

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: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/24/2013 10:38 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2013	Time: 10:38 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MAJOR HOSPITAL (150097) 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	-156,831	-37,801	62,511	-1,236,367	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-156,831	-37,801	62,511	-1,236,367	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: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 10:35 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 150 WEST WASHINGTON ST	PO Box:						1.00		
2.00	City: SHELBYVILLE	State: IN	Zip Code: 46176-	County: IN				2.00		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MAJOR HOSPITAL	150097	99915	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MAJOR HOSPITAL	157418	99915		03/22/1995	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3			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.	691	0	4	0	1,026	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 10:35 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	Y	Y			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	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 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: 150097

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2013 10:35 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 10:35 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				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		
		1.00		2.00		
		Speech		Respiratory		
		3.00		4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	58,365	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:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150097			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 10:35 am	
							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)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 10:35 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/25/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		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)	Y	03/11/2013	Y	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)	N		N	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: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 10:35 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
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			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KYLE		SMI TH	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7957		KCSMI TH@BLUEANDCO. COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/11/2013	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)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150097

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2013 10:35 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	63	23,058	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)		63	23,058	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	9	3,294	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)		72	26,352	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00	
18.00 SUBPROVIDER	42.00	0	0		0	18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
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)		72				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	
				I/P Days / O/P Visi ts / Tri ps		Full Time Equival ents	
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l		
	6.00	7.00	8.00	9.00	10.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	4,839	687	9,481			1.00	
2.00 HMO	782	997				2.00	
3.00 HMO IPF Subprovider	0	0				3.00	
4.00 HMO IRF Subprovider	0	0				4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,839	687	9,481			7.00	
8.00 INTENSIVE CARE UNIT	504	0	936			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)	5,343	687	10,417	0.00	530.87	14.00	
15.00 CAH visits	0	0	0			15.00	
16.00 SUBPROVIDER - IPF	0	0	0			16.00	
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00	
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	6,143	293	8,432	0.00	10.85	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150097

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2013 10:35 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents							
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll						
	6.00	7.00	8.00	9.00	10.00						
27.00	Total (sum of lines 14-26)					0.00	541.72	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			
Component	Full Time Equivalents	Discharges									
	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients						
	11.00	12.00	13.00	14.00	15.00						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)										
2.00	HMO							2.00			
3.00	HMO IPF Subprovider							3.00			
4.00	HMO IRF Subprovider							4.00			
5.00	Hospital Adults & Peds. Swing Bed SNF							5.00			
6.00	Hospital Adults & Peds. Swing Bed NF							6.00			
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)							7.00			
8.00	INTENSIVE CARE UNIT							8.00			
9.00	CORONARY CARE UNIT							9.00			
10.00	BURN INTENSIVE CARE UNIT							10.00			
11.00	SURGICAL INTENSIVE CARE UNIT							11.00			
12.00	OTHER SPECIAL CARE (SPECIFY)							12.00			
13.00	NURSERY							13.00			
14.00	Total (see instructions)					0.00	0	1,300	173	2,903	14.00
15.00	CAH visits										15.00
16.00	SUBPROVIDER - IPF										16.00
17.00	SUBPROVIDER - IRF					0.00	0	0	0	0	17.00
18.00	SUBPROVIDER					0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY										19.00
20.00	NURSING FACILITY										20.00
21.00	OTHER LONG TERM CARE										21.00
22.00	HOME HEALTH AGENCY					0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)										23.00
24.00	HOSPICE										24.00
25.00	CMHC - CMHC										25.00
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: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/24/2013 10:35 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	32,562,388	0	32,562,388	1,112,698.00	29.26	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		301,746	0	301,746	1,673.00	180.36	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		1,206,983	0	1,206,983	6,693.00	180.34	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,265,014	139,854	2,404,868	57,511.00	41.82	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		342,257	0	342,257	4,638.00	73.79	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		233,150	0	233,150	2,023.00	115.25	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		8,999,293	0	8,999,293			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		579,106	0	579,106			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		32,967	0	32,967			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		131,868	0	131,868			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	518,922	0	518,922	9,536.00	54.42	26.00
27.00	Administrative & General	5.00	5,710,791	-139,854	5,570,937	186,692.00	29.84	27.00
28.00	Administrative & General under contract (see inst.)		494,182	0	494,182	2,716.00	181.95	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	563,453	0	563,453	26,652.00	21.14	30.00
31.00	Laundry & Linen Service	8.00	39,414	0	39,414	3,713.00	10.62	31.00
32.00	Housekeeping	9.00	714,233	0	714,233	57,632.00	12.39	32.00
33.00	Housekeeping under contract (see instructions)		175,667	0	175,667	2,080.00	84.46	33.00
34.00	Dietary	10.00	465,020	-313,619	151,401	11,530.00	13.13	34.00
35.00	Dietary under contract (see instructions)		201,690	0	201,690	6,241.00	32.32	35.00
36.00	Cafeteria	11.00	0	313,619	313,619	24,770.00	12.66	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,006,526	0	1,006,526	26,161.00	38.47	38.00
39.00	Central Services and Supply	14.00	123,099	-123,099	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	717,086	0	717,086	19,318.00	37.12	40.00
41.00	Medical Records & Medical Records Library	16.00	540,752	0	540,752	29,080.00	18.60	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150097

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2013 10:35 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150097

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2013 10:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	32,226,944	0	32,226,944	1,117,042.00	28.85	1.00
2.00	Excluded area salaries (see instructions)	2,265,014	139,854	2,404,868	57,511.00	41.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,961,930	-139,854	29,822,076	1,059,531.00	28.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	575,407	0	575,407	6,661.00	86.38	4.00
5.00	Subtotal wage-related costs (see inst.)	9,032,260	0	9,032,260	0.00	30.29	5.00
6.00	Total (sum of lines 3 thru 5)	39,569,597	-139,854	39,429,743	1,066,192.00	36.98	6.00
7.00	Total overhead cost (see instructions)	11,270,835	-262,953	11,007,882	406,121.00	27.10	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150097

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/24/2013 10:35 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,449,996	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)	5,509,613	8.00
9.00	Prescription Drug Plan	20,572	9.00
10.00	Dental, Hearing and Vision Plan	78,950	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	44,179	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)	114,010	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	201,304	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,222,894	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	105,936	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	-4,220	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,743,234	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: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/24/2013 10:35 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150097 Component CCN: 157418		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/24/2013 10:35 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	334.00	0.00	0.00	0.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00	
6.00	Direct Nursing Service			0.00	0.00	0.00	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			0.00	0.00	0.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.00	0.00	0.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.00	0.00	0.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.00	0.00	0.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.00	0.00	0.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			26900			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,793	135	75	53	3,056	
22.00	Skilled Nursing Visit Charges	613,289	29,970	16,476	11,650	671,385	
23.00	Physical Therapy Visits	1,669	0	23	37	1,729	
24.00	Physical Therapy Visit Charges	351,039	0	4,853	7,747	363,639	
25.00	Occupational Therapy Visits	293	0	0	0	293	
26.00	Occupational Therapy Visit Charges	64,846	0	0	0	64,846	
27.00	Speech Pathology Visits	19	0	0	2	21	
28.00	Speech Pathology Visit Charges	4,253	0	0	454	4,707	
29.00	Medical Social Service Visits	0	0	0	0	0	
30.00	Medical Social Service Visit Charges	0	0	0	0	0	
31.00	Home Health Aide Visits	1,020	16	3	5	1,044	
32.00	Home Health Aide Visit Charges	113,145	1,792	336	560	115,833	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,794	151	101	97	6,143	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,146,572	31,762	21,665	20,411	1,220,410	
36.00	Total Number of Episodes (standard/non outlier)	318		33	8	359	
37.00	Total Number of Outlier Episodes		4		0	4	
38.00	Total Non-Routine Medical Supply Charges	21,444	6,783	1,213	571	30,011	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/24/2013 10:35 am
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			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)		0.304114	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,021,026	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		30,273,474	6.00	
7.00	Medicaid cost (line 1 times line 6)		9,206,587	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)		1,185,561	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)		1,185,561	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,935,132	0	5,935,132	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,804,957	0	1,804,957	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,804,957	0	1,804,957	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?		N	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)		9,569,886	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		144,346	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		9,425,540	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,866,439	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,671,396	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,856,957	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/24/2013 10:35 am							
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		2,203,704		2,203,704	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	3.00
4.00	00400	EMPLOYEE BENEFITS	518,922	7,734,520	8,253,442	8,253,442	4.00
5.01	00510	COMMUNICATIONS	0	0	54,740	54,740	5.01
5.02	00511	DATA PROCESSING	1,002,561	2,189,794	3,192,355	3,192,355	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	178,445	125,326	303,771	303,771	5.03
5.04	00513	ADMINISTRATIVE	768,557	89,634	858,191	803,451	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	573,846	731,976	1,305,822	1,305,822	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,187,382	7,056,085	10,243,467	9,829,241	5.06
7.00	00700	OPERATION OF PLANT	563,453	1,001,425	1,564,878	1,564,878	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39,414	169,721	209,135	209,135	8.00
9.00	00900	HOUSEKEEPING	714,233	417,558	1,131,791	1,131,791	9.00
10.00	01000	DIETARY	465,020	774,453	1,239,473	403,547	10.00
11.00	01100	CAFETERIA	0	0	0	835,926	11.00
13.00	01300	NURSING ADMINISTRATION	1,006,526	198,506	1,205,032	1,205,032	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	123,099	163,976	287,075	3,944	14.00
15.00	01500	PHARMACY	717,086	4,302,483	5,019,569	5,019,569	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	540,752	393,481	934,233	934,233	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,857,057	866,010	5,723,067	5,740,726	30.00
31.00	03100	INTENSIVE CARE UNIT	1,127,178	262,245	1,389,423	1,389,423	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,227,717	1,419,102	3,646,819	3,754,164	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,757,095	551,847	2,308,942	2,308,942	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,795,227	1,825,129	3,620,356	3,620,356	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ONCOLOGY	917,206	951,086	1,868,292	1,868,292	56.01
57.00	05700	CT SCAN	339,706	683,054	1,022,760	1,022,760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	280,063	667,099	947,162	947,162	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,677,511	2,608,451	4,285,962	4,285,962	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	686,528	124,296	810,824	810,824	65.00
65.01	06501	SLEEP LAB	313,123	174,817	487,940	487,940	65.01
66.00	06600	PHYSICAL THERAPY	1,178,830	608,387	1,787,217	1,787,217	66.00
69.00	06900	ELECTROCARDIOLOGY	569,312	192,286	761,598	761,598	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,681	3,196,668	3,283,349	1,717,384	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,565,965	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	158,975	232,633	391,608	391,608	90.00
91.00	09100	EMERGENCY	1,925,869	3,151,109	5,076,978	5,235,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	914,229	914,229	914,229	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	655,009	419,358	1,074,367	1,074,367	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,952,383	46,400,448	77,352,831	76,938,605	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	190.04
190.05	19005	MARKETING	0	0	0	414,226	190.05
190.06	19006	MHLIGHTBOUND	0	0	0	0	190.06
190.07	19007	I-74 CAMPUS	136,353	414,174	550,527	550,527	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	8,184	99,090	107,274	107,274	190.09
190.10	19010	MS&M	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	190.12
190.13	19013	SSA	0	271	271	271	190.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
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	
190.14	19014	SPORTSWORKS	0	0	0	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016	RENOVO	0	0	0	0	0	190.16
190.17	19017	I MA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	0	190.18
190.19	19019	MHCD	0	950,329	950,329	0	950,329	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	1,320,488	96,577	1,417,065	0	1,417,065	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	144,980	33,731	178,711	0	178,711	194.00
200.00		TOTAL (SUM OF LINES 118-199)	32,562,388	47,994,620	80,557,008	0	80,557,008	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	-515,519	1,688,185				1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0				3.00
4.00	00400	EMPLOYEE BENEFITS	-20,752	8,232,690				4.00
5.01	00510	COMMUNICATIONS	-3,658	51,082				5.01
5.02	00511	DATA PROCESSING	-150,956	3,041,399				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	303,771				5.03
5.04	00513	ADMINITTING	-5,923	797,528				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	-49,572	1,256,250				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-4,707,250	5,121,991				5.06
7.00	00700	OPERATION OF PLANT	0	1,564,878				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	209,135				8.00
9.00	00900	HOUSEKEEPING	0	1,131,791				9.00
10.00	01000	DIETARY	-247,661	155,886				10.00
11.00	01100	CAFETERIA	-448,764	387,162				11.00
13.00	01300	NURSING ADMINISTRATION	-171,037	1,033,995				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,944				14.00
15.00	01500	PHARMACY	-47,846	4,971,723				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-30,990	903,243				16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-34,782	5,705,944				30.00
31.00	03100	INTENSIVE CARE UNIT	-7,208	1,382,215				31.00
41.00	04100	SUBPROVIDER - I RF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	-176,053	3,578,111				50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300	ANESTHESIOLOGY	-1,650,790	658,152				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-144,334	3,476,022				54.00
56.00	05600	RADIOISOTOPE	0	0				56.00
56.01	05601	ONCOLOGY	-225,481	1,642,811				56.01
57.00	05700	CT SCAN	0	1,022,760				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	947,162				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	-146	4,285,816				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
65.00	06500	RESPIRATORY THERAPY	-4,342	806,482				65.00
65.01	06501	SLEEP LAB	0	487,940				65.01
66.00	06600	PHYSICAL THERAPY	-9,303	1,777,914				66.00
69.00	06900	ELECTROCARDIOLOGY	-383	761,215				69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-66,366	1,651,018				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,565,965				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	-192,803	198,805				90.00
91.00	09100	EMERGENCY	-2,715,115	2,519,990				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	983,971	1,898,200				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	1,074,367				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,643,063	66,295,542				118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150097

