

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: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 6/9/2013 3:01 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/30/2013	Time: 4:47 pm
	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.		
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 IU HEALTH WEST HOSPITAL (150158) for the cost reporting period beginning 03/01/2012 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

	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	-242,193	-90,331	0	1,178,796	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	-242,193	-90,331	0	1,178,796	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.

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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/30/2013 Time: 4:47 pm

PART II - CERTIFICATION

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Encryption Information
 ECR: Date: 5/30/2013 Time: 4:47 pm
 vwmwGm6PPsOgpHmve32cl9ddCw7s.0
 05I9c0i0j5XHOWN: A2cU.58Hcen500
 lCuF1rwlXd0cAVPq
 PI: Date: 5/30/2013 Time: 4:47 pm
 lU6ARFHhviX4GX3ZYc07AL.1jY8Rq0
 uga0I0Bm0Z080s0.kI1t5eMR4lCQj:
 casq0p0l.g.0Zj bke

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-242,193	-90,331	0	1,178,796	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	-242,193	-90,331	0	1,178,796	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: 150158			Period: From 03/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 6/9/2013 3:01 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1111 N. RONALD REAGAN PARKWAY			PO Box:						1.00	
2.00	City: AVON		State: IN		Zip Code: 46123-7085		County: HENDRICKS			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		IU HEALTH WEST HOSPITAL	150158	26900	1	12/01/2004	N	P	P	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										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)						03/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)						4		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	933	863	6	2	2,345	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: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 6/9/2013 3:01 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.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00		0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
6/9/2013 3:01 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

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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	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	N	N	109.00
				1.00		
				2.00		
				3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 6/9/2013 3:01 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	303,990	0		0
				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	15H059	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: INDIANA UNIVERSITY HEALTH, INC.	Contractor's Name: WPS		Contractor's Number: 08101	
142.00	Street: 340 WEST 10TH ST	PO Box:			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202	
				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: 150158			Period: From 03/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 6/9/2013 3:01 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: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 6/9/2013 3:01 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)	Y	03/01/2012	1.00	
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		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)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/19/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			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.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			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.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1093		RUTTER@IUHEALTH.ORG	

