
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	213,606	11,617,987	0.018386	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,163	45,652,361	0.004319	291,067	1,257
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	90.00
90.01	09001	OB CLINIC	142	0	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0.000000	0	90.02
90.03	09003	INFUSION OP SERVICES	47,535	2,153,060	0.022078	0	90.03
90.04	09004	MATERNAL HEA	0	0	0.000000	0	90.04
91.00	09100	EMERGENCY	730,747	31,374,724	0.023291	129,722	3,021
91.01	09101	FREE STANDING EMERGENCY DEPT	1,128,822	5,323,213	0.212057	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,468,212	0.000000	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	96.00
200.00		Total (Lines 50-199)	8,403,622	371,277,427		721,190	8,416

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15S015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 4/10/2013 2:04 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	0	0	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	FSED LABORATORY	0	0	0	0	0	60.01
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OB CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
90.03	09003	INFUSION OP SERVICES	0	0	0	0	0	90.03
90.04	09004	MATERNAL HEA	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
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: 150015 Component CCN: 15S015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 4/10/2013 2:04 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	87,077,884	0.000000	0.000000	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,988,140	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,503,071	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	60,338,335	0.000000	0.000000	67,265	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0	6,392,516	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,261,642	0.000000	0.000000	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0	118,374	0.000000	0.000000	0	55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,883,920	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	40,821,074	0.000000	0.000000	169,297	60.00
60.01	06001 FSED LABORATORY	0	2,705,829	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	9,043,527	0.000000	0.000000	18,148	65.00
66.00	06600 PHYSICAL THERAPY	0	11,769,511	0.000000	0.000000	16,049	66.00
69.00	06900 ELECTROCARDIOLOGY	0	10,756,016	0.000000	0.000000	13,560	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,028,031	0.000000	0.000000	16,082	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	11,617,987	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	45,652,361	0.000000	0.000000	291,067	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 OB CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0.000000	0.000000	0	90.02
90.03	09003 INFUSION OP SERVICES	0	2,153,060	0.000000	0.000000	0	90.03
90.04	09004 MATERNAL HEA	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	31,374,724	0.000000	0.000000	129,722	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0	5,323,213	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,468,212	0.000000	0.000000	0	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00	Total (Lines 50-199)	0	371,277,427			721,190	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15S015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 4/10/2013 2:04 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0	0	0	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 FSED LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OB CLINIC	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0	0	0	90.03
90.04	09004 MATERNAL HEA	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150015 Component CCN: 15T015		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 4/10/2013 2:04 pm		
		Title XVIIII		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	1,855,881	87,077,884	0.021313	38,900	829	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	210,394	1,988,140	0.105825	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,165	3,503,071	0.005471	375	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,684,140	60,338,335	0.027912	99,406	2,775	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	88,182	6,392,516	0.013795	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	268,591	11,261,642	0.023850	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	333,508	118,374	2.817409	0	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	679,251	15,883,920	0.042763	0	0	59.00
60.00	06000	LABORATORY	349,858	40,821,074	0.008571	191,586	1,642	60.00
60.01	06001	FSED LABORATORY	49,386	2,705,829	0.018252	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	137,416	9,043,527	0.015195	22,200	337	65.00
66.00	06600	PHYSICAL THERAPY	102,678	11,769,511	0.008724	828,213	7,225	66.00
69.00	06900	ELECTROCARDIOLOGY	231,191	10,756,016	0.021494	16,062	345	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	75,966	12,028,031	0.006316	125,319	792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	213,606	11,617,987	0.018386	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,163	45,652,361	0.004319	745,562	3,220	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OB CLINIC	142	0	0.000000	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0.000000	0	0	90.02
90.03	09003	INFUSION OP SERVICES	47,535	2,153,060	0.022078	3,239	72	90.03
90.04	09004	MATERNAL HEA	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	730,747	31,374,724	0.023291	44,393	1,034	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	1,128,822	5,323,213	0.212057	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,468,212	0.000000	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (Lines 50-199)	8,403,622	371,277,427		2,115,255	18,273	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15T015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 4/10/2013 2:04 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	0	0	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	FSED LABORATORY	0	0	0	0	0	60.01
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OB CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
90.03	09003	INFUSION OP SERVICES	0	0	0	0	0	90.03
90.04	09004	MATERNAL HEA	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
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: 150015 Component CCN: 15T015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 4/10/2013 2:04 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	87,077,884	0.000000	0.000000	38,900	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,988,140	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,503,071	0.000000	0.000000	375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,338,335	0.000000	0.000000	99,406	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	6,392,516	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,261,642	0.000000	0.000000	0	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	118,374	0.000000	0.000000	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,883,920	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	40,821,074	0.000000	0.000000	191,586	60.00
60.01	06001	FSED LABORATORY	0	2,705,829	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	9,043,527	0.000000	0.000000	22,200	65.00
66.00	06600	PHYSICAL THERAPY	0	11,769,511	0.000000	0.000000	828,213	66.00