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

Worksheet A
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	190.04
190.05	19005	MARKETING	0	414,226	190.05
190.06	19006	MH LIGHTBOUND	0	0	190.06
190.07	19007	I-74 CAMPUS	0	550,527	190.07
190.08	19008	SOUTHEAST OB	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	107,274	190.09
190.10	19010	MS&M	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	190.12
190.13	19013	SSA	0	271	190.13
190.14	19014	SPORTSWORKS	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	190.15
190.16	19016	RENOVO	0	0	190.16
190.17	19017	I MA	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	190.18
190.19	19019	MHCD	0	950,329	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPITALIST	0	1,417,065	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	178,711	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-10,643,063	69,913,945	200.00

RECLASSIFICATIONS

Provider CCN: 150097

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

Worksheet A-6

Date/Time Prepared:
5/24/2013 10:35 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	313,619	522,307	1.00
	TOTALS		313,619	522,307	
B - COMMUNICATIONS RECLASS					
1.00	COMMUNICATIONS	5.01	54,740	0	1.00
	TOTALS		54,740	0	
C - CSR RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	7,678	9,981	1.00
2.00	OPERATING ROOM	50.00	46,671	60,674	2.00
3.00	EMERGENCY	91.00	68,750	89,377	3.00
	TOTALS		123,099	160,032	
D - MARKETING RECLASS					
1.00	MARKETING	190.05	139,854	274,372	1.00
	TOTALS		139,854	274,372	
E - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	30,525	1,535,440	1.00
	TOTALS		30,525	1,535,440	
500.00	Grand Total: Increases		661,837	2,492,151	500.00

RECLASSIFICATIONS

Provider CCN: 150097

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

Worksheet A-6

Date/Time Prepared:
5/24/2013 10:35 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA RECLASS							
1.00	DIETARY	10.00	313,619	522,307	0		1.00
	TOTALS		313,619	522,307			
B - COMMUNICATIONS RECLASS							
1.00	ADMINISTRATIVE	5.04	54,740	0	0		1.00
	TOTALS		54,740	0			
C - CSR RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	123,099	160,032	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		123,099	160,032			
D - MARKETING RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	139,854	274,372	0		1.00
	TOTALS		139,854	274,372			
E - IMPLANTABLE DEVICES RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	30,525	1,535,440	0		1.00
	TOTALS		30,525	1,535,440			
500.00	Grand Total: Decreases		661,837	2,492,151			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150097

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2013 10:35 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,737,322	3,000,000	0	3,000,000	0 1.00
2.00	Land Improvements	5,805,693	21,637	0	21,637	7,468 2.00
3.00	Buildings and Fixtures	31,254,352	768,154	0	768,154	6,090 3.00
4.00	Building Improvements	1,617,609	512,878	0	512,878	0 4.00
5.00	Fixed Equipment	3,304,546	686,698	0	686,698	1,373,773 5.00
6.00	Movable Equipment	29,403,886	3,118,826	0	3,118,826	889,331 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	73,123,408	8,108,193	0	8,108,193	2,276,662 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	73,123,408	8,108,193	0	8,108,193	2,276,662 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,737,322	0			1.00
2.00	Land Improvements	5,819,862	0			2.00
3.00	Buildings and Fixtures	32,016,416	0			3.00
4.00	Building Improvements	2,130,487	0			4.00
5.00	Fixed Equipment	2,617,471	0			5.00
6.00	Movable Equipment	31,633,381	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	78,954,939	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	78,954,939	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150097

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,419,292	0	777,761	0	0	1.00
3.00	Total (sum of lines 1-2)	1,419,292	0	777,761	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,651	2,203,704				1.00
3.00	Total (sum of lines 1-2)	6,651	2,203,704				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150097

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	78,954,939	0	78,954,939	1.000000	0	1.00	
3.00	Total (sum of lines 1-2)	78,954,939	0	78,954,939	1.000000	0	3.00	
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
		6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,408,963	0	1.00	
3.00	Total (sum of lines 1-2)	0	0	0	1,408,963	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	272,571	0	0	6,651	1,688,185	1.00	
3.00	Total (sum of lines 1-2)	272,571	0	0	6,651	1,688,185	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150097

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

Worksheet A-8

Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-505,190	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00		2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-3,658	COMMUNICATIONS	5.01	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,188,925			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	983,971			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-213,044	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physician's assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 FOOD AND NUTRITION	B	-67,151	DIETARY	10.00	0	33.00
34.00 DIABETIC ED	B	-167,023	NURSING ADMINISTRATION	13.00	0	34.00
35.00 CAFETERIA - EMP	A	-235,720	CAFETERIA	11.00	0	35.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
36.00 MH OTHER REVENUES RENTAL INCOME	B	-7,561	CAP REL COSTS-BLDG & FIXT	1.00	9	36.00
37.00 MH INFO. SYSTEMS CONTRACT LABOR	A	-150,956	DATA PROCESSING	5.02	0	37.00
38.00 MH REGISTRATION CONTRACT LABOR	A	-5,923	ADMINISTRATIVE	5.04	0	38.00
39.00 MH PT FINANCE SVCS CONTRACT LABOR	A	-49,572	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	39.00
40.00 MH ACCOUNTING CONTRACT LABOR	A	-118,304	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
41.00 MH ADMINISTRATION CONTRACT LABOR	A	-159,403	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
42.00 MH OTHER REVENUES PURCHASE DISCOUNTS	B	-3,791	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00 MH OTHER REVENUES REAPPOINTMENT FEES	B	-2,700	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 MH EDUCATION CLASS REVENUE	B	-14,333	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00 MH MDSOLUTIONS-ADM RENTAL INCOME	B	-32,777	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01 MH OTHER REVENUES MISCELLANEOUS INCOME	B	-1,017	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.01
45.02 MH ACCOUNTING VENDOR REBATES	B	-43,009	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.02
45.03 MH CL NUTR/DIABED CLASS REVENUE	B	-1,850	NURSING ADMINISTRATION	13.00	0	45.03
45.04 MH CL NUTR/DIABED OTHER CAFETERIA R	B	-1,606	NURSING ADMINISTRATION	13.00	0	45.04
45.05 MH PHARMACY VENDOR REBATES	B	-47,846	PHARMACY	15.00	0	45.05
45.06 MH OTHER REVENUES XEROX AND COPYING	B	-30,990	MEDICAL RECORDS & LIBRARY	16.00	0	45.06
45.07 MH COMM. OUTREACH CONTRACT LABOR	A	-30,508	ADULTS & PEDIATRICS	30.00	0	45.07
45.08 MH OTHER REVENUES BABY PHOTO INCOME	B	-516	ADULTS & PEDIATRICS	30.00	0	45.08
45.09 MH ICU OTHER INCOME	B	-7,100	INTENSIVE CARE UNIT	31.00	0	45.09
45.10 MH RESP. THERAPY CONTRACT LABOR	A	-4,342	RESPIRATORY THERAPY	65.00	0	45.10
45.11 MH CENTRAL SUPPLY VENDOR REBATES	B	-66,366	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	45.11
45.12 MH EMERGENCY ROOM OTHER INCOME	A	-41,667	EMERGENCY	91.00	0	45.12
45.13 INVEST. INC - OLD CAP - B&F	B	-1,799	OPERATING ROOM	50.00	0	45.13
45.14 MEALS ON WHEELS	A	-180,510	DIETARY	10.00	0	45.14
45.15 DEPR - OLD B&F	A	-2,768	CAP REL COSTS-BLDG & FIXT	1.00	9	45.15
45.16 IHHA/AHA DUES	A	-5,433	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.16
45.17 PROMOTIONAL GIFTS	A	-15,033	EMPLOYEE BENEFITS	4.00	0	45.17
45.18 PROMOTIONAL GIFTS	A	-558	NURSING ADMINISTRATION	13.00	0	45.18
45.19 PROMOTIONAL GIFTS	A	-3,758	ADULTS & PEDIATRICS	30.00	0	45.19
45.20 PROMOTIONAL GIFTS	A	-108	INTENSIVE CARE UNIT	31.00	0	45.20
45.21 PROMOTIONAL GIFTS	A	-254	OPERATING ROOM	50.00	0	45.21
45.22 PROMOTIONAL GIFTS	A	-1,246	RADIOLOGY-DIAGNOSTIC	54.00	0	45.22
45.23 PROMOTIONAL GIFTS	A	-64	ONCOLOGY	56.01	0	45.23
45.24 PROMOTIONAL GIFTS	A	-146	LABORATORY	60.00	0	45.24
45.25 PROMOTIONAL GIFTS	A	-14	PHYSICAL THERAPY	66.00	0	45.25
45.26 PROMOTIONAL GIFTS	A	-168	ELECTROCARDIOLOGY	69.00	0	45.26
45.27 PROMOTIONAL GIFTS	A	-104	EMERGENCY	91.00	0	45.27
45.28 ADVERTISING EXPENSE	A	-1,650	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.28
45.29 ADVERTISING EXPENSE	A	-9,289	PHYSICAL THERAPY	66.00	0	45.29
45.30 ADVERTISING EXPENSE	A	-215	ELECTROCARDIOLOGY	69.00	0	45.30
45.31 COMMUNITY OUTREACH	A	-578,238	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.31
45.32 NURSE PRACTITIONER EXPENSE	A	-881,955	EMERGENCY	91.00	0	45.32
45.33 HAF OFFSET	A	-3,740,876	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.33
45.34		0		0.00	0	45.34
45.35		0		0.00	0	45.35
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,643,063				50.00

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

Provider CCN: 150097

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2013 10:35 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	95.00	AMBULANCE SERVICES	1,869,499	885,528	1.00
2.00	0.00		0	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	0	0	1,869,499	885,528	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. 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	G	SHELBY COUNTY A	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	AMBULANCE			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: 150097

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2013 10:35 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	983,971	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	983,971			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150097

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2013 10:35 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS	32,500	0	32,500	171,400	325	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	32,500	0	32,500	171,400	325	2.00
3.00	50.00	OPERATING ROOM	174,000	174,000	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	1,847,334	1,481,397	365,937	200,300	2,041	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	143,088	143,088	0	0	0	5.00
6.00	56.01	ONCOLOGY	225,417	225,417	0	0	0	6.00
7.00	60.00	LABORATORY	51,010	0	51,010	219,500	726	7.00
8.00	90.00	CLINIC	192,803	192,803	0	0	0	8.00
9.00	91.00	EMERGENCY	1,814,380	1,761,431	52,949	171,400	279	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,513,032	3,978,136	534,896		3,696	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS	26,781	1,339	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	26,781	1,339	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	196,544	9,827	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	56.01	ONCOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	76,614	3,831	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	22,991	1,150	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			349,711	17,486	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS	0	26,781	5,719	5,719		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	26,781	5,719	5,719		2.00
3.00	50.00	OPERATING ROOM	0	0	0	174,000		3.00
4.00	53.00	ANESTHESIOLOGY	0	196,544	169,393	1,650,790		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	143,088		5.00
6.00	56.01	ONCOLOGY	0	0	0	225,417		6.00
7.00	60.00	LABORATORY	0	76,614	0	0		7.00
8.00	90.00	CLINIC	0	0	0	192,803		8.00
9.00	91.00	EMERGENCY	0	22,991	29,958	1,791,389		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	349,711	210,789	4,188,925		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150097