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/19/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 6/9/2013 3:01 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
6/9/2013 3:01 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Trips	
					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	116	35,343	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)		116	35,343	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	4,896	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		132	40,239	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		132				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
Component	I/P Days / O/P Visi ts / Trips			Full Time Equivalents		
	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)	8,915	710	20,305			1.00
2.00 HMO	499	3,210				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)	8,915	710	20,305			7.00
8.00 INTENSIVE CARE UNIT	1,830	131	3,738			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		98	2,801			13.00
14.00 Total (see instructions)	10,745	939	26,844	0.00	227.90	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 6/9/2013 3:01 am
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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	227.90	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 VIII	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)							1.00			
2.00	HMO							2.00			
3.00	HMO IPF Subprovider							3.00			
4.00	HMO IRF Subprovider							4.00			
5.00	Hospital Adults & Peds. Swing Bed SNF							5.00			
6.00	Hospital Adults & Peds. Swing Bed NF							6.00			
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)							7.00			
8.00	INTENSIVE CARE UNIT							8.00			
9.00	CORONARY CARE UNIT							9.00			
10.00	BURN INTENSIVE CARE UNIT							10.00			
11.00	SURGICAL INTENSIVE CARE UNIT							11.00			
12.00	OTHER SPECIAL CARE (SPECIFY)							12.00			
13.00	NURSERY							13.00			
14.00	Total (see instructions)					0.00	0	2,134	1,121	7,058	14.00
15.00	CAH visits										15.00
16.00	SUBPROVIDER - IPF										16.00
17.00	SUBPROVIDER - IRF										17.00
18.00	SUBPROVIDER										18.00
19.00	SKILLED NURSING FACILITY										19.00
20.00	NURSING FACILITY										20.00
21.00	OTHER LONG TERM CARE										21.00
22.00	HOME HEALTH AGENCY										22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)										23.00
24.00	HOSPICE										24.00
25.00	CMHC - CMHC										25.00
26.00	RURAL HEALTH CLINIC										26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER										26.25
27.00	Total (sum of lines 14-26)					0.00					27.00
28.00	Observation Bed Days										28.00
29.00	Ambulance Trips										29.00
30.00	Employee discount days (see instruction)										30.00
31.00	Employee discount days - IRF										31.00
32.00	Labor & delivery days (see instructions)										32.00
33.00	LTCH non-covered days										33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
6/9/2013 3:01 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	39,714,981	0	39,714,981	1,351,475.18	29.39
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		682,759	0	682,759	25,186.95	27.11
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		329,626	0	329,626	3,556.75	92.68
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		6,191,128	0	6,191,128	213,378.00	29.01
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		9,631,117	0	9,631,117		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		155,570	0	155,570		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	330,517	0	330,517	10,720.41	30.83
27.00	Administrative & General	5.00	3,058,694	0	3,058,694	82,766.26	36.96
28.00	Administrative & General under contract (see inst.)		57,050	0	57,050	1,048.44	54.41
29.00	Maintenance & Repairs	6.00	532,497	0	532,497	24,618.48	21.63
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	690,108	0	690,108	58,245.82	11.85
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	954,187	-394,747	559,440	28,397.82	19.70
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	394,747	394,747	36,779.65	10.73
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,062,140	0	2,062,140	44,879.64	45.95
39.00	Central Services and Supply	14.00	229,053	0	229,053	12,092.50	18.94
40.00	Pharmacy	15.00	1,686,813	0	1,686,813	45,583.32	37.01
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150158		Period: From 03/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 6/9/2013 3:01 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		
42.00	Soci al Servi ce	17.00	153,545	0	153,545	5,574.70	27.54	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: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
6/9/2013 3:01 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	39,772,031	0	39,772,031	1,352,523.62	29.41	1.00
2.00	Excluded area salaries (see instructions)	682,759	0	682,759	25,186.95	27.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,089,272	0	39,089,272	1,327,336.67	29.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,520,754	0	6,520,754	216,934.75	30.06	4.00
5.00	Subtotal wage-related costs (see inst.)	9,631,117	0	9,631,117	0.00	24.64	5.00
6.00	Total (sum of lines 3 thru 5)	55,241,143	0	55,241,143	1,544,271.42	35.77	6.00
7.00	Total overhead cost (see instructions)	9,754,604	0	9,754,604	350,707.04	27.81	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 6/9/2013 3:01 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,397,367 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			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)			5,006,092 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			169,820 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			38,948 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)			82,237 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			4,183 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			2,834,771 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			253,269 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			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,786,687 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: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 6/9/2013 3:01 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	386,676	9,786,687	1.00
2.00	Hospital	386,676	9,786,687	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 6/9/2013 3:01 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)		0.238640		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		11,322,182		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		41,189,674		6.00	
7.00	Medicaid cost (line 1 times line 6)		9,829,504		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	42,606,105	4,362,382	46,968,487	20.00	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,167,521	1,041,039	11,208,560	21.00	
22.00	Partial payment by patients approved for charity care	189,119	362,239	551,358	22.00	
23.00	Cost of charity care (line 21 minus line 22)	9,978,402	678,800	10,657,202	23.00	
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			12,060,010	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)			947	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			12,059,063	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			2,877,775	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			13,534,977	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,534,977	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
6/9/2013 3:01 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 NEW CAP REL COSTS-BLDG & FIXT		0	0	4,679,382	4,679,382	1.00
1.01 00101 MOB		427,112	427,112	316,450	743,562	1.01
1.02 00102 INTEREST		0	0	5,470,052	5,470,052	1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	3,256,538	3,256,538	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS	330,517	282,179	612,696	6,837,208	7,449,904	4.00
5.01 00510 NONPATIENT TELEPHONES	0	62,338	62,338	0	62,338	5.01
5.02 00511 DATA PROCESSING	202,959	260,698	463,657	-227,884	235,773	5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	189,880	66,583	256,463	-44,787	211,676	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	2,665,855	49,547,592	52,213,447	-13,019,817	39,193,630	5.04
6.00 00600 MAINTENANCE & REPAIRS	532,497	2,489,368	3,021,865	-77,368	2,944,497	6.00
7.00 00700 OPERATION OF PLANT	0	260,233	260,233	-1,384	258,849	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	356,994	356,994	151	357,145	8.00
9.00 00900 HOUSEKEEPING	690,108	2,225,552	2,915,660	-261,993	2,653,667	9.00
10.00 01000 DIETARY	954,187	1,343,356	2,297,543	-1,005,033	1,292,510	10.00
11.00 01100 CAFETERIA	0	0	0	768,929	768,929	11.00
13.00 01300 NURSING ADMINISTRATION	2,062,140	1,154,706	3,216,846	-294,520	2,922,326	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	229,053	103,692	332,745	4,244,009	4,576,754	14.00
15.00 01500 PHARMACY	1,686,813	3,215,472	4,902,285	-531,434	4,370,851	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	153,545	57,014	210,559	-36,548	174,011	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,249,516	4,523,632	15,773,148	-3,653,524	12,119,624	30.00
31.00 03100 INTENSIVE CARE UNIT	2,387,095	1,000,716	3,387,811	-648,871	2,738,940	31.00
43.00 04300 NURSERY	902,553	244,304	1,146,857	286,443	1,433,300	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,649,920	6,814,604	8,464,524	-5,607,827	2,856,697	50.00
51.00 05100 RECOVERY ROOM	1,341,990	429,918	1,771,908	-385,410	1,386,498	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,962,607	2,198,093	5,160,700	-1,039,583	4,121,117	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	578,751	476,318	1,055,069	-115,405	939,664	55.00
59.00 05900 CARDIAC CATHETERIZATION	380,095	1,293,318	1,673,413	-1,162,597	510,816	59.00
60.00 06000 LABORATORY	977,746	4,273,244	5,250,990	-526,261	4,724,729	60.00
65.00 06500 RESPIRATORY THERAPY	977,309	373,431	1,350,740	-244,152	1,106,588	65.00
66.00 06600 PHYSICAL THERAPY	996,187	372,237	1,368,424	-254,449	1,113,975	66.00
67.00 06700 OCCUPATIONAL THERAPY	231,257	94,237	325,494	-37,467	288,027	67.00
68.00 06800 SPEECH PATHOLOGY	83,169	28,431	111,600	-21,099	90,501	68.00
69.00 06900 ELECTROCARDIOLOGY	464,743	516,592	981,335	-67,142	914,193	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,318,139	1,318,139	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,829,126	3,829,126	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03021 OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	136,648	78,126	214,774	-53,277	161,497	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 SLEEP LAB	438,007	244,986	682,993	-172,270	510,723	90.02
91.00 09100 EMERGENCY	3,577,075	2,099,579	5,676,654	-1,199,970	4,476,684	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	39,032,222	86,914,655	125,946,877	316,355	126,263,232	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,353	222,662	294,015	-30,645	263,370	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 RETAIL PHARMACY	326,438	2,679,664	3,006,102	-73,066	2,933,036	192.01
192.02 19202 MARKETING	166,904	979,825	1,146,729	-30,897	1,115,832	192.02
192.03 19203 BACK AND NECK	118,064	237,457	355,521	-181,747	173,774	192.03
200.00 TOTAL (SUM OF LINES 118-199)	39,714,981	91,034,263	130,749,244	0	130,749,244	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	1,072,290	5,751,672	1.00
1.01	00101 MOB	-376,895	366,667	1.01
1.02	00102 INTEREST	-381,766	5,088,286	1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	282,407	3,538,945	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS	2,386,256	9,836,160	4.00
5.01	00510 NONPATIENT TELEPHONES	0	62,338	5.01
5.02	00511 DATA PROCESSING	4,241,546	4,477,319	5.02
5.03	00512 PURCHASING, RECEIVING AND STORES	266,904	478,580	5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL	-27,182,494	12,011,136	5.04
6.00	00600 MAINTENANCE & REPAIRS	-344,860	2,599,637	6.00
7.00	00700 OPERATION OF PLANT	395,959	654,808	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	357,145	8.00
9.00	00900 HOUSEKEEPING	99,705	2,753,372	9.00
10.00	01000 DIETARY	0	1,292,510	10.00
11.00	01100 CAFETERIA	-646,976	121,953	11.00
13.00	01300 NURSING ADMINISTRATION	-158,348	2,763,978	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	4,576,754	14.00
15.00	01500 PHARMACY	0	4,370,851	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	174,011	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-103,384	12,016,240	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,298	2,737,642	31.00
43.00	04300 NURSERY	0	1,433,300	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-50,582	2,806,115	50.00
51.00	05100 RECOVERY ROOM	970	1,387,468	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-12,466	4,108,651	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-54,844	884,820	55.00
59.00	05900 CARDIAC CATHETERIZATION	23,890	534,706	59.00
60.00	06000 LABORATORY	1,051,686	5,776,415	60.00
65.00	06500 RESPIRATORY THERAPY	-58,679	1,047,909	65.00
66.00	06600 PHYSICAL THERAPY	-522	1,113,453	66.00
67.00	06700 OCCUPATIONAL THERAPY	-43,576	244,451	67.00
68.00	06800 SPEECH PATHOLOGY	4,602	95,103	68.00
69.00	06900 ELECTROCARDIOLOGY	-408,907	505,286	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,318,139	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,829,126	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-2,733	-2,733	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	-5,582	155,915	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	47,325	558,048	90.02
91.00	09100 EMERGENCY	-494,515	3,982,169	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-20,454,887	105,808,345	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	263,370	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	2,933,036	192.01
192.02	19202 MARKETING	0	1,115,832	192.02
192.03	19203 BACK AND NECK	0	173,774	192.03
200.00	TOTAL (SUM OF LINES 118-199)	-20,454,887	110,294,357	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet Non-CMS W
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	MOB	00101		1.01
1.02	INTEREST	00102		1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.01	NONPATIENT TELEPHONES	00510		5.01
5.02	DATA PROCESSING	00511		5.02
5.03	PURCHASING, RECEIVING AND STORES	00512		5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00560		5.04
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	OTHER ANCILLARY COST CENTERS	03021		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.02	SLEEP LAB	09002		90.02
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	RETAIL PHARMACY	19201		192.01
192.02	MARKETING	19202		192.02
192.03	BACK AND NECK	19203		192.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-6