69.00	06900	ELECTROCARDIOLOGY	0	10,756,016	0.000000	0.000000	16,062	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,028,031	0.000000	0.000000	125,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,617,987	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,652,361	0.000000	0.000000	745,562	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	OB CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0.000000	0.000000	0	90.02
90.03	09003	INFUSION OP SERVICES	0	2,153,060	0.000000	0.000000	3,239	90.03
90.04	09004	MATERNAL HEA	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	31,374,724	0.000000	0.000000	44,393	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	5,323,213	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,468,212	0.000000	0.000000	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (Lines 50-199)	0	371,277,427			2,115,255	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15T015	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 4/10/2013 2:04 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0	0	0	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 FSED LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OB CLINIC	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0	0	0	90.03
90.04	09004 MATERNAL HEA	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 4/10/2013 2:04 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)		22,022	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,022	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)		20,594	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)		11,023	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)		19,481,329	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)		19,481,329	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		25,457,401	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		25,457,401	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.765252	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,236.16	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)		19,481,329	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		884.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,751,276	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,751,276	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 4/10/2013 2:04 pm
Title XVIII				Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	4,135,100	2,559	1,615.90	1,296	2,094,206	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)					16,023,816	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,869,298	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,365,384	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,143,366	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,508,750	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,360,548	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)					1,428	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.63	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,263,252	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 4/10/2013 2:04 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,311,885	19,481,329	0.118672	1,263,252	149,913	90.00
91.00	Nursing School cost	0	19,481,329	0.000000	1,263,252	0	91.00
92.00	Allied health cost	0	19,481,329	0.000000	1,263,252	0	92.00
93.00	All other Medical Education	0	19,481,329	0.000000	1,263,252	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015 Component CCN: 15S015	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 4/10/2013 2:04 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,293	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,293	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)		2,293	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)		993	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,601,087	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,601,087	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,457,990	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,457,990	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.058217	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,071.95	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,601,087	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)		1,134.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,126,419	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)		1,126,419	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15S015				Date/Time Prepared: 4/10/2013 2:04 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					146,199		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,272,618		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)					102,974		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,416		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					111,390		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,161,228		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: 150015 Component CCN: 15S015		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 4/10/2013 2:04 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	237,775	2,601,087	0.091414	0	0	90.00
91.00	Nursing School cost	0	2,601,087	0.000000	0	0	91.00
92.00	Allied health cost	0	2,601,087	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,601,087	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015 Component CCN: 15T015	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 4/10/2013 2:04 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)		2,527	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,527	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)		2,527	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)		1,916	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,533,957	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,533,957	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,450,335	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,450,335	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.734409	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,365.39	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,533,957	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)		1,002.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,921,269	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)		1,921,269	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T015				Date/Time Prepared: 4/10/2013 2:04 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					545,445		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,466,714		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)					273,030		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,273		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					291,303		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,175,411		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: 150015 Component CCN: 15T015		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 4/10/2013 2:04 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	360,093	2,533,957	0.142107	0	0	90.00
91.00	Nursing School cost	0	2,533,957	0.000000	0	0	91.00
92.00	Allied health cost	0	2,533,957	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,533,957	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 4/10/2013 2:04 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		12,888,738		30.00
31.00	03100 INTENSIVE CARE UNIT		2,395,617		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.226017	8,190,196	1,851,124	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.914092	12,349	11,288	52.00