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL	EMPLOYEE BENEFITS	COMMUNI CATIONS	DATA PROCESSING	
		RELATED COSTS BLDG & FIXT				
	0	1.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,688,185	1,688,185			1.00
4.00 00400	EMPLOYEE BENEFITS	8,232,690	5,922	8,238,612		4.00
5.01 00510	COMMUNI CATIONS	51,082	3,191	14,074	68,347	5.01
5.02 00511	DATA PROCESSING	3,041,399	23,886	257,765	1,574	3,324,624 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	303,771	7,995	45,879	562	73,517 5.03
5.04 00513	ADMITTING	797,528	17,744	183,527	1,237	57,180 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	1,256,250	0	147,540	0	138,866 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	5,121,991	116,391	783,541	3,035	196,047 5.06
7.00 00700	OPERATION OF PLANT	1,564,878	124,079	144,868	899	73,517 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	209,135	6,087	10,134	112	0 8.00
9.00 00900	HOUSEKEEPING	1,131,791	2,818	183,634	337	57,180 9.00
10.00 01000	DIETARY	155,886	27,000	38,926	1,124	32,674 10.00
11.00 01100	CAFETERIA	387,162	42,760	80,634	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,033,995	27,669	258,785	3,485	220,552 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,944	34,886	0	450	16,337 14.00
15.00 01500	PHARMACY	4,971,723	16,812	184,368	674	81,686 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	903,243	24,160	139,031	1,461	163,372 16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,705,944	266,849	1,250,773	2,473	334,915 30.00
31.00 03100	INTENSIVE CARE UNIT	1,382,215	81,517	289,805	1,012	114,361 31.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,578,111	106,795	584,761	3,148	277,733 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	658,152	5,165	451,761	0	40,843 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,476,022	101,915	461,565	3,260	269,564 54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 05601	ONCOLOGY	1,642,811	254,815	235,820	4,721	334,913 56.01
57.00 05700	CT SCAN	1,022,760	4,387	87,341	112	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	947,162	0	72,006	225	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	4,285,816	23,392	431,300	2,361	212,384 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	806,482	13,840	176,511	1,574	73,517 65.00
65.01 06501	SLEEP LAB	487,940	0	80,506	562	24,506 65.01
66.00 06600	PHYSICAL THERAPY	1,777,914	6,909	303,085	1,686	40,843 66.00
69.00 06900	ELECTROCARDIOLOGY	761,215	25,268	146,374	1,574	8,169 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,651,018	0	14,438	112	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	1,565,965	0	7,848	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	198,805	54,801	40,874	1,461	81,686 90.00
91.00 09100	EMERGENCY	2,519,990	58,135	512,831	2,585	269,564 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,898,200	0	0	0	0 95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
100.00 10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00 10100	HOME HEALTH AGENCY	1,074,367	0	168,407	1,461	89,855 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	66,295,542	1,485,188	7,788,712	43,277	3,283,781 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,080	0	112	0 190.00
190.01 19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	3,597	0 190.01
190.02 19002	SICK CHILD CARE	0	0	0	0	0 190.02
190.03 19003	PRIVATE DUTY	0	0	0	0	0 190.03
190.04 19004	ST. VINCENT'S STRESS	0	0	0	0	0 190.04
190.05 19005	MARKETING	414,226	2,106	35,957	0	24,506 190.05
190.06 19006	MH LIGHTBOUND	0	0	0	0	0 190.06
190.07 19007	I-74 CAMPUS	550,527	0	35,057	0	0 190.07
190.08 19008	SOUTHEAST OB	0	69,497	0	2,473	0 190.08
190.09 19009	INTELLI PLEX DEVELOPMENT	107,274	0	2,104	0	0 190.09
190.10 19010	MS&M	0	0	0	0	0 190.10
190.11 19011	OTHER NON-REIMBURSEABLE CENTERS	0	84,730	0	13,493	0 190.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150097

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
190.12 19012 BARTLEY ORTHOPEDICS	0	0	0	0	0	0	190.12
190.13 19013 SSA	271	0	0	0	0	0	190.13
190.14 19014 SPORTSWORKS	0	0	0	0	0	0	190.14
190.15 19015 SHELBY PEDS	0	0	0	0	0	0	190.15
190.16 19016 RENOVO	0	0	0	0	2,248	0	190.16
190.17 19017 IMA	0	0	0	0	0	0	190.17
190.18 19018 MD SOLUTIONS	0	0	0	0	3,035	0	190.18
190.19 19019 MHCD	950,329	3,992	0	0	0	0	190.19
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 HOSPITALIST	1,417,065	0	0	339,507	112	16,337	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	178,711	38,592	0	37,275	0	0	194.00
200.00							200.00
201.00							201.00
202.00							202.00
202.00	69,913,945	1,688,185	0	8,238,612	68,347	3,324,624	202.00
Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL		
	5.03	5.04	5.05	5A.05	5.06		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.01 00510 COMMUNICATIONS							5.01
5.02 00511 DATA PROCESSING							5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	431,724						5.03
5.04 00513 ADMITTING	4,227	1,061,443					5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	1,181	0	1,543,837				5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	7,332	0	0	6,228,337	6,228,337		5.06
7.00 00700 OPERATION OF PLANT	618	0	0	1,908,859	186,683		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	225,468	22,050		8.00
9.00 00900 HOUSEKEEPING	4,597	0	0	1,380,357	134,996		9.00
10.00 01000 DIETARY	1,993	0	0	257,603	25,193		10.00
11.00 01100 CAFETERIA	0	0	0	510,556	49,931		11.00
13.00 01300 NURSING ADMINISTRATION	5,845	0	0	1,550,331	151,619		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	12,878	0	0	68,495	6,699		14.00
15.00 01500 PHARMACY	4,387	0	0	5,259,650	514,383		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,111	0	0	1,236,378	120,915		16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	62,410	68,055	98,972	7,790,391	761,895		30.00
31.00 03100 INTENSIVE CARE UNIT	25,887	12,039	17,508	1,924,344	188,197		31.00
41.00 04100 SUBPROVIDER - IIRF	0	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	102,182	124,860	181,583	4,959,173	484,997		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	22,630	4,963	7,218	1,190,732	116,451		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,923	97,045	141,131	4,562,425	446,196		54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
56.01 05601 ONCOLOGY	14,131	37,787	54,953	2,579,951	252,314		56.01
57.00 05700 CT SCAN	5,634	84,638	123,088	1,327,960	129,872		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,382	46,601	67,771	1,137,147	111,211		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000 LABORATORY	47,329	174,724	254,292	5,431,598	531,199		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	4,362	18,675	27,159	1,122,120	109,741		65.00
65.01 06501 SLEEP LAB	3,806	14,514	21,107	632,941	61,900		65.01
66.00 06600 PHYSICAL THERAPY	6,734	25,776	37,485	2,200,432	215,198		66.00
69.00 06900 ELECTROCARDIOLOGY	15,370	26,228	38,143	1,022,341	99,983		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	470	37,619	54,709	1,758,366	171,965		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	20,449	29,739	1,624,001	158,824		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	78,997	114,885	193,882	18,961		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	1,609	1,885	2,742	383,863	37,541		90.00
91.00 09100 EMERGENCY	42,388	171,710	249,716	3,826,919	374,265		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	6,497	6,491	9,440	1,920,628	187,834		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0		97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150097

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.03	5.04	5.05	5A.05	5.06	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	6,333	8,387	12,196	1,361,006	133,104	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	431,246	1,061,443	1,543,837	65,576,254	5,804,117	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,192	410	190.00
190.01	19001 SHELBY COUNTY MEDICAL CENTER	0	0	0	3,597	352	190.01
190.02	19002 SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003 PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004 ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005 MARKETING	0	0	0	476,795	46,630	190.05
190.06	19006 MH LIGHTBOUND	0	0	0	0	0	190.06
190.07	19007 I-74 CAMPUS	0	0	0	585,584	57,269	190.07
190.08	19008 SOUTHEAST OB	0	0	0	71,970	7,039	190.08
190.09	19009 INTELLI PLEX DEVELOPMENT	0	0	0	109,378	10,697	190.09
190.10	19010 MS&M	0	0	0	0	0	190.10
190.11	19011 OTHER NON-REIMBURSEABLE CENTERS	0	0	0	98,223	9,606	190.11
190.12	19012 BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013 SSA	0	0	0	271	27	190.13
190.14	19014 SPORTSWORKS	0	0	0	0	0	190.14
190.15	19015 SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016 RENOVO	0	0	0	2,248	220	190.16
190.17	19017 IMA	0	0	0	0	0	190.17
190.18	19018 MD SOLUTIONS	0	0	0	3,035	297	190.18
190.19	19019 MHCD	0	0	0	954,321	93,331	190.19
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPITALIST	0	0	0	1,773,021	173,398	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	478	0	0	255,056	24,944	194.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	431,724	1,061,443	1,543,837	69,913,945	6,228,337	202.00
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 COMMUNICATIONS						5.01
5.02	00511 DATA PROCESSING						5.02
5.03	00512 PURCHASING, RECEIVING AND STORES						5.03
5.04	00513 ADMINISTRATION						5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700 OPERATION OF PLANT	2,095,542					7.00
8.00	00800 LAUNDRY & LINEN SERVICE	9,183	256,701				8.00
9.00	00900 HOUSEKEEPING	4,252	7,588	1,527,193			9.00
10.00	01000 DIETARY	40,735	0	29,879	353,410		10.00
11.00	01100 CAFETERIA	64,512	0	47,318	0	672,317	11.00
13.00	01300 NURSING ADMINISTRATION	41,745	0	30,619	0	23,390	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	52,632	0	38,605	0	0	14.00
15.00	01500 PHARMACY	25,365	0	18,604	0	17,197	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	36,450	0	26,736	0	25,953	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	402,586	94,486	295,290	322,052	151,777	30.00
31.00	03100 INTENSIVE CARE UNIT	122,984	13,020	90,207	31,358	35,531	31.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	161,122	27,934	118,180	0	69,031	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	7,793	0	5,716	0	11,956	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	153,759	28,286	112,780	0	53,418	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ONCOLOGY	384,439	0	281,980	0	27,895	56.01
57.00	05700 CT SCAN	6,618	0	4,854	0	9,271	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	7,448	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	35,292	5,701	25,886	0	68,569	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	20,881	0	15,316	0	22,024	65.00
65.01	06501 SLEEP LAB	0	5,154	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	10,424	122	7,646	0	34,885	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
69.00	06900	ELECTROCARDIOLOGY	38,121	0	27,961	0	18,144	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,515	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,911	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	82,679	872	60,644	0	9,030	90.00
91.00	09100	EMERGENCY	87,709	61,314	64,333	0	57,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,789,281	244,477	1,302,554	353,410	648,199	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,155	0	4,515	0	0	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005	MARKETING	3,177	0	2,330	0	3,674	190.05
190.06	19006	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07	19007	I-74 CAMPUS	0	0	0	0	9,486	190.07
190.08	19008	SOUTHEAST OB	104,850	0	76,906	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	0	0	0	560	190.09
190.10	19010	MS&M	0	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	127,832	0	93,763	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	0	190.13
190.14	19014	SPORTSWORKS	0	9,565	0	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016	RENOVO	0	0	0	0	0	190.16
190.17	19017	IMA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	0	190.18
190.19	19019	MHCD	6,023	0	4,418	0	0	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	0	0	0	0	10,398	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	58,224	2,659	42,707	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,095,542	256,701	1,527,193	353,410	672,317	202.00
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINISTRATIVE						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,797,704					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	166,431				14.00
15.00	01500	PHARMACY	0	0	5,835,199			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,446,432		16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	593,366	0	0	102,440	10,514,283	30.00
31.00	03100	INTENSIVE CARE UNIT	138,906	0	0	16,285	2,560,832	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	269,875	0	0	168,907	6,259,219	50.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	46,743	0	0	6,714	1,386,105	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	131,279	5,488,143	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	109,053	0	0	51,117	3,686,749	56.01
57.00	05700	CT SCAN	0	0	0	114,495	1,593,070	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	63,040	1,318,846	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	236,534	6,334,779	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	86,103	0	0	25,263	1,401,448	65.00
65.01	06501	SLEEP LAB	37,094	0	0	19,634	756,723	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	34,869	2,503,576	66.00
69.00	06900	ELECTROCARDIOLOGY	70,935	0	0	35,480	1,312,965	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	108,180	0	50,889	2,092,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	58,251	0	27,663	1,870,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,835,199	106,864	6,154,906	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	35,303	0	0	2,550	612,482	90.00
91.00	09100	EMERGENCY	223,833	0	0	232,283	4,927,910	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	8,781	2,117,243	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	78,308	0	0	11,345	1,583,763	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,689,519	166,431	5,835,199	1,446,432	64,476,607	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	15,272	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	3,949	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005	MARKETING	0	0	0	0	532,606	190.05
190.06	19006	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07	19007	I-74 CAMPUS	37,087	0	0	0	689,426	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	260,765	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	2,190	0	0	0	122,825	190.09
190.10	19010	MS&M	0	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	329,424	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	298	190.13
190.14	19014	SPORTSWORKS	0	0	0	0	9,565	190.14
190.15	19015	SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016	RENOVO	0	0	0	0	2,468	190.16
190.17	19017	I MA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	3,332	190.18
190.19	19019	MHCD	0	0	0	0	1,058,093	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	40,651	0	0	0	1,997,468	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	28,257	0	0	0	411,847	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,797,704	166,431	5,835,199	1,446,432	69,913,945	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	COMMUNICATIONS		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	ADMINISTRATIVE		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,514,283	31.00
41.00	04100	SUBPROVIDER - IRF	2,560,832	41.00
42.00	04200	SUBPROVIDER	0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,259,219	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,386,105	54.00
56.00	05600	RADIOISOTOPE	5,488,143	56.00
56.01	05601	ONCOLOGY	0	56.01
57.00	05700	CT SCAN	3,686,749	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,593,070	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	1,318,846	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	6,334,779	65.00
65.01	06501	SLEEP LAB	0	65.01
66.00	06600	PHYSICAL THERAPY	1,401,448	66.00
69.00	06900	ELECTROCARDIOLOGY	756,723	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,503,576	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,312,965	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,092,915	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	612,482	90.00
91.00	09100	EMERGENCY	4,927,910	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	2,117,243	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,583,763	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,476,607	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,272	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	3,949	190.01
190.02	19002	SICK CHILD CARE	0	190.02
190.03	19003	PRIVATE DUTY	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	190.04
190.05	19005	MARKETING	532,606	190.05
190.06	19006	MHLIGHTBOUND	0	190.06
190.07	19007	I-74 CAMPUS	689,426	190.07
190.08	19008	SOUTHEAST OB	260,765	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	122,825	190.09
190.10	19010	MS&M	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	329,424	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	190.12
190.13	19013	SSA	298	190.13