Date/Time Prepared:
6/9/2013 3:01 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	141	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,298,848	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			0	4,298,989	
B - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	3,829,126	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
TOTALS			0	3,829,126	
C - BILLABLE MEDICAL SUPPLIES					
1.00	DATA PROCESSING	5.02	0	1	1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	1	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	36,867	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	1	4.00
5.00	OPERATION OF PLANT	7.00	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	151	6.00
7.00	HOUSEKEEPING	9.00	0	218	7.00
8.00	DIETARY	10.00	0	219	8.00
9.00	NURSING ADMINISTRATION	13.00	0	8	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	1,483	10.00
11.00	NURSERY	43.00	0	17	11.00
12.00	RECOVERY ROOM	51.00	0	531	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	94	13.00
14.00	LABORATORY	60.00	0	6,048	14.00
15.00	SPEECH PATHOLOGY	68.00	0	6	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	142	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,318,139	17.00
18.00	SLEEP LAB	90.02	0	283	18.00
19.00	RETAIL PHARMACY	192.01	0	5	19.00
20.00	MARKETING	192.02	0	10	20.00
21.00	BACK AND NECK	192.03	0	10	21.00
TOTALS			0	1,364,235	
D - PTO					
1.00		0.00	0	0	1.00
7.00	EMPLOYEE BENEFITS	4.00	0	130,723	7.00
TOTALS			0	130,723	
E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	6,706,485	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	TOTALS		0	6,706,485		
H - CAFETERIA						
1.00	CAFETERIA	11.00	394,747	374,182		1.00
	TOTALS		394,747	374,182		
I - INTEREST						
1.00	INTEREST	1.02	0	5,470,052		1.00
2.00	DATA PROCESSING	5.02	0	1,971		2.00
3.00	OPERATING ROOM	50.00	0	261		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	TOTALS		0	5,472,284		
J - MOB						
1.00	MOB	1.01	0	316,450		1.00
	TOTALS		0	316,450		
K - NURSERY						
1.00	NURSERY	43.00	409,020	46,954		1.00
	TOTALS		409,020	46,954		
L - PACU						
1.00	ADULTS & PEDIATRICS	30.00	62,351	5,207		1.00
	TOTALS		62,351	5,207		
M - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,027,538		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,707,710		2.00
3.00	NURSING ADMINISTRATION	13.00	0	241		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	555		4.00
5.00	OPERATING ROOM	50.00	0	112		5.00
6.00	EMERGENCY	91.00	0	256		6.00
	TOTALS		0	6,736,412		
N - LEASE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	651,844		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	865,278		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	TOTALS		0	1,517,122		
500.00	Grand Total : Increases		866,118	30,798,169		500.00

RECLASSIFICATIONS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
6/9/2013 3:01 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES							
1.00	DATA PROCESSING	5.02	0	87	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	90,119	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	102	0		3.00
4.00	OPERATION OF PLANT	7.00	0	55	0		4.00
5.00	HOUSEKEEPING	9.00	0	13,840	0		5.00
6.00	DIETARY	10.00	0	7,172	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	524	0		7.00
8.00	PHARMACY	15.00	0	35,991	0		8.00
9.00	SOCIAL SERVICE	17.00	0	19	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,156,291	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	229,474	0		11.00
12.00	NURSERY	43.00	0	46,599	0		12.00
13.00	OPERATING ROOM	50.00	0	1,274,574	0		13.00
14.00	RECOVERY ROOM	51.00	0	88,342	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	194,631	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,195	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	126,622	0		17.00
18.00	LABORATORY	60.00	0	270,337	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	64,881	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	57,896	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	1,916	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	403	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	15,242	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	4,568	0		24.00
25.00	SLEEP LAB	90.02	0	30,300	0		25.00
26.00	EMERGENCY	91.00	0	572,692	0		26.00
27.00	RETAIL PHARMACY	192.01	0	740	0		27.00
28.00	MARKETING	192.02	0	3,251	0		28.00
29.00	BACK AND NECK	192.03	0	1,126	0		29.00
	TOTALS		0	4,298,989			
B - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	3,235,738	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,627	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	585,761	0		3.00
19.00	RADIOLOGY-DIAGNOSTIC		0		0		19.00
20.00	CARDIAC CATHETERIZATION		0		0		20.00
	TOTALS		0	3,829,126			
C - BILLABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	321	0		1.00
2.00	PHARMACY	15.00	0	1,134	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	31,898	0		3.00
4.00	OPERATING ROOM	50.00	0	671,031	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	248,507	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	403,120	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	3,179	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	3,564	0		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	8	0		9.00
10.00	CARDIAC REHABILITATION	76.97	0	777	0		10.00
11.00	EMERGENCY	91.00	0	696	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
	TOTALS		0	1,364,235			
D - PTO							
1.00		0.00	0	0	0		1.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	130,723	0		7.00
	TOTALS		0	130,723			
E - EMPLOYEE BENEFITS							
1.00	DATA PROCESSING	5.02	0	29,653	0		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	43,769	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	289,928	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	77,225	0		4.00