53.00	05300 ANESTHESIOLOGY	0.057456	257,371	14,788	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148572	8,914,444	1,324,437	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.179250	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.272234	1,084,462	295,227	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	16.115862	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.190775	4,263,429	813,356	59.00
60.00	06000 LABORATORY	0.198489	8,813,655	1,749,414	60.00
60.01	06001 FSED LABORATORY	0.503865	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.244694	4,107,398	1,005,056	65.00
66.00	06600 PHYSICAL THERAPY	0.372670	1,091,471	406,758	66.00
69.00	06900 ELECTROCARDIOLOGY	0.212957	2,764,004	588,614	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.080651	5,193,057	418,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.786830	3,999,355	3,146,812	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.193261	15,431,770	2,982,359	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OB CLINIC	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0.393156	544,692	214,149	90.03
90.04	09004 MATERNAL HEA	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.244690	4,419,507	1,081,409	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.850748	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.860402	139,702	120,200	92.00
93.00	04040 ENDOCRINOLOGY	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		69,226,862	16,023,816	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		69,226,862		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S015		Date/Time Prepared: 4/10/2013 2:04 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,063,651		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.226017	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.914092	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.057456	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148572	67,265	9,994	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.179250	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.272234	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	16.115862	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.190775	0	0	59.00
60.00	06000 LABORATORY	0.198489	169,297	33,604	60.00
60.01	06001 FSED LABORATORY	0.503865	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.244694	18,148	4,441	65.00
66.00	06600 PHYSICAL THERAPY	0.372670	16,049	5,981	66.00
69.00	06900 ELECTROCARDIOLOGY	0.212957	13,560	2,888	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.080651	16,082	1,297	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.786830	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.193261	291,067	56,252	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OB CLINIC	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0.393156	0	0	90.03
90.04	09004 MATERNAL HEA	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.244690	129,722	31,742	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.850748	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.860402	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		721,190	146,199	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)		721,190		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150015 Component CCN: 15T015	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 4/10/2013 2:04 pm	
		Title XVIIII	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		2,657,529		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.226017	38,900	8,792	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.914092	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.057456	375	22	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148572	99,406	14,769	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.179250	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.272234	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	16.115862	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.190775	0	0	59.00
60.00	06000 LABORATORY	0.198489	191,586	38,028	60.00
60.01	06001 FSED LABORATORY	0.503865	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.244694	22,200	5,432	65.00
66.00	06600 PHYSICAL THERAPY	0.372670	828,213	308,650	66.00
69.00	06900 ELECTROCARDIOLOGY	0.212957	16,062	3,421	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.080651	125,319	10,107	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.786830	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.193261	745,562	144,088	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OB CLINIC	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0.393156	3,239	1,273	90.03
90.04	09004 MATERNAL HEA	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.244690	44,393	10,863	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.850748	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.860402	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		2,115,255	545,445	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)		2,115,255		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 4/10/2013 2:04 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		20,832,282	1.00
2.00	Outlier payments for discharges. (see instructions)		235,827	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)		138.97	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)		3.71	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		20.38	31.00
32.00	Sum of lines 30 and 31		24.09	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.09	33.00
34.00	Disproportionate share adjustment (see instructions)		1,893,654	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		22,961,763	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		22,961,763	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,783,707	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 4/10/2013 2:04 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			24,745,470 59.00
60.00	Primary payer payments			1,820 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			24,743,650 61.00
62.00	Deductibles billed to program beneficiaries			2,485,788 62.00
63.00	Coinurance billed to program beneficiaries			53,754 63.00
64.00	Allowable bad debts (see instructions)			244,231 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			170,962 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			28,818 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			22,375,070 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			2,939 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			22,378,009 71.00
72.00	Interim payments			22,827,893 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-449,884 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 4/10/2013 2:04 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,787,409	2.00
3.00	PPS payments		11,896,630	3.00
4.00	Outlier payment (see instructions)		53,716	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		11,950,346	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)		2,855,721	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		9,094,625	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,094,625	30.00
31.00	Primary payer payments		7,664	31.00
32.00	Subtotal (line 30 minus line 31)		9,086,961	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)		291,489	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		204,042	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		138,776	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		9,291,003	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		9,291,003	40.00
41.00	Interim payments		9,357,121	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		-66,118	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150015