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.14	19014	SPORTSWORKS	0	9,565	190.14
190.15	19015	SHELBY PEDS	0	0	190.15
190.16	19016	RENOVO	0	2,468	190.16
190.17	19017	IMA	0	0	190.17
190.18	19018	MD SOLUTIONS	0	3,332	190.18
190.19	19019	MHCD	0	1,058,093	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPITALIST	0	1,997,468	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	411,847	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	69,913,945	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
		BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS	0	5,922	5,922	5,922		4.00
5.01 00510	COMMUNICATIONS	0	3,191	3,191	10	3,201	5.01
5.02 00511	DATA PROCESSING	0	23,886	23,886	185	74	5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	0	7,995	7,995	33	26	5.03
5.04 00513	ADMITTING	0	17,744	17,744	132	58	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	106	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	116,391	116,391	564	142	5.06
7.00 00700	OPERATION OF PLANT	0	124,079	124,079	104	42	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	6,087	6,087	7	5	8.00
9.00 00900	HOUSEKEEPING	0	2,818	2,818	132	16	9.00
10.00 01000	DIETARY	0	27,000	27,000	28	53	10.00
11.00 01100	CAFETERIA	0	42,760	42,760	58	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	27,669	27,669	186	163	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	34,886	34,886	0	21	14.00
15.00 01500	PHARMACY	0	16,812	16,812	133	32	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	24,160	24,160	100	68	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	266,849	266,849	895	116	30.00
31.00 03100	INTENSIVE CARE UNIT	0	81,517	81,517	209	47	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	106,795	106,795	421	147	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	5,165	5,165	325	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	101,915	101,915	332	153	54.00
56.00 05600	RADIOLOGY	0	0	0	0	0	56.00
56.01 05601	ONCOLOGY	0	254,815	254,815	170	221	56.01
57.00 05700	CT SCAN	0	4,387	4,387	63	5	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	52	11	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	23,392	23,392	310	111	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	13,840	13,840	127	74	65.00
65.01 06501	SLEEP LAB	0	0	0	58	26	65.01
66.00 06600	PHYSICAL THERAPY	0	6,909	6,909	218	79	66.00
69.00 06900	ELECTROCARDIOLOGY	0	25,268	25,268	105	74	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10	5	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6	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	54,801	54,801	29	68	90.00
91.00 09100	EMERGENCY	0	58,135	58,135	369	121	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	121	68	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	1,485,188	1,485,188	5,598	2,026	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,080	4,080	0	5	190.00
190.01 19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	168	190.01
190.02 19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03 19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04 19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05 19005	MARKETING	0	2,106	2,106	26	0	190.05
190.06 19006	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07 19007	I-74 CAMPUS	0	0	0	25	0	190.07
190.08 19008	SOUTHEAST OB	0	69,497	69,497	0	116	190.08
190.09 19009	INTELLI PLEX DEVELOPMENT	0	0	0	2	0	190.09
190.10 19010	MS&M	0	0	0	0	0	190.10
190.11 19011	OTHER NON-REIMBURSEABLE CENTERS	0	84,730	84,730	0	634	190.11
190.12 19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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	COMMUNICATIONS	
			BLDG & FIXT				
	0	1.00		2A	4.00	5.01	
190.13 19013 SSA	0	0	0	0	0	0	190.13
190.14 19014 SPORTSWORKS	0	0	0	0	0	0	190.14
190.15 19015 SHELBY PEDS	0	0	0	0	0	0	190.15
190.16 19016 RENOVO	0	0	0	0	0	105	190.16
190.17 19017 IMA	0	0	0	0	0	0	190.17
190.18 19018 MD SOLUTIONS	0	0	0	0	0	142	190.18
190.19 19019 MHCD	0	3,992		3,992	0	0	190.19
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 HOSPITALIST	0	0	0	0	244	5	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	38,592		38,592	27	0	194.00
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,688,185		1,688,185	5,922	3,201	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING	24,145				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	534	8,588			5.03
5.04	00513	ADMINITTING	415	84	18,433		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,009	23	0	1,138	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,424	146	0	0	5.06
7.00	00700	OPERATION OF PLANT	534	12	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	415	91	0	0	9.00
10.00	01000	DIETARY	237	40	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,602	116	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	119	256	0	0	14.00
15.00	01500	PHARMACY	593	87	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,186	102	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,431	1,241	1,188	67	30.00
31.00	03100	INTENSIVE CARE UNIT	831	515	210	12	31.00
41.00	04100	SUBPROVIDER - I R F	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,017	2,035	2,179	124	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	297	450	87	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,958	237	1,693	96	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ONCOLOGY	2,432	281	659	37	56.01
57.00	05700	CT SCAN	0	112	1,477	84	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	67	813	46	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,542	941	2,961	261	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	534	87	326	19	65.00
65.01	06501	SLEEP LAB	178	76	253	14	65.01
66.00	06600	PHYSICAL THERAPY	297	134	450	26	66.00
69.00	06900	ELECTROCARDIOLOGY	59	306	458	26	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9	656	37	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	357	20	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,378	78	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	593	32	33	2	90.00
91.00	09100	EMERGENCY	1,958	843	2,996	170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	129	113	6	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	653	126	146	8	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,848	8,578	18,433	1,138	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	190.04
190.05	19005	MARKETING	178	0	0	0	190.05
190.06	19006	MH LIGHTBOUND	0	0	0	0	190.06
190.07	19007	I-74 CAMPUS	0	0	0	0	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	190.08
190.09	19009	INTELLEPLEX DEVELOPMENT	0	0	0	0	190.09
190.10	19010	MS&M	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	190.13
190.14	19014	SPORTSWORKS	0	0	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	0	0	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

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Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5.05	5.06	
190.16	19016	RENOVO	0	0	0	0	4	190.16
190.17	19017	IMA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	6	190.18
190.19	19019	MHCD	0	0	0	0	1,778	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	119	0	0	0	3,303	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	10	0	0	475	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,145	8,588	18,433	1,138	118,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 10:35 am			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	128,327				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	562	7,081			8.00
9.00	00900	HOUSEKEEPING	260	209	6,513		9.00
10.00	01000	DIETARY	2,495	0	127	30,460	10.00
11.00	01100	CAFETERIA	3,951	0	202	0	47,922
13.00	01300	NURSING ADMINISTRATION	2,556	0	131	0	1,667
14.00	01400	CENTRAL SERVICES & SUPPLY	3,223	0	165	0	0
15.00	01500	PHARMACY	1,553	0	79	0	1,226
16.00	01600	MEDICAL RECORDS & LIBRARY	2,232	0	114	0	1,850
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,655	2,608	1,259	27,757	10,817
31.00	03100	INTENSIVE CARE UNIT	7,531	359	385	2,703	2,533
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,867	771	504	0	4,920
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	477	0	24	0	852
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,416	780	481	0	3,808
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	ONCOLOGY	23,542	0	1,203	0	1,988
57.00	05700	CT SCAN	405	0	21	0	661
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	531
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	2,161	157	110	0	4,888
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,279	0	65	0	1,570
65.01	06501	SLEEP LAB	0	142	0	0	0
66.00	06600	PHYSICAL THERAPY	638	3	33	0	2,487
69.00	06900	ELECTROCARDIOLOGY	2,334	0	119	0	1,293
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	251
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	136
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	5,063	24	259	0	644
91.00	09100	EMERGENCY	5,371	1,691	274	0	4,081
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,571	6,744	5,555	30,460	46,203
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	377	0	19	0	0
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0
190.02	19002	SICK CHILD CARE	0	0	0	0	0
190.03	19003	PRIVATE DUTY	0	0	0	0	0
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0
190.05	19005	MARKETING	195	0	10	0	262
190.06	19006	MHLIGHTBOUND	0	0	0	0	0
190.07	19007	I-74 CAMPUS	0	0	0	0	676
190.08	19008	SOUTHEAST OB	6,421	0	328	0	0
190.09	19009	INTELLI PLEX DEVELOPMENT	0	0	0	0	40
190.10	19010	MS&M	0	0	0	0	0
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	7,828	0	400	0	0
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0
190.13	19013	SSA	0	0	0	0	0
190.14	19014	SPORTSWORKS	0	264	0	0	0
190.15	19015	SHELBY PEDS	0	0	0	0	0
190.16	19016	RENOVO	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
190.17	19017	I MA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	0	190.18
190.19	19019	MHCD	369	0	19	0	0	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	0	0	0	0	741	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	3,566	73	182	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	128,327	7,081	6,513	30,460	47,922	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

Worksheet B
Part II
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
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	36,978					13.00
14.00	01400	0	38,798				14.00
15.00	01500	0	0	30,314			15.00
16.00	01600	0	0	0	32,115		16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,207	0	0	2,267	368,889	30.00
31.00	03100	2,857	0	0	360	103,654	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,551	0	0	3,739	148,309	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	961	0	0	149	11,010	53.00
54.00	05400	0	0	0	2,906	132,275	54.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	2,243	0	0	1,131	293,528	56.01
57.00	05700	0	0	0	2,534	12,223	57.00
58.00	05800	0	0	0	1,395	5,034	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	5,338	52,291	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,771	0	0	559	22,342	65.00
65.01	06501	763	0	0	435	3,124	65.01
66.00	06600	0	0	0	772	16,145	66.00
69.00	06900	1,459	0	0	785	34,191	69.00
71.00	07100	0	25,219	0	1,126	30,589	71.00
72.00	07200	0	13,579	0	612	17,736	72.00
73.00	07300	0	0	30,314	2,365	34,496	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	726	0	0	56	63,045	90.00
91.00	09100	4,604	0	0	5,141	92,884	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	194	4,020	95.00
97.00	09700	0	0	0	0	0	97.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	1,611	0	0	251	5,520	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		34,753	38,798	30,314	32,115	1,451,305	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	4,489	190.00
190.01	19001	0	0	0	0	175	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	3,665	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	763	0	0	0	2,555	190.07
190.08	19008	0	0	0	0	76,496	190.08
190.09	19009	45	0	0	0	291	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19011	0	0	0	0	93,775	190.11
190.12	19012	0	0	0	0	0	190.12
190.13	19013	0	0	0	0	1	190.13
190.14	19014	0	0	0	0	264	190.14
190.15	19015	0	0	0	0	0	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	Subtotal	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	24.00	
190.16	19016	RENOVO	0	0	0	0	109	190.16
190.17	19017	IMA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	148	190.18
190.19	19019	MHCD	0	0	0	0	6,158	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	836	0	0	0	5,248	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	581	0	0	0	43,506	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	36,978	38,798	30,314	32,115	1,688,185	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 10:35 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	COMMUNICATIONS		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	ADMINISTRATIVE		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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	0	368,889
31.00	03100	INTENSIVE CARE UNIT	0	103,654
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	148,309
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	11,010
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	132,275
56.00	05600	RADIOISOTOPE	0	0
56.01	05601	ONCOLOGY	0	293,528
57.00	05700	CT SCAN	0	12,223
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,034
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	52,291
60.01	06001	BLOOD LABORATORY	0	0
65.00	06500	RESPIRATORY THERAPY	0	22,342
65.01	06501	SLEEP LAB	0	3,124
66.00	06600	PHYSICAL THERAPY	0	16,145
69.00	06900	ELECTROCARDIOLOGY	0	34,191
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,589
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,736
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,496
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	63,045
91.00	09100	EMERGENCY	0	92,884
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	4,020
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0
101.00	10100	HOME HEALTH AGENCY	0	5,520
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,451,305
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,489
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	175
190.02	19002	SICK CHILD CARE	0	0
190.03	19003	PRIVATE DUTY	0	0
190.04	19004	ST. VINCENT'S STRESS	0	0
190.05	19005	MARKETING	0	3,665
190.06	19006	MHLIGHTBOUND	0	0
190.07	19007	I-74 CAMPUS	0	2,555
190.08	19008	SOUTHEAST OB	0	76,496
190.09	19009	INTELLI PLEX DEVELOPMENT	0	291
190.10	19010	MS&M	0	0
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	93,775
190.12	19012	BARTLEY ORTHOPEDICS	0	0
190.13	19013	SSA	0	1