RECLASSIFICATIONS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
6/9/2013 3:01 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	HOUSEKEEPING	9.00	0	248,371	0		5.00
6.00	DIETARY	10.00	0	227,952	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	293,859	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	54,518	0		8.00
9.00	PHARMACY	15.00	0	247,630	0		9.00
10.00	SOCIAL SERVICE	17.00	0	34,629	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,983,170	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	375,077	0		12.00
13.00	NURSERY	43.00	0	122,949	0		13.00
14.00	OPERATING ROOM	50.00	0	328,522	0		14.00
15.00	RECOVERY ROOM	51.00	0	230,041	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	504,467	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	101,299	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	45,788	0		18.00
19.00	LABORATORY	60.00	0	190,536	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	169,745	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	170,623	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	35,543	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	20,702	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	51,556	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	27,020	0		25.00
26.00	SLEEP LAB	90.02	0	82,358	0		26.00
27.00	EMERGENCY	91.00	0	618,926	0		27.00
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	10,741	0		28.00
29.00	RETAIL PHARMACY	192.01	0	48,004	0		29.00
30.00	MARKETING	192.02	0	27,656	0		30.00
31.00	BACK AND NECK	192.03	0	14,228	0		31.00
	TOTALS		0	6,706,485			
H - CAFETERIA							
1.00	DIETARY	10.00	394,747	374,182	0		1.00
	TOTALS		394,747	374,182			
I - INTEREST							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,455,728	11		1.00
2.00	NURSING ADMINISTRATION	13.00	0	386	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,154	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,144	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	49	0		5.00
6.00	LABORATORY	60.00	0	2,871	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	50	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	62	0		8.00
9.00	EMERGENCY	91.00	0	551	0		9.00
10.00	BACK AND NECK	192.03	0	289	0		10.00
	TOTALS		0	5,472,284			
J - MOB							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	316,450	10		1.00
	TOTALS		0	316,450			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	409,020	46,954	0		1.00
	TOTALS		409,020	46,954			
L - PACU							
1.00	RECOVERY ROOM	51.00	62,351	5,207	0		1.00
	TOTALS		62,351	5,207			
M - DEPRECIATION							
1.00	DATA PROCESSING	5.02	0	6,018	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,730,352	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	42	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	6,736,412			
N - LEASE							
1.00	DATA PROCESSING	5.02	0	194,098	10		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	1,160	10		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	359,834	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,330	0		4.00
5.00	DIETARY	10.00	0	1,199	0		5.00
6.00	PHARMACY	15.00	0	246,679	0		6.00
7.00	SOCIAL SERVICE	17.00	0	1,900	0		7.00

RECLASSIFICATIONS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-6

Date/Time Prepared:
6/9/2013 3:01 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
8.00	ADULTS & PEDIATRICS	30.00	0	92,150	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	45,803	0		9.00	
10.00	OPERATING ROOM	50.00	0	98,335	0		10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	74,207	0		11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,005	0		12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	1,257	0		13.00	
14.00	LABORATORY	60.00	0	68,565	0		14.00	
15.00	RESPIRATORY THERAPY	65.00	0	6,347	0		15.00	
16.00	PHYSICAL THERAPY	66.00	0	22,316	0		16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	424	0		17.00	
18.00	CARDIAC REHABILITATION	76.97	0	20,912	0		18.00	
19.00	SLEEP LAB	90.02	0	59,895	0		19.00	
20.00	EMERGENCY	91.00	0	7,361	0		20.00	
21.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	19,904	0		21.00	
22.00	RETAIL PHARMACY	192.01	0	24,327	0		22.00	
23.00	BACK AND NECK	192.03	0	166,114	0		23.00	
	TOTALS		0	1,517,122				
500.00	Grand Total: Decreases		866,118	30,798,169			500.00	

RECLASSIFICATIONS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/9/2013 3:01 am