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

Worksheet E-1
Part I
Date/Time Prepared:
4/10/2013 2:04 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		22,827,893		9,357,121	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		22,827,893		9,357,121	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		449,884		66,118	6.02	
7.00	Total Medicare program liability (see instructions)		22,378,009		9,291,003	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150015
Component CCN: 15S015

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

Worksheet E-1
Part I
Date/Time Prepared:
4/10/2013 2:04 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		657,220		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		657,220		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		12,709		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		669,929		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150015
Component CCN: 15T015

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

Worksheet E-1
Part I
Date/Time Prepared:
4/10/2013 2:04 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		2,437,763		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)		2,437,763		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		23,044		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,460,807		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150015

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

Worksheet E-1
Part II
Date/Time Prepared:
4/10/2013 2:04 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			6,663 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			12,319 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			463 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			23,153 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			408,349,163 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			23,904,800 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,819,432 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			1,819,432 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150015 Component CCN: 15S015	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 4/10/2013 2:04 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			730,812 1.00
2.00	Net IPF PPS Outlier Payments			17,849 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			6.265027 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			748,661 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			748,661 16.00
17.00	Primary payer payments			3,633 17.00
18.00	Subtotal (line 16 less line 17).			745,028 18.00
19.00	Deductibles			87,808 19.00
20.00	Subtotal (line 18 minus line 19)			657,220 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			657,220 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			18,155 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			12,709 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,092 25.00
26.00	Subtotal (sum of lines 22 and 24)			669,929 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			669,929 31.00
32.00	Interim payments			657,220 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			12,709 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			17,849 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: 150015 Component CCN: 15T015	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 4/10/2013 2:04 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,309,624 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0344 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			89,031 3.00
4.00	Outlier Payments			95,098 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.904372 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,493,753 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,493,753 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,493,753 19.00
20.00	Deductibles			15,028 20.00
21.00	Subtotal (line 19 minus line 20)			2,478,725 21.00
22.00	Coinsurance			17,918 22.00
23.00	Subtotal (line 21 minus line 22)			2,460,807 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)			2,460,807 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,460,807 32.00
33.00	Interim payments			2,437,763 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			23,044 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			95,098 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: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 4/10/2013 2:04 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		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		0		8.00
9.00	Ancillary service charges		0	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)		0	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)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	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		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)		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		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		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		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	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: 150015 Component CCN: 15S015	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 4/10/2013 2:04 pm
		Title XIX	Subprovider - IPF	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	0		8.00
9.00	Ancillary service charges	0	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)	0	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)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	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	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	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: 150015 Component CCN: 15T015	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 4/10/2013 2:04 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	0		8.00
9.00	Ancillary service charges	0	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)	0	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)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	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	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	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: 150015

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

Worksheet G

Date/Time Prepared:
4/10/2013 2:04 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	37,311,863	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	27,525,142	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,330,224	0	0	0	6.00
7.00	Inventory	2,676,546	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,281,843	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)	62,465,170	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,650,028	0	0	0	12.00
13.00	Land improvements	3,976,248	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	92,035,225	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	100,607,119	0	0	0	19.00
20.00	Accumulated depreciation	-91,298,218	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	111,970,402	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,904,551	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,904,551	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	178,340,123	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,638,687	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,243,951	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	990,416	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	2,837,346	0	0	0	43.00
44.00	Other current liabilities	1,601,724	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,312,124	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	5,039,425	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,147,498	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	8,186,923	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	24,499,047	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	153,841,076				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	153,841,076	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	178,340,123	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150015

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

Worksheet G-1

Date/Time Prepared:
4/10/2013 2:04 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		111,941,587		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		30,155,104			2.00
3.00	Total (sum of line 1 and line 2)		142,096,691		0	3.00
4.00	Additions (credit adjustments) (specify)	11,744,385		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		11,744,385		0	10.00
11.00	Subtotal (line 3 plus line 10)		153,841,076		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		153,841,076		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150015

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

Worksheet G-1

Date/Time Prepared:
4/10/2013 2:04 pm

	Endowment Fund	Plant Fund			
		6.00	7.00		
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: 150015

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
4/10/2013 2:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,492,454		26,492,454	1.00
2.00	SUBPROVIDER - IPF	3,450,335		3,450,335	2.00
3.00	SUBPROVIDER - IRF	2,457,990		2,457,990	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	32,400,779		32,400,779	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,670,957		4,670,957	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)	4,670,957		4,670,957	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	37,071,736		37,071,736	17.00
18.00	Ancillary services	130,070,125	200,888,093	330,958,218	18.00
19.00	Outpatient services	10,016,595	30,302,614	40,319,209	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	0	1,547,501	1,547,501	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	177,158,456	232,738,208	409,896,664	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		148,486,661		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		148,486,661		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet G-3 Date/Time Prepared: 4/10/2013 2:04 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		409,896,664	1.00
2.00	Less contractual allowances and discounts on patients' accounts		256,794,810	2.00
3.00	Net patient revenues (line 1 minus line 2)		153,101,854	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		148,486,661	4.00
5.00	Net income from service to patients (line 3 minus line 4)		4,615,193	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		0	6.00
7.00	Income from investments		0	7.00
8.00	Revenues from telephone and telegraph service		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		0	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	OTHER OPERATING REVENUE		6,103,188	24.00
24.01	PREMIUM REVENUE		6,741,529	24.01
24.02	BAD DEBTS		-7,213,260	24.02
24.03	NET ASSETS RELEASED FROM OPERATIONS		53,190	24.03
24.04	TOTAL NON-OPERATING REVENUE		123,927	24.04
24.05	EQUITY TRANSFERS / NET ASSETS RELEAS		19,731,337	24.05
25.00	Total other income (sum of lines 6-24)		25,539,911	25.00
26.00	Total (line 5 plus line 25)		30,155,104	26.00
27.00	OTHER EXPENSES (SPECIFY)		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		30,155,104	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150015	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 4/10/2013 2:04 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,668,677	1.00
2.00	Capital DRG outlier payments		31,596	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		63.26	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)		3.71	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		20.38	8.00
9.00	Sum of lines 7 and 8		24.09	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		83,434	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,783,707	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