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150097

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.14	19014	SPORTSWORKS	0	264	190.14
190.15	19015	SHELBY PEDS	0	0	190.15
190.16	19016	RENOVO	0	109	190.16
190.17	19017	IMA	0	0	190.17
190.18	19018	MD SOLUTIONS	0	148	190.18
190.19	19019	MHCD	0	6,158	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPITALIST	0	5,248	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	43,506	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,688,185	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING AND STORES (PURCHASING)	
	BLDG & FIXT (SQUARE FEET)						
	1.00						
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	153,935					1.00
4.00 00400	EMPLOYEE BENEFITS	540	32,043,466				4.00
5.01 00510	COMMUNICATIONS	291	54,740	608			5.01
5.02 00511	DATA PROCESSING	2,178	1,002,561	14	407		5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	729	178,445	5	9	1,855,533	5.03
5.04 00513	ADMINISTRATIVE	1,618	713,817	11	7	18,168	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	573,846	0	17	5,074	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	10,613	3,047,528	27	24	31,512	5.06
7.00 00700	OPERATION OF PLANT	11,314	563,453	8	9	2,658	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	555	39,414	1	0	0	8.00
9.00 00900	HOUSEKEEPING	257	714,233	3	7	19,758	9.00
10.00 01000	DIETARY	2,462	151,401	10	4	8,565	10.00
11.00 01100	CAFETERIA	3,899	313,619	0	8	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,523	1,006,526	31	27	25,123	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,181	0	4	2	55,348	14.00
15.00 01500	PHARMACY	1,533	717,086	6	10	18,856	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,203	540,752	13	20	21,966	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	24,332	4,864,735	22	41	268,237	30.00
31.00 03100	INTENSIVE CARE UNIT	7,433	1,127,178	9	14	111,261	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	9,738	2,274,388	28	34	439,170	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	471	1,757,095	0	5	97,262	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,293	1,795,227	29	33	51,244	54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	ONCOLOGY	23,235	917,206	42	41	60,735	56.01
57.00 05700	CT SCAN	400	339,706	1	0	24,215	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	280,063	2	0	14,537	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	2,133	1,677,511	21	26	203,420	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,262	686,528	14	9	18,746	65.00
65.01 06501	SLEEP LAB	0	313,123	5	3	16,360	65.01
66.00 06600	PHYSICAL THERAPY	630	1,178,830	15	5	28,942	66.00
69.00 06900	ELECTROCARDIOLOGY	2,304	569,312	14	1	66,059	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	56,156	1	0	2,022	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	30,525	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	4,997	158,975	13	10	6,916	90.00
91.00 09100	EMERGENCY	5,301	1,994,619	23	33	182,183	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	27,922	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	655,009	13	11	27,220	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	135,425	30,293,607	385	402	1,853,479	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	372	0	1	0	0	190.00
190.01 19001	SHELBY COUNTY MEDICAL CENTER	0	0	32	0	0	190.01
190.02 19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03 19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04 19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05 19005	MARKETING	192	139,854	0	3	0	190.05
190.06 19006	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07 19007	I-74 CAMPUS	0	136,353	0	0	0	190.07
190.08 19008	SOUTHEAST OB	6,337	0	22	0	0	190.08
190.09 19009	INTELLI PLEX DEVELOPMENT	0	8,184	0	0	0	190.09
190.10 19010	MS&M	0	0	0	0	0	190.10
190.11 19011	OTHER NON-REIMBURSEABLE CENTERS	7,726	0	120	0	0	190.11
190.12 19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING AND STORES (PURCHASING)	
	BLDG & FIXT (SQUARE FEET)						
	1.00	4.00					
190.13 19013 SSA	0	0	0	0	0	0	190.13
190.14 19014 SPORTSWORKS	0	0	0	0	0	0	190.14
190.15 19015 SHELBY PEDS	0	0	0	0	0	0	190.15
190.16 19016 RENOVO	0	0	0	20	0	0	190.16
190.17 19017 IMA	0	0	0	0	0	0	190.17
190.18 19018 MD SOLUTIONS	0	0	0	27	0	0	190.18
190.19 19019 MHCD	364	0	0	0	0	0	190.19
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 HOSPITALIST	0	0	1,320,488	1	2	0	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	3,519	144,980	0	0	0	2,054	194.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,688,185	8,238,612	68,347	3,324,624	431,724		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.966869	0.257107	112.412829	8,168.609337	0.232668		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		5,922	3,201	24,145	8,588		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.000185	5.264803	59.324324	0.004628		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING	210,493,518					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	210,493,518				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	-6,228,337	63,685,608		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	1,908,859	126,652	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	225,468	555	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,380,357	257	9.00
10.00	01000	DIETARY	0	0	0	257,603	2,462	10.00
11.00	01100	CAFETERIA	0	0	0	510,556	3,899	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,550,331	2,523	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	68,495	3,181	14.00
15.00	01500	PHARMACY	0	0	0	5,259,650	1,533	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,236,378	2,203	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,494,928	13,494,928	0	7,790,391	24,332	30.00
31.00	03100	INTENSIVE CARE UNIT	2,387,178	2,387,178	0	1,924,344	7,433	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,759,101	24,759,101	0	4,959,173	9,738	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	984,147	984,147	0	1,190,732	471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,243,422	19,243,422	0	4,562,425	9,293	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	7,492,973	7,492,973	0	2,579,951	23,235	56.01
57.00	05700	CT SCAN	16,783,257	16,783,257	0	1,327,960	400	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,240,717	9,240,717	0	1,137,147	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	34,662,353	34,662,353	0	5,431,598	2,133	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,703,106	3,703,106	0	1,122,120	1,262	65.00
65.01	06501	SLEEP LAB	2,878,030	2,878,030	0	632,941	0	65.01
66.00	06600	PHYSICAL THERAPY	5,111,191	5,111,191	0	2,200,432	630	66.00
69.00	06900	ELECTROCARDIOLOGY	5,200,799	5,200,799	0	1,022,341	2,304	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,459,611	7,459,611	0	1,758,366	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,054,947	4,054,947	0	1,624,001	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,664,675	15,664,675	0	193,882	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	373,836	373,836	0	383,863	4,997	90.00
91.00	09100	EMERGENCY	34,049,140	34,049,140	0	3,826,919	5,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,287,106	1,287,106	0	1,920,628	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,663,001	1,663,001	0	1,361,006	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	210,493,518	210,493,518	-6,228,337	59,347,917	108,142	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,192	372	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	3,597	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005	MARKETING	0	0	0	476,795	192	190.05
190.06	19006	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07	19007	I-74 CAMPUS	0	0	0	585,584	0	190.07
190.08	19008	SOUTHEAST OB	0	0	0	71,970	6,337	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	0	0	109,378	0	190.09
190.10	19010	MS&M	0	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	98,223	7,726	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	271	0	190.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
190.14	19014 SPORTSWORKS	0	0	0	0	0	190.14
190.15	19015 SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016 RENOVO	0	0	0	2,248	0	190.16
190.17	19017 IMA	0	0	0	0	0	190.17
190.18	19018 MD SOLUTIONS	0	0	0	3,035	0	190.18
190.19	19019 MHCD	0	0	0	954,321	364	190.19
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPITALIST	0	0	0	1,773,021	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	255,056	3,519	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,061,443	1,543,837		6,228,337	2,095,542	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.005043	0.007334		0.097798	16.545668	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	18,433	1,138		118,667	128,327	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000088	0.000005		0.001863	1.013225	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
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						30.00
31.00	03100						31.00
41.00	04100						41.00
42.00	04200						42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
52.00	05200						52.00
53.00	05300						53.00
54.00	05400						54.00
56.00	05600						56.00
56.01	05601						56.01
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
60.01	06001						60.01
65.00	06500						65.00
65.01	06501						65.01
66.00	06600						66.00
69.00	06900						69.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000						90.00
91.00	09100						91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500						95.00
97.00	09700						97.00
100.00	10000						100.00
101.00	10100						101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
190.01	19001						190.01
190.02	19002						190.02
190.03	19003						190.03
190.04	19004						190.04
190.05	19005						190.05
190.06	19006						190.06
190.07	19007						190.07
190.08	19008						190.08
190.09	19009						190.09
190.10	19010						190.10
190.11	19011						190.11
190.12	19012						190.12
190.13	19013						190.13
190.14	19014						190.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	
		8.00	9.00	10.00	11.00	13.00	
190.15	19015 SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016 RENOV0	0	0	0	0	0	190.16
190.17	19017 IMA	0	0	0	0	0	190.17
190.18	19018 MD SOLUTIONS	0	0	0	0	0	190.18
190.19	19019 MHCD	0	364	0	0	0	190.19
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPITALIST	0	0	0	11,712	11,712	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	4,171	3,519	0	0	8,141	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	256,701	1,527,193	353,410	672,317	1,797,704	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.637597	12.135990	33.501754	0.887825	3.470927	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,081	6,513	30,460	47,922	36,978	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.017588	0.051756	2.887477	0.063283	0.071395	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00511				5.02
5.03	00512				5.03
5.04	00513				5.04
5.05	00514				5.05
5.06	00560				5.06
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	100			14.00
15.00	01500	0	100		15.00
16.00	01600	0	0	212,014,679	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	15,016,089	30.00
31.00	03100	0	0	2,387,178	31.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	24,759,101	50.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	984,147	53.00
54.00	05400	0	0	19,243,422	54.00
56.00	05600	0	0	0	56.00
56.01	05601	0	0	7,492,973	56.01
57.00	05700	0	0	16,783,257	57.00
58.00	05800	0	0	9,240,717	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	34,662,353	60.00
60.01	06001	0	0	0	60.01
65.00	06500	0	0	3,703,106	65.00
65.01	06501	0	0	2,878,030	65.01
66.00	06600	0	0	5,111,191	66.00
69.00	06900	0	0	5,200,799	69.00
71.00	07100	65	0	7,459,611	71.00
72.00	07200	35	0	4,054,947	72.00
73.00	07300	0	100	15,664,675	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	373,836	90.00
91.00	09100	0	0	34,049,140	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	1,287,106	95.00
97.00	09700	0	0	0	97.00
100.00	10000	0	0	0	100.00
101.00	10100	0	0	1,663,001	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	0	0	0	113.00
118.00		100	100	212,014,679	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
190.01	19001	0	0	0	190.01
190.02	19002	0	0	0	190.02
190.03	19003	0	0	0	190.03
190.04	19004	0	0	0	190.04
190.05	19005	0	0	0	190.05
190.06	19006	0	0	0	190.06
190.07	19007	0	0	0	190.07
190.08	19008	0	0	0	190.08
190.09	19009	0	0	0	190.09
190.10	19010	0	0	0	190.10
190.11	19011	0	0	0	190.11
190.12	19012	0	0	0	190.12
190.13	19013	0	0	0	190.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150097

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

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Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		14.00	15.00	16.00	
190.14	19014 SPORTSWORKS	0	0	0	190.14
190.15	19015 SHELBY PEDS	0	0	0	190.15
190.16	19016 RENOVO	0	0	0	190.16
190.17	19017 IMA	0	0	0	190.17
190.18	19018 MD SOLUTIONS	0	0	0	190.18
190.19	19019 MHCD	0	0	0	190.19
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 HOSPITALIST	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	166,431	5,835,199	1,446,432	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,664.310000	58,351.990000	0.006822	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	38,798	30,314	32,115	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	387.980000	303.140000	0.000151	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150097