Increases			Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
A - NON-BILLABLE SUPPLIES							
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	DATA PROCESSING	5.02	0 1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 2.00	
3.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0 3.00	
4.00		0.00	0	OPERATION OF PLANT	7.00	0 4.00	
5.00		0.00	0	HOUSEKEEPING	9.00	0 5.00	
6.00		0.00	0	DIETARY	10.00	0 6.00	
7.00		0.00	0	NURSING ADMINISTRATION	13.00	0 7.00	
8.00		0.00	0	PHARMACY	15.00	0 8.00	
9.00		0.00	0	SOCIAL SERVICE	17.00	0 9.00	
10.00		0.00	0	ADULTS & PEDIATRICS	30.00	0 10.00	
11.00		0.00	0	INTENSIVE CARE UNIT	31.00	0 11.00	
12.00		0.00	0	NURSERY	43.00	0 12.00	
13.00		0.00	0	OPERATING ROOM	50.00	0 13.00	
14.00		0.00	0	RECOVERY ROOM	51.00	0 14.00	
15.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 15.00	
16.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0 16.00	
17.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0 17.00	
18.00		0.00	0	LABORATORY	60.00	0 18.00	
19.00		0.00	0	RESPIRATORY THERAPY	65.00	0 19.00	
20.00		0.00	0	PHYSICAL THERAPY	66.00	0 20.00	
21.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0 21.00	
22.00		0.00	0	SPEECH PATHOLOGY	68.00	0 22.00	
23.00		0.00	0	ELECTROCARDIOLOGY	69.00	0 23.00	
24.00		0.00	0	CARDIAC REHABILITATION	76.97	0 24.00	
25.00		0.00	0	SLEEP LAB	90.02	0 25.00	
26.00		0.00	0	EMERGENCY	91.00	0 26.00	
27.00		0.00	0	RETAIL PHARMACY	192.01	0 27.00	
28.00		0.00	0	MARKETING	192.02	0 28.00	
29.00		0.00	0	BACK AND NECK	192.03	0 29.00	
TOTALS			TOTALS				0
B - IMPLANTABLE DEVICES							
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	OPERATING ROOM	50.00	0 1.00	
2.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 2.00	
3.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0 3.00	
19.00		0.00	0	RADIOLOGY-DIAGNOSTIC		0 19.00	
20.00		0.00	0	CARDIAC CATHETERIZATION		0 20.00	
TOTALS			TOTALS				0
C - BILLABLE MEDICAL SUPPLIES							
1.00	DATA PROCESSING	5.02	0	CENTRAL SERVICES & SUPPLY	14.00	0 1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	PHARMACY	15.00	0 2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	ADULTS & PEDIATRICS	30.00	0 3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	OPERATING ROOM	50.00	0 4.00	
5.00	OPERATION OF PLANT	7.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	0	CARDIAC CATHETERIZATION	59.00	0 6.00	
7.00	HOUSEKEEPING	9.00	0	RESPIRATORY THERAPY	65.00	0 7.00	
8.00	DIETARY	10.00	0	PHYSICAL THERAPY	66.00	0 8.00	
9.00	NURSING ADMINISTRATION	13.00	0	OCCUPATIONAL THERAPY	67.00	0 9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	CARDIAC REHABILITATION	76.97	0 10.00	
11.00	NURSERY	43.00	0	EMERGENCY	91.00	0 11.00	
12.00	RECOVERY ROOM	51.00	0		0.00	0 12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0		0.00	0 13.00	
14.00	LABORATORY	60.00	0		0.00	0 14.00	
15.00	SPEECH PATHOLOGY	68.00	0		0.00	0 15.00	
16.00	ELECTROCARDIOLOGY	69.00	0		0.00	0 16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0		0.00	0 17.00	
18.00	SLEEP LAB	90.02	0		0.00	0 18.00	
19.00	RETAIL PHARMACY	192.01	0		0.00	0 19.00	
20.00	MARKETING	192.02	0		0.00	0 20.00	
21.00	BACK AND NECK	192.03	0		0.00	0 21.00	
TOTALS			TOTALS				0
D - PTO							
1.00		0.00	0		0.00	0 1.00	
7.00	EMPLOYEE BENEFITS	4.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 7.00	
TOTALS			TOTALS				0

RECLASSIFICATIONS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/9/2013 3:01 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
N - LEASE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	DATA PROCESSING	5.02	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	PURCHASING, RECEIVING AND STORES	5.03	0 2.00
3.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 3.00
4.00		0.00	0	OPERATION OF PLANT	7.00	0 4.00
5.00		0.00	0	DIETARY	10.00	0 5.00
6.00		0.00	0	PHARMACY	15.00	0 6.00
7.00		0.00	0	SOCIAL SERVICE	17.00	0 7.00
8.00		0.00	0	ADULTS & PEDIATRICS	30.00	0 8.00
9.00		0.00	0	INTENSIVE CARE UNIT	31.00	0 9.00
10.00		0.00	0	OPERATING ROOM	50.00	0 10.00
11.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 11.00
12.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0 12.00
13.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0 13.00
14.00		0.00	0	LABORATORY	60.00	0 14.00
15.00		0.00	0	RESPIRATORY THERAPY	65.00	0 15.00
16.00		0.00	0	PHYSICAL THERAPY	66.00	0 16.00
17.00		0.00	0	ELECTROCARDIOLOGY	69.00	0 17.00
18.00		0.00	0	CARDIAC REHABILITATION	76.97	0 18.00
19.00		0.00	0	SLEEP LAB	90.02	0 19.00
20.00		0.00	0	EMERGENCY	91.00	0 20.00
21.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 21.00
22.00		0.00	0	RETAIL PHARMACY	192.01	0 22.00
23.00		0.00	0	BACK AND NECK	192.03	0 23.00
TOTALS			TOTALS			0
500.00	Grand Total: Increases		866,118	Grand Total: Decreases		866,118 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-7
Part I
Date/Time Prepared:
6/9/2013 3:01 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	6,313,000	93,000	0	93,000	2.00
3.00	Buildings and Fixtures	74,583,000	319,000	0	319,000	3.00
4.00	Building Improvements	24,295,000	9,000	0	9,000	4.00
5.00	Fixed Equipment	12,645,000	80,000	0	80,000	5.00
6.00	Movable Equipment	49,032,000	2,857,000	0	2,857,000	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	166,868,000	3,358,000	0	3,358,000	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	166,868,000	3,358,000	0	3,358,000	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	6,406,000	0			2.00
3.00	Buildings and Fixtures	74,902,000	0			3.00
4.00	Building Improvements	24,304,000	0			4.00
5.00	Fixed Equipment	12,725,000	0			5.00
6.00	Movable Equipment	51,889,000	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	170,226,000	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	170,226,000	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-7
Part II
Date/Time Prepared:
6/9/2013 3:01 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	MOB	0	326,195	0	0	0	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	326,195	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	MOB	100,917	427,112				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	100,917	427,112				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-7
Part III
Date/Time Prepared:
6/9/2013 3:01 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	118,337,000	0	118,337,000	0.695176	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	51,889,000	0	51,889,000	0.304824	0	2.00
3.00	Total (sum of lines 1-2)	170,226,000	0	170,226,000	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,372,834	378,838	1.00
1.01	MOB	0	0	0	0	265,750	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,990,117	548,828	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,362,951	1,193,416	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,751,672	1.00
1.01	MOB	0	0	0	100,917	366,667	1.01
1.02	INTEREST	5,088,286	0	0	0	5,088,286	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,538,945	2.00
3.00	Total (sum of lines 1-2)	5,088,286	0	0	100,917	14,745,570	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-8

Date/Time Prepared:
6/9/2013 3:01 am

Line #	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 #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - MOB (chapter 2)			OMOB	1.01	0	1.01
1.02	Investment income - INTEREST (chapter 2)			OINTEREST	1.02	0	1.02
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-273,006	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	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	-4,683,194			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	13,731,121			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-661,477	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		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - MOB			OMOB	1.01	0	26.01
26.02	Depreciation - INTEREST			OINTEREST	1.02	0	26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00