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

Worksheet C
Part I
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			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	10,514,283		10,514,283	0	10,514,283	13,494,928	30.00
31.00	03100	INTENSIVE CARE UNIT	2,560,832		2,560,832	0	2,560,832	2,387,178	31.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,259,219		6,259,219	0	6,259,219	6,802,461	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,386,105		1,386,105	169,393	1,555,498	274,866	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,488,143		5,488,143	0	5,488,143	2,733,034	54.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
56.01	05601	ONCOLOGY	3,686,749		3,686,749	0	3,686,749	37,036	56.01
57.00	05700	CT SCAN	1,593,070		1,593,070	0	1,593,070	3,095,683	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,318,846		1,318,846	0	1,318,846	1,016,565	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	6,334,779		6,334,779	0	6,334,779	8,369,299	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,401,448	0	1,401,448	0	1,401,448	3,380,962	65.00
65.01	06501	SLEEP LAB	756,723	0	756,723	0	756,723	8,284	65.01
66.00	06600	PHYSICAL THERAPY	2,503,576	0	2,503,576	0	2,503,576	748,088	66.00
69.00	06900	ELECTROCARDIOLOGY	1,312,965		1,312,965	0	1,312,965	621,214	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,092,915		2,092,915	0	2,092,915	2,296,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,870,650		1,870,650	0	1,870,650	2,876,412	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,154,906		6,154,906	0	6,154,906	4,709,170	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	612,482		612,482	0	612,482	682	90.00
91.00	09100	EMERGENCY	4,927,910		4,927,910	29,958	4,957,868	6,080,962	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	946,583		946,583	0	946,583	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	2,117,243		2,117,243	0	2,117,243	297,936	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,583,763		1,583,763	0	1,583,763	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
200.00		Subtotal (see instructions)	65,423,190	0	65,423,190	199,351	65,622,541	59,231,495	200.00
201.00		Less Observation Beds	946,583		946,583	0	946,583	0	201.00
202.00		Total (see instructions)	64,476,607	0	64,476,607	199,351	64,675,958	59,231,495	202.00
Charges									
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	7.00	8.00	9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		13,494,928					30.00
31.00	03100	INTENSIVE CARE UNIT		2,387,178					31.00
41.00	04100	SUBPROVIDER - I RF		0					41.00
42.00	04200	SUBPROVIDER		0					42.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,956,640	24,759,101	0.252805	0.000000	0.252805		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	709,281	984,147	1.408433	0.000000	1.580555		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,510,388	19,243,422	0.285196	0.000000	0.285196		54.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000		56.00
56.01	05601	ONCOLOGY	7,455,937	7,492,973	0.492028	0.000000	0.492028		56.01
57.00	05700	CT SCAN	13,687,574	16,783,257	0.094920	0.000000	0.094920		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,224,152	9,240,717	0.142721	0.000000	0.142721		58.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150097

Period:
From 01/01/2012
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			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00	8.00					
59.00	05900	CARDI AC CATHETERIZATION	0	0	0.000000	0.000000	0.000000		59.00
60.00	06000	LABORATORY	26,293,054	34,662,353	0.182757	0.000000	0.182757		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	322,144	3,703,106	0.378452	0.000000	0.378452		65.00
65.01	06501	SLEEP LAB	2,869,746	2,878,030	0.262931	0.000000	0.262931		65.01
66.00	06600	PHYSICAL THERAPY	4,363,103	5,111,191	0.489822	0.000000	0.489822		66.00
69.00	06900	ELECTROCARDIOLOGY	4,579,585	5,200,799	0.252454	0.000000	0.252454		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,162,876	7,459,611	0.280566	0.000000	0.280566		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,178,535	4,054,947	0.461325	0.000000	0.461325		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,955,505	15,664,675	0.392916	0.000000	0.392916		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	373,154	373,836	1.638371	0.000000	1.638371		90.00
91.00	09100	EMERGENCY	27,968,178	34,049,140	0.144729	0.000000	0.145609		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,521,161	1,521,161	0.622277	0.000000	0.622277		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	989,170	1,287,106	1.644964	0.000000	1.644964		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	1,663,001	1,663,001					101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	152,783,184	212,014,679					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	152,783,184	212,014,679					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150097

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

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Part I
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			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	10,514,283		10,514,283	0	0	13,494,928	30.00
31.00	03100	INTENSIVE CARE UNIT	2,560,832		2,560,832	0	0	2,387,178	31.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,259,219		6,259,219	0	0	6,802,461	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,386,105		1,386,105	0	0	274,866	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,488,143		5,488,143	0	0	2,733,034	54.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
56.01	05601	ONCOLOGY	3,686,749		3,686,749	0	0	37,036	56.01
57.00	05700	CT SCAN	1,593,070		1,593,070	0	0	3,095,683	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,318,846		1,318,846	0	0	1,016,565	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	6,334,779		6,334,779	0	0	8,369,299	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,401,448	0	1,401,448	0	0	3,380,962	65.00
65.01	06501	SLEEP LAB	756,723	0	756,723	0	0	8,284	65.01
66.00	06600	PHYSICAL THERAPY	2,503,576	0	2,503,576	0	0	748,088	66.00
69.00	06900	ELECTROCARDIOLOGY	1,312,965		1,312,965	0	0	621,214	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,092,915		2,092,915	0	0	2,296,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,870,650		1,870,650	0	0	2,876,412	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,154,906		6,154,906	0	0	4,709,170	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	612,482		612,482	0	0	682	90.00
91.00	09100	EMERGENCY	4,927,910		4,927,910	0	0	6,080,962	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	946,583		946,583	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	2,117,243		2,117,243	0	0	297,936	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,583,763		1,583,763	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	65,423,190	0	65,423,190	0	0	59,231,495	200.00
201.00		Less Observation Beds	946,583		946,583	0	0	0	201.00
202.00		Total (see instructions)	64,476,607	0	64,476,607	0	0	59,231,495	202.00
Charges									
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	7.00	8.00	9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		13,494,928					30.00
31.00	03100	INTENSIVE CARE UNIT		2,387,178					31.00
41.00	04100	SUBPROVIDER - I RF		0					41.00
42.00	04200	SUBPROVIDER		0					42.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,956,640	24,759,101	0.252805	0.000000	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	709,281	984,147	1.408433	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,510,388	19,243,422	0.285196	0.000000	0.000000		54.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000		56.00
56.01	05601	ONCOLOGY	7,455,937	7,492,973	0.492028	0.000000	0.000000		56.01
57.00	05700	CT SCAN	13,687,574	16,783,257	0.094920	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,224,152	9,240,717	0.142721	0.000000	0.000000		58.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150097

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 10:35 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00	8.00				
59.00	05900	CARDI AC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	26,293,054	34,662,353	0.182757	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	322,144	3,703,106	0.378452	0.000000	0.000000	65.00
65.01	06501	SLEEP LAB	2,869,746	2,878,030	0.262931	0.000000	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	4,363,103	5,111,191	0.489822	0.000000	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	4,579,585	5,200,799	0.252454	0.000000	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,162,876	7,459,611	0.280566	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,178,535	4,054,947	0.461325	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,955,505	15,664,675	0.392916	0.000000	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00	09000	CLINIC	373,154	373,836	1.638371	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	27,968,178	34,049,140	0.144729	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,521,161	1,521,161	0.622277	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	989,170	1,287,106	1.644964	0.000000	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	1,663,001	1,663,001				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	152,783,184	212,014,679				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	152,783,184	212,014,679				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150097

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

Worksheet D
Part I
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	368,889	0	368,889	10,419	35.41	30.00
31.00	INTENSIVE CARE UNIT	103,654		103,654	936	110.74	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30-199)	472,543		472,543	11,355		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,839	171,349				
31.00	INTENSIVE CARE UNIT	504	55,813				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
200.00	Total (lines 30-199)	5,343	227,162				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/24/2013 10:35 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	148,309	24,759,101	0.005990	2,342,267	14,030	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,010	984,147	0.011187	93,681	1,048	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	132,275	19,243,422	0.006874	1,662,461	11,428	54.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ONCOLOGY	293,528	7,492,973	0.039174	21,608	846	56.01
57.00	05700	CT SCAN	12,223	16,783,257	0.000728	1,581,512	1,151	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,034	9,240,717	0.000545	507,065	276	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	52,291	34,662,353	0.001509	5,023,098	7,580	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	22,342	3,703,106	0.006033	1,742,147	10,510	65.00
65.01	06501	SLEEP LAB	3,124	2,878,030	0.001085	8,284	9	65.01
66.00	06600	PHYSICAL THERAPY	16,145	5,111,191	0.003159	514,609	1,626	66.00
69.00	06900	ELECTROCARDIOLOGY	34,191	5,200,799	0.006574	602,244	3,959	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,589	7,459,611	0.004101	1,717,294	7,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,736	4,054,947	0.004374	1,300,235	5,687	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,496	15,664,675	0.002202	2,646,538	5,828	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	63,045	373,836	0.168643	0	0	90.00
91.00	09100	EMERGENCY	92,884	34,049,140	0.002728	3,105,756	8,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	33,211	1,521,161	0.021833	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	1,002,433	193,182,466		22,868,799	79,494	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/24/2013 10:35 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,419	0.00	4,839	0		30.00
31.00	03100	INTENSIVE CARE UNIT	936	0.00	504	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
200.00		Total (lines 30-199)	11,355		5,343	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150097

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2013 10:35 am

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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	0	65.01
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 PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
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: 150097

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

Worksheet D
Part IV
Date/Time Prepared:
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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)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,759,101	0.000000	0.000000	2,342,267	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	984,147	0.000000	0.000000	93,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,243,422	0.000000	0.000000	1,662,461	54.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	ONCOLOGY	0	7,492,973	0.000000	0.000000	21,608	56.01
57.00	05700	CT SCAN	0	16,783,257	0.000000	0.000000	1,581,512	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,240,717	0.000000	0.000000	507,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	34,662,353	0.000000	0.000000	5,023,098	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,703,106	0.000000	0.000000	1,742,147	65.00
65.01	06501	SLEEP LAB	0	2,878,030	0.000000	0.000000	8,284	65.01
66.00	06600	PHYSICAL THERAPY	0	5,111,191	0.000000	0.000000	514,609	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,200,799	0.000000	0.000000	602,244	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,459,611	0.000000	0.000000	1,717,294	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,054,947	0.000000	0.000000	1,300,235	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,664,675	0.000000	0.000000	2,646,538	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	373,836	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	34,049,140	0.000000	0.000000	3,105,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,521,161	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	193,182,466			22,868,799	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 10:35 am
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	5,416,743	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	268,150	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,490,589	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ONCOLOGY	0	2,639,595	0	56.01
57.00	05700 CT SCAN	0	3,657,001	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,246,778	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	633,480	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	298,118	0	65.00
65.01	06501 SLEEP LAB	0	924,393	0	65.01
66.00	06600 PHYSICAL THERAPY	0	1,431	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	1,514,009	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,124,288	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	532,737	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,209,827	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	6,198,110	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	319,531	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	34,474,780	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 10:35 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.252805	5,416,743	0	0	1,369,380	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1.408433	268,150	0	0	377,671	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.285196	4,490,589	0	0	1,280,698	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601	ONCOLOGY	0.492028	2,639,595	0	0	1,298,755	56.01
57.00	05700	CT SCAN	0.094920	3,657,001	0	0	347,123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.142721	2,246,778	0	0	320,662	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.182757	633,480	0	0	115,773	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.378452	298,118	0	0	112,823	65.00
65.01	06501	SLEEP LAB	0.262931	924,393	0	0	243,052	65.01
66.00	06600	PHYSICAL THERAPY	0.489822	1,431	0	0	701	66.00
69.00	06900	ELECTROCARDIOLOGY	0.252454	1,514,009	0	0	382,218	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280566	1,124,288	0	0	315,437	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.461325	532,737	0	0	245,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.392916	4,209,827	0	18,185	1,654,108	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	1.638371	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.144729	6,198,110	0	0	897,046	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.622277	319,531	0	0	198,837	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1.644964		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		34,474,780	0	18,185	9,160,049	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		34,474,780	0	18,185	9,160,049	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 10:35 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ONCOLOGY	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	06501 SLEEP LAB	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,145	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
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Subtotal (see instructions)	0	7,145	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	7,145	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150097

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

Worksheet D
Part I
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		Title XIX			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Cost		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	368,889	0	368,889	10,419	35.41	30.00	
31.00	INTENSIVE CARE UNIT	103,654		103,654	936	110.74	31.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
200.00	Total (lines 30-199)	472,543		472,543	11,355		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	687	24,327					
31.00	INTENSIVE CARE UNIT	0	0					
41.00	SUBPROVIDER - IRF	0	0					
42.00	SUBPROVIDER	0	0					
200.00	Total (lines 30-199)	687	24,327					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/24/2013 10:35 am
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Cost Center Description		Title XIX			Hospital	Cost	
		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	148,309	24,759,101	0.005990	451,682	2,706	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	11,010	984,147	0.011187	34,423	385	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	132,275	19,243,422	0.006874	138,102	949	54.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601 ONCOLOGY	293,528	7,492,973	0.039174	2,297	90	56.01
57.00	05700 CT SCAN	12,223	16,783,257	0.000728	150,225	109	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,034	9,240,717	0.000545	51,485	28	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	52,291	34,662,353	0.001509	502,845	759	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	22,342	3,703,106	0.006033	184,258	1,112	65.00
65.01	06501 SLEEP LAB	3,124	2,878,030	0.001085	0	0	65.01
66.00	06600 PHYSICAL THERAPY	16,145	5,111,191	0.003159	15,704	50	66.00
69.00	06900 ELECTROCARDIOLOGY	34,191	5,200,799	0.006574	18,970	125	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	30,589	7,459,611	0.004101	216,333	887	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,736	4,054,947	0.004374	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	34,496	15,664,675	0.002202	278,004	612	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	63,045	373,836	0.168643	100	17	90.00
91.00	09100 EMERGENCY	92,884	34,049,140	0.002728	372,033	1,015	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	33,211	1,521,161	0.021833	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	1,002,433	193,182,466		2,416,461	8,844	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/24/2013 10:35 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	Cost	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,419	0.00	687	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	936	0.00	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
200.00		Total (lines 30-199)	11,355		687	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150097

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 150097

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description			Title XIX			Hospital		Cost
			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	24,759,101	0.000000	0.000000	451,682	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	984,147	0.000000	0.000000	34,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,243,422	0.000000	0.000000	138,102	54.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	ONCOLOGY	0	7,492,973	0.000000	0.000000	2,297	56.01
57.00	05700	CT SCAN	0	16,783,257	0.000000	0.000000	150,225	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,240,717	0.000000	0.000000	51,485	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	34,662,353	0.000000	0.000000	502,845	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,703,106	0.000000	0.000000	184,258	65.00
65.01	06501	SLEEP LAB	0	2,878,030	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	5,111,191	0.000000	0.000000	15,704	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,200,799	0.000000	0.000000	18,970	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,459,611	0.000000	0.000000	216,333	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,054,947	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,664,675	0.000000	0.000000	278,004	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	373,836	0.000000	0.000000	100	90.00
91.00	09100	EMERGENCY	0	34,049,140	0.000000	0.000000	372,033	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,521,161	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	193,182,466			2,416,461	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 10:35 am
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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)	Hospital	Cost
Title XIX						
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
56.00	05600 RADIOISOTOPE	0	0	0		56.00
56.01	05601 ONCOLOGY	0	0	0		56.01
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	06501 SLEEP LAB	0	0	0		65.01
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 PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150097

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

Worksheet D
Part I
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		Title V			Hospital			
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	368,889	0	368,889	10,419	35.41	30.00	
31.00	INTENSIVE CARE UNIT	103,654		103,654	936	110.74	31.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
200.00	Total (lines 30-199)	472,543		472,543	11,355		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	0	0					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
200.00	Total (lines 30-199)	0	0					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150097

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

Worksheet D
Part II
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		Title V			Hospital			
		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	148,309	0	0.000000	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,010	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	132,275	0	0.000000	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ONCOLOGY	293,528	0	0.000000	0	0	56.01
57.00	05700	CT SCAN	12,223	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,034	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	52,291	0	0.000000	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	22,342	0	0.000000	0	0	65.00
65.01	06501	SLEEP LAB	3,124	0	0.000000	0	0	65.01
66.00	06600	PHYSICAL THERAPY	16,145	0	0.000000	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	34,191	0	0.000000	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,589	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,736	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,496	0	0.000000	0	0	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	63,045	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	92,884	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	969,222	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/24/2013 10:35 am	
Cost Center Description			Title V		Hospital		Total Costs (sum of cols. 1 through 3, minus col. 4)	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,419	0.00	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	936	0.00	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
200.00		Total (lines 30-199)	11,355		0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150097

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		Title V				Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	Hospital 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	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150097

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		Title V			Hospital		
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0.000000	0.000000	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0.000000	0.000000	0 54.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0 56.00
56.01	05601	ONCOLOGY	0	0	0.000000	0.000000	0 56.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0 59.00
60.00	06000	LABORATORY	0	0	0.000000	0.000000	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0.000000	0.000000	0 65.00
65.01	06501	SLEEP LAB	0	0	0.000000	0.000000	0 65.01
66.00	06600	PHYSICAL THERAPY	0	0	0.000000	0.000000	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0.000000	0.000000	0 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
91.00	09100	EMERGENCY	0	0	0.000000	0.000000	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0 97.00
200.00		Total (lines 50-199)	0	0			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150097

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		Title V			Hospital	
		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
56.00	05600 RADIOISOTOPE	0	0	0		56.00
56.01	05601 ONCOLOGY	0	0	0		56.01
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	06501 SLEEP LAB	0	0	0		65.01
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 PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2013 10:35 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,419	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,419	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)		9,481	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,839	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)		10,514,283	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)		10,514,283	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		15,882,106	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		15,882,106	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.662021	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)		1,675.15	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)		10,514,283	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,009.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,883,277	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)		4,883,277	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/24/2013 10:35 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	2,560,832	936	2,735.93	504	1,378,909	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)					6,004,797	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,266,983	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)					227,162	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					79,494	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					306,656	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,960,327	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)					938	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,009.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					946,583	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 10:35 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	368,889	10,514,283	0.035085	946,583	33,211	90.00
91.00	Nursing School cost	0	10,514,283	0.000000	946,583	0	91.00
92.00	Allied health cost	0	10,514,283	0.000000	946,583	0	92.00
93.00	All other Medical Education	0	10,514,283	0.000000	946,583	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2013 10:35 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,419	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,419	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)		9,481	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)		687	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,514,283	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)		10,514,283	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		15,882,106	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		15,882,106	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.662021	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)		1,675.15	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)		10,514,283	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,009.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		693,286	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)		693,286	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Date/Time Prepared: 5/24/2013 10:35 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,560,832	936	2,735.93	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)					622,840		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,316,126		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						938	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,009.15	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						946,583	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150097		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 10:35 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	368,889	10,514,283	0.035085	946,583	33,211	90.00
91.00	Nursing School cost	0	10,514,283	0.000000	946,583	0	91.00
92.00	Allied health cost	0	10,514,283	0.000000	946,583	0	92.00
93.00	All other Medical Education	0	10,514,283	0.000000	946,583	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 10:35 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		5,206,545		30.00
31.00	03100 INTENSIVE CARE UNIT		1,078,350		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.252805	2,342,267	592,137	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1.580555	93,681	148,068	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.285196	1,662,461	474,127	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 ONCOLOGY	0.492028	21,608	10,632	56.01
57.00	05700 CT SCAN	0.094920	1,581,512	150,117	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.142721	507,065	72,369	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.182757	5,023,098	918,006	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.378452	1,742,147	659,319	65.00
65.01	06501 SLEEP LAB	0.262931	8,284	2,178	65.01
66.00	06600 PHYSICAL THERAPY	0.489822	514,609	252,067	66.00
69.00	06900 ELECTROCARDIOLOGY	0.252454	602,244	152,039	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280566	1,717,294	481,814	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.461325	1,300,235	599,831	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.392916	2,646,538	1,039,867	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	1.638371	0	0	90.00
91.00	09100 EMERGENCY	0.145609	3,105,756	452,226	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.622277	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		22,868,799	6,004,797	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)		22,868,799		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 10:35 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,441,057	30.00
31.00	03100	INTENSIVE CARE UNIT		127,100	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.252805	451,682	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	1.408433	34,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.285196	138,102	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ONCOLOGY	0.492028	2,297	56.01
57.00	05700	CT SCAN	0.094920	150,225	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.142721	51,485	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.182757	502,845	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.378452	184,258	65.00
65.01	06501	SLEEP LAB	0.262931	0	65.01
66.00	06600	PHYSICAL THERAPY	0.489822	15,704	66.00
69.00	06900	ELECTROCARDIOLOGY	0.252454	18,970	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280566	216,333	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.461325	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.392916	278,004	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	1.638371	100	90.00
91.00	09100	EMERGENCY	0.144729	372,033	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.622277	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		2,416,461	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)		2,416,461	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 10:35 am
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		8,303,769	1.00
2.00	Outlier payments for discharges. (see instructions)		66,063	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)		69.44	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)		4.04	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.43	31.00
32.00	Sum of lines 30 and 31		20.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.11	33.00
34.00	Disproportionate share adjustment (see instructions)		507,360	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)		8,877,192	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)		8,877,192	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		666,692	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: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 10:35 am
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			9,543,884 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			9,543,884 61.00
62.00	Deductibles billed to program beneficiaries			1,053,984 62.00
63.00	Coinurance billed to program beneficiaries			14,739 63.00
64.00	Allowable bad debts (see instructions)			42,024 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			29,417 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-29,858 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			8,504,578 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)			2,500 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-1,743 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			238,482 70.96
70.97	Low Volume Payment-2			81,738 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)			8,825,555 71.00
72.00	Interim payments			8,982,386 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)			-156,831 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			90,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
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: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/24/2013 10:35 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,145	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,160,049	2.00
3.00	PPS payments		6,743,083	3.00
4.00	Outlier payment (see instructions)		13,762	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)		7,145	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		18,185	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)		18,185	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)		18,185	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,040	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)		7,145	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)		6,756,845	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)		1,621,970	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)		5,142,020	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)		5,142,020	30.00
31.00	Primary payer payments		1,571	31.00
32.00	Subtotal (line 30 minus line 31)		5,140,449	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)		164,184	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		114,929	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		9,496	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		5,255,378	37.00
38.00	MSP-LCC reconciliation amount from PS&R		139	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)		5,255,239	40.00
41.00	Interim payments		5,293,040	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)		-37,801	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: 150097

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2013 10:35 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		8,759,953		5,139,276	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		81,533		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	08/14/2012	47,400	08/14/2012	36,900	3.01	
3.02		12/31/2012	93,500	12/31/2012	116,864	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)		140,900		153,764	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)		8,982,386		5,293,040	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		156,831		37,801	6.02	
7.00	Total Medicare program liability (see instructions)		8,825,555		5,255,239	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: 150097

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2013 10:35 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			2,903 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			5,343 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			782 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			10,417 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			212,014,679 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			5,935,132 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)			1,066,566 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,004,055 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			62,511 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2013 10:35 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,316,126		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)		1,316,126	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)		1,316,126	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,568,157		8.00
9.00	Ancillary service charges		2,416,461	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)		3,984,618	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)		3,984,618	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,668,492	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)		1,316,126	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)		1,316,126	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)		1,316,126	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,316,126	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		1,316,126	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)		1,316,126	0	40.00
41.00	Interim payments		2,552,493	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-1,236,367	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: 150097

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

Worksheet G

Date/Time Prepared:
5/24/2013 10:35 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,930,082	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	24,296,014	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,800,449	0	0	0	6.00
7.00	Inventory	7,394,753	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	822,000	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)	26,642,400	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,737,322	0	0	0	12.00
13.00	Land improvements	5,822,866	0	0	0	13.00
14.00	Accumulated depreciation	-1,480,347	0	0	0	14.00
15.00	Buildings	33,878,138	0	0	0	15.00
16.00	Accumulated depreciation	-19,642,900	0	0	0	16.00
17.00	Leasehold improvements	656,533	0	0	0	17.00
18.00	Accumulated depreciation	-414,420	0	0	0	18.00
19.00	Fixed equipment	2,489,027	0	0	0	19.00
20.00	Accumulated depreciation	-2,364,609	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	31,611,190	0	0	0	23.00
24.00	Accumulated depreciation	-22,648,861	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)	32,643,939	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	68,803,395	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	68,803,395	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	128,089,734	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,632,390	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,748,809	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,943,383	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,324,582	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	26,579,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,136,301	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,715,301	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	43,039,883	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	85,049,851				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)	85,049,851	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	128,089,734	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150097

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

Worksheet G-1

Date/Time Prepared:
5/24/2013 10:35 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		75,532,576		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		9,517,275			2.00
3.00	Total (sum of line 1 and line 2)		85,049,851		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		85,049,851		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)		85,049,851		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150097

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2013 10:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,582,489		14,582,489	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	14,582,489		14,582,489	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,609,998		2,609,998	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)	2,609,998		2,609,998	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,192,487		17,192,487	17.00
18.00	Ancillary services	45,635,786	156,713,118	202,348,904	18.00
19.00	Outpatient services	958,820	2,320,088	3,278,908	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		1,663,001	1,663,001	22.00
23.00	AMBULANCE SERVICES	297,936	989,170	1,287,106	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	MISC OTHER	1,878,800	799,158	2,677,958	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	65,963,829	162,484,535	228,448,364	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		80,557,008		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)		80,557,008		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150097