Provider CCN: 150158

Period:
 From 03/01/2012
 To 12/31/2012

Worksheet A-8

Date/Time Prepared:
 6/9/2013 3:01 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			3.00	4.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00			0			0.00	0	33.00
33.01			0			0.00	0	33.01
34.00	ACCRUED PTO TO HO	A	-119,951		EMPLOYEE BENEFITS	4.00	0	34.00
35.00	AHA IHHA LOBBYING OFFSET	A	-4,158		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	35.00
36.00	BENEFITS TO HO	A	-6,698,647		EMPLOYEE BENEFITS	4.00	0	36.00
37.00	OTHER OPERATING REVENUE	B	-17,795		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	37.00
37.01	OTHER OPERATING REVENUE	B	-353,314		MAINTENANCE & REPAIRS	6.00	0	37.01
37.02	OTHER OPERATING REVENUE	B	-6,868		OPERATING ROOM	50.00	0	37.02
37.03	OTHER OPERATING REVENUE	B	-16		RADIOLOGY-DIAGNOSTIC	54.00	0	37.03
37.04	OTHER OPERATING REVENUE	B	-5,582		CARDIAC REHABILITATION	76.97	0	37.04
38.00	MOB LEASE EXPENSE	A	-376,895		MOB	1.01	10	38.00
39.00	BAD DEBT EXPENSE	A	-12,050,668		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	39.00
39.01	BAD DEBT EXPENSE	A	-8,541		ADULTS & PEDIATRICS	30.00	0	39.01
40.00			0			0.00	0	40.00
41.00			0			0.00	0	41.00
42.00	HOSPITAL ASSESSMENT FEES	A	-8,925,896		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.00
43.00			0			0.00	0	43.00
44.00			0			0.00	0	44.00
45.00			0			0.00	0	45.00
45.01			0			0.00	0	45.01
45.02			0			0.00	0	45.02
45.03			0			0.00	0	45.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,454,887					50.00

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

Provider CCN: 150158

Period: From 03/01/2012 To 12/31/2012

Worksheet A-8-1

Date/Time Prepared: 6/9/2013 3:01 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	1.00	NEW CAP REL COSTS-BLDG & FIXT	1,686,995	341,699	1.00
2.00	1.02	INTEREST	5,073,353	5,455,119	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	282,407	0	3.00
4.00	4.00	EMPLOYEE BENEFITS	9,342,077	137,223	4.00
4.01	0.00		0	0	4.01
4.02	5.02	DATA PROCESSING	4,241,546	0	4.02
4.03	5.03	PURCHASING, RECEIVING AND STORES	266,904	0	4.03
4.04	5.04	OTHER ADMINISTRATIVE AND GENERAL	6,855,859	9,459,361	4.04
4.05	6.00	MAINTENANCE & REPAIRS	8,454	0	4.05
4.06	7.00	OPERATION OF PLANT	395,959	0	4.06
4.07	9.00	HOUSEKEEPING	99,705	0	4.07
4.08	11.00	CAFETERIA	14,501	0	4.08
4.09	13.00	NURSING ADMINISTRATION	261,724	420,072	4.09
4.10	30.00	ADULTS & PEDIATRICS	38,081	38,081	4.10
4.11	31.00	INTENSIVE CARE UNIT	139,293	139,293	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	503,417	503,417	4.12
4.13	55.00	RADIOLOGY-THERAPEUTIC	141,718	141,718	4.13
4.14	60.00	LABORATORY	2,787,709	2,787,709	4.14
4.15	65.00	RESPIRATORY THERAPY	330	330	4.15
4.16	66.00	PHYSICAL THERAPY	3,969	3,969	4.16
4.17	69.00	ELECTROCARDIOLOGY	296	296	4.17
4.18	30.00	ADULTS & PEDIATRICS	8,910	0	4.18
4.19	50.00	OPERATING ROOM	4,714	0	4.19
4.20	51.00	RECOVERY ROOM	970	0	4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	7,483	0	4.21
4.22	55.00	RADIOLOGY-THERAPEUTIC	1,239	0	4.22
4.23	59.00	CARDIAC CATHETERIZATION	23,890	0	4.23
4.24	60.00	LABORATORY	1,069,773	0	4.24
4.25	65.00	RESPIRATORY THERAPY	129	0	4.25
4.26	68.00	SPEECH PATHOLOGY	4,602	0	4.26
4.27	69.00	ELECTROCARDIOLOGY	112	0	4.27
4.28	90.02	SLEEP LAB	47,325	0	4.28
4.29	91.00	EMERGENCY	3,395	0	4.29
4.30	30.00	ADULTS & PEDIATRICS	0	18,733	4.30
4.31	31.00	INTENSIVE CARE UNIT	0	1,298	4.31
4.32	0.00		0	0	4.32
4.33	54.00	RADIOLOGY-DIAGNOSTIC	0	3,266	4.33
4.34	55.00	RADIOLOGY-THERAPEUTIC	0	10,250	4.34
4.35	60.00	LABORATORY	0	1,416	4.35
4.36	65.00	RESPIRATORY THERAPY	0	58,808	4.36
4.37	66.00	PHYSICAL THERAPY	0	522	4.37
4.38	67.00	OCCUPATIONAL THERAPY	0	43,576	4.38
4.39	69.00	ELECTROCARDIOLOGY	0	586	4.39
4.40	73.00	DRUGS CHARGED TO PATIENTS	0	2,733	4.40
4.41	91.00	EMERGENCY	0	16,243	4.41