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

Worksheet G-3

Date/Time Prepared:
5/24/2013 10:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	228,448,364	1.00
2.00	Less contractual allowances and discounts on patients' accounts	126,871,315	2.00
3.00	Net patient revenues (line 1 minus line 2)	101,577,049	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	80,557,008	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,020,041	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 REVENUE	2,129,112	24.00
24.01	INVESTMENT INCOME	3,339,167	24.01
24.02	OTHER NONOPERATING & MISC REVENUE	201,491	24.02
24.03	OTHER OPERATING INCOME	208,476	24.03
25.00	Total other income (sum of lines 6-24)	5,878,246	25.00
26.00	Total (line 5 plus line 25)	26,898,287	26.00
27.00	BAD DEBT EXPENSE	10,505,054	27.00
27.01	TRANSFERS	6,875,958	27.01
27.02		0	27.02
27.03		0	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	17,381,012	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,517,275	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet H
		HHA CCN: 157418		Date/Time Prepared: 5/24/2013 10:35 am
			Home Health Agency I	PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	173,122	0	0	171,636	344,758	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	396,995	0	0	0	396,995	6.00
7.00	Physical Therapy	0	0	0	225,813	225,813	7.00
8.00	Occupational Therapy	31,231	0	0	0	31,231	8.00
9.00	Speech Pathology	2,305	0	0	0	2,305	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	51,356	0	0	0	51,356	11.00
12.00	Supplies (see instructions)	0	0	0	21,909	21,909	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	655,009	0	0	419,358	1,074,367	24.00
		Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
		7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	344,758	0	344,758		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	396,995	0	396,995		6.00
7.00	Physical Therapy	0	225,813	0	225,813		7.00
8.00	Occupational Therapy	0	31,231	0	31,231		8.00
9.00	Speech Pathology	0	2,305	0	2,305		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	51,356	0	51,356		11.00
12.00	Supplies (see instructions)	0	21,909	0	21,909		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	0	1,074,367	0	1,074,367		24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/24/2013 10:35 am
		HHA CCN: 157418	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	344,758	0	0	0	344,758	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	396,995	0	0	0	396,995	6.00	
7.00	Physical Therapy	225,813	0	0	0	225,813	7.00	
8.00	Occupational Therapy	31,231	0	0	0	31,231	8.00	
9.00	Speech Pathology	2,305	0	0	0	2,305	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	51,356	0	0	0	51,356	11.00	
12.00	Supplies (see instructions)	21,909	0	0	0	21,909	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,074,367	0	0	0	1,074,367	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	344,758					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	187,590	584,585				6.00	
7.00	Physical Therapy	106,702	332,515				7.00	
8.00	Occupational Therapy	14,757	45,988				8.00	
9.00	Speech Pathology	1,089	3,394				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	24,267	75,623				11.00	
12.00	Supplies (see instructions)	10,353	32,262				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,074,367				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150097

Period: From 01/01/2012

Worksheet H-1

HHA CCN: 157418

To 12/31/2012

Part II
Date/Time Prepared:
5/24/2013 10:35 am

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-344,758	729,609
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	396,995
7.00	Physical Therapy	0	0	0	0	0	225,813
8.00	Occupational Therapy	0	0	0	0	0	31,231
9.00	Speech Pathology	0	0	0	0	0	2,305
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	51,356
12.00	Supplies (see instructions)	0	0	0	0	0	21,909
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-344,758	729,609
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		344,758
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.472524

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150097

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

Worksheet H-2 Part I

HHA CCN: 157418

Date/Time Prepared: 5/24/2013 10:35 am

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	COMMUNI CATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	
		BLDG & FIXT					
	0	1.00	4.00	5.01	5.02	5.03	
1.00 Administrative and General	0	0	168,407	1,461	89,855	6,333	1.00
2.00 Skilled Nursing Care	584,585	0	0	0	0	0	2.00
3.00 Physical Therapy	332,515	0	0	0	0	0	3.00
4.00 Occupational Therapy	45,988	0	0	0	0	0	4.00
5.00 Speech Pathology	3,394	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	75,623	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	32,262	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,074,367	0	168,407	1,461	89,855	6,333	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.04	5.05	5A.05	5.06	7.00	8.00	
1.00 Administrative and General	8,387	12,196	286,639	28,033	0	0	1.00
2.00 Skilled Nursing Care	0	0	584,585	57,171	0	0	2.00
3.00 Physical Therapy	0	0	332,515	32,519	0	0	3.00
4.00 Occupational Therapy	0	0	45,988	4,498	0	0	4.00
5.00 Speech Pathology	0	0	3,394	332	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	75,623	7,396	0	0	7.00
8.00 Supplies (see instructions)	0	0	32,262	3,155	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	8,387	12,196	1,361,006	133,104	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150097

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 157418

To 12/31/2012

Part I
Date/Time Prepared: 5/24/2013 10:35 am

Home Health Agency I

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	78,308	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	78,308	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part I)	Total HHA Costs	
		16.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	11,345	404,325	0	404,325	0	0	1.00
2.00	Skilled Nursing Care	0	641,756	0	641,756	220,002	861,758	2.00
3.00	Physical Therapy	0	365,034	0	365,034	125,138	490,172	3.00
4.00	Occupational Therapy	0	50,486	0	50,486	17,307	67,793	4.00
5.00	Speech Pathology	0	3,726	0	3,726	1,277	5,003	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	83,019	0	83,019	28,460	111,479	7.00
8.00	Supplies (see instructions)	0	35,417	0	35,417	12,141	47,558	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	11,345	1,583,763	0	1,583,763	404,325	1,583,763	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.342812		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150097
HHA CCN: 157418

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

Worksheet H-2
Part II
Date/Time Prepared: 5/24/2013 10:35 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)							
	1.00	4.00						
1.00 Administrative and General	0	655,009		13	11	27,220	1,663,001	1.00
2.00 Skilled Nursing Care	0	0		0	0	0	0	2.00
3.00 Physical Therapy	0	0		0	0	0	0	3.00
4.00 Occupational Therapy	0	0		0	0	0	0	4.00
5.00 Speech Pathology	0	0		0	0	0	0	5.00
6.00 Medical Social Services	0	0		0	0	0	0	6.00
7.00 Home Health Aide	0	0		0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0		0	0	0	0	8.00
9.00 Drugs	0	0		0	0	0	0	9.00
10.00 DME	0	0		0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0		0	0	0	0	11.00
12.00 Respiratory Therapy	0	0		0	0	0	0	12.00
13.00 Private Duty Nursing	0	0		0	0	0	0	13.00
14.00 Clinic	0	0		0	0	0	0	14.00
15.00 Health Promotion Activities	0	0		0	0	0	0	15.00
16.00 Day Care Program	0	0		0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0		0	0	0	0	17.00
18.00 Homemaker Service	0	0		0	0	0	0	18.00
19.00 All Others (specify)	0	0		0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	655,009		13	11	27,220	1,663,001	20.00
21.00 Total cost to be allocated	0	168,407		1,461	89,855	6,333	8,387	21.00
22.00 Unit cost multiplier	0.000000	0.257106		112.384615	8,168.636364	0.232660	0.005043	22.00
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5.05							
	5A.06	5.06						
1.00 Administrative and General	1,663,001	0		286,639	0	0	0	1.00
2.00 Skilled Nursing Care	0	0		584,585	0	0	0	2.00
3.00 Physical Therapy	0	0		332,515	0	0	0	3.00
4.00 Occupational Therapy	0	0		45,988	0	0	0	4.00
5.00 Speech Pathology	0	0		3,394	0	0	0	5.00
6.00 Medical Social Services	0	0		0	0	0	0	6.00
7.00 Home Health Aide	0	0		75,623	0	0	0	7.00
8.00 Supplies (see instructions)	0	0		32,262	0	0	0	8.00
9.00 Drugs	0	0		0	0	0	0	9.00
10.00 DME	0	0		0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0		0	0	0	0	11.00
12.00 Respiratory Therapy	0	0		0	0	0	0	12.00
13.00 Private Duty Nursing	0	0		0	0	0	0	13.00
14.00 Clinic	0	0		0	0	0	0	14.00
15.00 Health Promotion Activities	0	0		0	0	0	0	15.00
16.00 Day Care Program	0	0		0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0		0	0	0	0	17.00
18.00 Homemaker Service	0	0		0	0	0	0	18.00
19.00 All Others (specify)	0	0		0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,663,001	0		1,361,006	0	0	0	20.00
21.00 Total cost to be allocated	12,196	0		133,104	0	0	0	21.00
22.00 Unit cost multiplier	0.007334	0		0.097798	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150097
HHA CCN: 157418

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

Worksheet H-2
Part II
Date/Time Prepared:
5/24/2013 10:35 am
PPS

Cost Center Description	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	10.00	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	0	22,561	0	0	1,663,001	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	22,561	0	0	1,663,001	20.00
21.00 Total cost to be allocated	0	0	78,308	0	0	11,345	21.00
22.00 Unit cost multiplier	0.000000	0.000000	3.470945	0.000000	0.000000	0.006822	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/24/2013 10:35 am
		HHA CCN: 157418	Title XVIIII	Home Health Agency I PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	861,758		861,758	4,296	200.60	1.00
2.00	Physical Therapy	3.00	490,172	0	490,172	2,489	196.94	2.00
3.00	Occupational Therapy	4.00	67,793	0	67,793	408	166.16	3.00
4.00	Speech Pathology	5.00	5,003	0	5,003	56	89.34	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	111,479		111,479	1,183	94.23	6.00
7.00	Total (sum of lines 1-6)		1,536,205	0	1,536,205	8,432		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		26900	1,987	1,069		8.00
9.00	Physical Therapy		26900	1,145	584		9.00
10.00	Occupational Therapy		26900	157	136		10.00
11.00	Speech Pathology		26900	20	1		11.00
12.00	Medical Social Services		26900	0	0		12.00
13.00	Home Health Aide		26900	597	447		13.00
14.00	Total (sum of lines 8-13)			3,906	2,237		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	47,558	0	47,558	21,909	2.170706	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,987	1,069		398,592	214,441	1.00
2.00	Physical Therapy	1,145	584		225,496	115,013	2.00
3.00	Occupational Therapy	157	136		26,087	22,598	3.00
4.00	Speech Pathology	20	1		1,787	89	4.00
5.00	Medical Social Services	0	0		0	0	5.00
6.00	Home Health Aide	597	447		56,255	42,121	6.00
7.00	Total (sum of lines 1-6)	3,906	2,237		708,217	394,262	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150097 HHA CCN: 157418		Period: From 01/01/2012 To 12/31/2012		Worksheet H-3 Part I Date/Time Prepared: 5/24/2013 10:35 am		
		Title XVII I		Home Health Agency I		PPS		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance		Subject to Deductibles & Co Insurance
6.00	7.00	8.00	9.00	10.00	11.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies		0		0		15.00	
16.00	Cost of Drugs		0		0		16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	613,033					1.00	
2.00	Physical Therapy	340,509					2.00	
3.00	Occupational Therapy	48,685					3.00	
4.00	Speech Pathology	1,876					4.00	
5.00	Medical Social Services	0					5.00	
6.00	Home Health Aide	98,376					6.00	
7.00	Total (sum of lines 1-6)	1,102,479					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150097 HHA CCN: 157418	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/24/2013 10:35 am
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.489822	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy						2.00
3.00	Speech Pathology						3.00
4.00	Cost of Medical Supplies	71.00	0.280566	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.392916	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150097 HHA CCN: 157418	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2013 10:35 am	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount 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(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		0	0	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		529,252	330,936	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		5,958	2,032	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		10,776	2,964	13.00
14.00	Total PPS Reimbursement - PEP Episodes		6,972	909	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		1,405	249	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		554,363	337,090	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		554,363	337,090	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		554,363	337,090	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150097 HHA CCN: 157418	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2013 10:35 am		
		Title XVIII	Home Health Agency I	PPS		
				Part A Services	Part B Services	
				1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)			554,363	337,090	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)			554,363	337,090	31.00
32.00	Interim payments (see instructions)			554,363	337,090	32.00
33.00	Tentative settlement (for contractor use only)			0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)			0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150097	Period: From 01/01/2012	Worksheet H-5
	HHA CCN: 157418	To 12/31/2012	
		Home Health Agency I	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		554,363		337,090	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			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			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. H-4, Part II, column as appropriate, line 32)		554,363		337,090	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		554,363		337,090	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 150097 HHA CCN: 157418	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/24/2013 10:35 am PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150097	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/24/2013 10:35 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		666,401	1.00
2.00	Capital DRG outlier payments		291	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		28.46	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		666,692	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