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

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
6/9/2013 3:01 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	
4.42	0.00		0	0	4.42
4.43	0.00		0	0	4.43
4.44	0.00		0	0	4.44
4.45	0.00		0	0	4.45
4.46	0.00		0	0	4.46
4.47	0.00		0	0	4.47
4.48	0.00		0	0	4.48
5.00	0	0	33,316,839	19,585,718	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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	IU HEALTH	100.00	IU HEALTH	100.00	6.00
7.00	G		0.00	IU HEALTH-AHC	0.00	7.00
8.00	G		0.00	IU HEALTH-NORTH	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:	FINANCIAL				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: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
6/9/2013 3:01 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	1,345,296	9	1.00
2.00	-381,766	11	2.00
3.00	282,407	9	3.00
4.00	9,204,854	0	4.00
4.01	0	0	4.01
4.02	4,241,546	0	4.02
4.03	266,904	0	4.03
4.04	-2,603,502	0	4.04
4.05	8,454	0	4.05
4.06	395,959	0	4.06
4.07	99,705	0	4.07
4.08	14,501	0	4.08
4.09	-158,348	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	8,910	0	4.18
4.19	4,714	0	4.19
4.20	970	0	4.20
4.21	7,483	0	4.21
4.22	1,239	0	4.22
4.23	23,890	0	4.23
4.24	1,069,773	0	4.24
4.25	129	0	4.25
4.26	4,602	0	4.26
4.27	112	0	4.27
4.28	47,325	0	4.28
4.29	3,395	0	4.29
4.30	-18,733	0	4.30
4.31	-1,298	0	4.31
4.32	0	0	4.32
4.33	-3,266	0	4.33
4.34	-10,250	0	4.34
4.35	-1,416	0	4.35
4.36	-58,808	0	4.36
4.37	-522	0	4.37
4.38	-43,576	0	4.38
4.39	-586	0	4.39
4.40	-2,733	0	4.40
4.41	-16,243	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
4.46	0	0	4.46
4.47	0	0	4.47
4.48	0	0	4.48
5.00	13,731,121		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

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

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
6/9/2013 3:01 am

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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	HEALTHCARE	6.00
7.00	HOSPITAL	7.00
8.00	HOSPITAL	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: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-8-2

Date/Time Prepared:
6/9/2013 3:01 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	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	3,580,475	3,580,475	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	85,020	85,020	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	48,428	48,428	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	16,667	16,667	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	45,833	45,833	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	16,671	16,671	0	0	0	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	408,433	408,433	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	481,667	481,667	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,683,194	4,683,194	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	3,580,475		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	85,020		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	48,428		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	16,667		4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	45,833		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	16,671		6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	408,433		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	481,667		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	4,683,194		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
	0	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,751,672	5,751,672				1.00	
1.01 00101 MOB	366,667	424,981	791,648			1.01	
1.02 00102 INTEREST	5,088,286	0	0	5,088,286		1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,538,945				3,538,945	2.00	
4.00 00400 EMPLOYEE BENEFITS	9,836,160	4,401	109,876	4,204	0	4.00	
5.01 00510 NONPATIENT TELEPHONES	62,338	10,478	0	10,009	256,105	5.01	
5.02 00511 DATA PROCESSING	4,477,319	69,796	0	66,672	106,849	5.02	
5.03 00512 PURCHASING, RECEIVING AND STORES	478,580	76,631	0	73,202	472	5.03	
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	12,011,136	209,479	142,547	200,103	42,894	5.04	
6.00 00600 MAINTENANCE & REPAIRS	2,599,637	1,099,785	0	1,050,563	299,131	6.00	
7.00 00700 OPERATION OF PLANT	654,808	56,198	0	53,682	274,458	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	357,145	18,035	0	17,228	2,602	8.00	
9.00 00900 HOUSEKEEPING	2,753,372	75,315	14,605	71,944	4,171	9.00	
10.00 01000 DIETARY	1,292,510	101,358	15,099	96,821	3,054	10.00	
11.00 01100 CAFETERIA	121,953	131,278	0	125,403	3,955	11.00	
13.00 01300 NURSING ADMINISTRATION	2,763,978	26,241	0	25,067	12,996	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	4,576,754	128,807	0	123,042	93,414	14.00	
15.00 01500 PHARMACY	4,370,851	44,349	0	42,364	5,908	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	174,011	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	12,016,240	1,429,849	0	1,365,852	810,647	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,737,642	185,095	0	176,811	12,630	31.00	
43.00 04300 NURSERY	1,433,300	110,249	0	105,315	10,175	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	2,806,115	522,082	0	498,716	446,473	50.00	
51.00 05100 RECOVERY ROOM	1,387,468	43,357	0	41,416	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,108,651	273,864	0	261,607	802,933	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	884,820	176,709	0	168,800	16,684	55.00	
59.00 05900 CARDIAC CATHETERIZATION	534,706	47,288	0	45,172	68,206	59.00	
60.00 06000 LABORATORY	5,776,415	61,482	0	58,730	66,491	60.00	
65.00 06500 RESPIRATORY THERAPY	1,047,909	14,951	0	14,282	37,253	65.00	
66.00 06600 PHYSICAL THERAPY	1,113,453	2,164	108,659	2,067	9,371	66.00	
67.00 06700 OCCUPATIONAL THERAPY	244,451	2,164	108,659	2,067	9,371	67.00	
68.00 06800 SPEECH PATHOLOGY	95,103	2,164	108,659	2,067	9,371	68.00	
69.00 06900 ELECTROCARDIOLOGY	505,286	44,168	0	42,191	37,453	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,318,139	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	3,829,126	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	-2,733	0	0	0	0	73.00	
76.00 03021 OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	155,915	0	26,014	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.02 09002 SLEEP LAB	558,048	2,813	42,140	2,688	12,693	90.02	
91.00 09100 EMERGENCY	3,982,169	351,596	0	335,860	77,330	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	105,808,345	5,747,127	676,258	5,083,945	3,533,090	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	263,370	0	54,995	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 RETAIL PHARMACY	2,933,036	0	36,625	0	4,025	192.01	
192.02 19202 MARKETING	1,115,832	4,545	23,770	4,341	0	192.02	
192.03 19203 BACK AND NECK	173,774	0	0	0	1,830	192.03	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	110,294,357	5,751,672	791,648	5,088,286	3,538,945	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 MOB						1.01
1.02	00102 INTEREST						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS	9,954,641					4.00
5.01	00510 NONPATIENT TELEPHONES	0	338,930				5.01
5.02	00511 DATA PROCESSING	386,573	1,244	5,108,453			5.02
5.03	00512 PURCHASING, RECEIVING AND STORES	88,598	2,488	37,631	757,602		5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL	1,413,163	40,423	611,509	3,634	14,674,888	5.04
6.00	00600 MAINTENANCE & REPAIRS	117,686	16,480	249,308	7	5,432,597	6.00
7.00	00700 OPERATION OF PLANT	12,661	13,993	211,676	4	1,277,480	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	535	395,545	8.00
9.00	00900 HOUSEKEEPING	166,364	2,488	37,631	1,768	3,127,658	9.00
10.00	01000 DIETARY	77,798	2,799	42,335	236	1,632,010	10.00
11.00	01100 CAFETERIA	133,923	3,731	56,447	306	576,996	11.00
13.00	01300 NURSING ADMINISTRATION	502,014	4,353	65,855	35	3,400,539	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	50,369	933	14,112	29	4,987,460	14.00
15.00	01500 PHARMACY	370,928	6,219	94,078	3,372	4,938,069	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	33,764	1,555	23,520	1	232,851	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,397,523	87,681	1,326,507	76,099	19,510,398	30.00
31.00	03100 INTENSIVE CARE UNIT	524,920	0	0	15,511	3,652,609	31.00
43.00	04300 NURSERY	288,414	2,799	42,335	6,930	1,999,517	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	362,816	28,296	428,056	132,203	5,224,757	50.00
51.00	05100 RECOVERY ROOM	281,391	1,866	28,223	5,699	1,789,420	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	651,474	22,388	338,682	25,689	6,485,288	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	127,267	9,639	145,821	813	1,530,553	55.00
59.00	05900 CARDIAC CATHETERIZATION	83,583	3,109	47,039	8,882	837,985	59.00
60.00	06000 LABORATORY	215,005	12,438	188,157	67,054	6,445,772	60.00
65.00	06500 RESPIRATORY THERAPY	214,909	622	9,408	7,641	1,346,975	65.00
66.00	06600 PHYSICAL THERAPY	219,061	2,488	37,631	4,017	1,498,911	66.00
67.00	06700 OCCUPATIONAL THERAPY	50,853	2,488	37,631	130	457,814	67.00
68.00	06800 SPEECH PATHOLOGY	18,289	2,488	37,631	27	275,799	68.00
69.00	06900 ELECTROCARDIOLOGY	102,197	1,866	28,223	1,027	762,411	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	92,713	1,410,852	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	260,502	4,089,628	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	-2,733	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	30,049	933	14,112	311	227,334	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	96,317	2,799	42,335	2,077	761,910	90.02
91.00	09100 EMERGENCY	786,595	42,289	639,733	40,003	6,255,575	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,804,504	320,895	4,835,626	757,255	105,236,868	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,690	1,866	28,223	0	364,144	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 RETAIL PHARMACY	71,783	4,975	75,263	50	3,125,757	192.01
192.02	19202 MARKETING	36,702	2,488	37,631	221	1,225,530	192.02
192.03	19203 BACK AND NECK	25,962	8,706	131,710	76	342,058	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,954,641	338,930	5,108,453	757,602	110,294,357	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

Period: From 03/01/2012 To 12/31/2012

Worksheet B Part I Date/Time Prepared: 6/9/2013 3:01 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.04	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	14,674,888				5.04
6.00	00600	MAINTENANCE & REPAIRS	833,724	6,266,321			6.00
7.00	00700	OPERATION OF PLANT	196,051	91,323	1,564,854		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	60,703	29,308	7,427	492,983	8.00
9.00	00900	HOUSEKEEPING	479,992	122,389	31,016	0	3,761,055
10.00	01000	DIETARY	250,460	164,710	41,740	0	102,848
11.00	01100	CAFETERIA	88,550	213,331	54,062	0	133,208
13.00	01300	NURSING ADMINISTRATION	521,871	42,643	10,806	0	26,627
14.00	01400	CENTRAL SERVICES & SUPPLY	765,411	209,316	53,044	0	130,701
15.00	01500	PHARMACY	757,831	72,068	18,263	49	45,000
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	35,735	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,994,238	2,323,547	588,829	259,825	1,450,863
31.00	03100	INTENSIVE CARE UNIT	560,555	300,786	76,224	41,151	187,816
43.00	04300	NURSERY	306,860	179,158	45,402	13,631	111,870
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	801,828	848,401	215,000	40,310	529,756
51.00	05100	RECOVERY ROOM	274,617	70,456	17,855	0	43,994
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	995,278	445,038	112,781	33,686	277,890
55.00	05500	RADIOLOGY-THERAPEUTIC	234,889	287,157	72,771	9,025	179,306
59.00	05900	CARDIAC CATHETERIZATION	128,603	76,845	19,474	0	47,983
60.00	06000	LABORATORY	989,213	99,910	25,319	0	62,386
65.00	06500	RESPIRATORY THERAPY	206,716	24,296	6,157	0	15,171
66.00	06600	PHYSICAL THERAPY	230,033	3,517	891	0	2,196
67.00	06700	OCCUPATIONAL THERAPY	70,259	3,517	891	0	2,196
68.00	06800	SPEECH PATHOLOGY	42,326	3,517	891	0	2,196
69.00	06900	ELECTROCARDIOLOGY	117,005	71,775	18,189	0	44,817
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	216,519	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	627,623	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	34,888	0	0	1,324	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	116,928	4,572	1,159	6,809	2,855
91.00	09100	EMERGENCY	960,024	571,355	144,791	87,173	356,764
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,898,730	6,258,935	1,562,982	492,983	3,756,443
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,884	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	479,701	0	0	0	0
192.02	19202	MARKETING	188,078	7,386	1,872	0	4,612
192.03	19203	BACK AND NECK	52,495	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	14,674,888	6,266,321	1,564,854	492,983	3,761,055

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 MOB						1.01
1.02	00102 INTEREST						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00511 DATA PROCESSING						5.02
5.03	00512 PURCHASING, RECEIVING AND STORES						5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY	2,191,768					10.00
11.00	01100 CAFETERIA	0	1,066,147				11.00
13.00	01300 NURSING ADMINISTRATION	0	43,104	4,045,590			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	11,621	0	6,157,553		14.00
15.00	01500 PHARMACY	0	43,787	28,204	27,650	5,930,921	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	5,361	0	11	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,851,011	355,122	1,921,956	623,901	0	30.00
31.00	03100 INTENSIVE CARE UNIT	340,757	65,397	464,580	127,166	0	31.00
43.00	04300 NURSERY	0	34,796	257,234	56,816	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	55,291	235,692	1,083,882	0	50.00
51.00	05100 RECOVERY ROOM	0	38,159	288,839	46,726	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	98,662	67,037	210,613	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	16,666	24,802	6,669	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	10,888	46,203	72,820	0	59.00
60.00	06000 LABORATORY	0	36,211	0	549,746	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	30,867	0	62,650	0	65.00
66.00	06600 PHYSICAL THERAPY	0	31,566	0	32,931	250	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,626	0	1,069	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,481	0	221	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,154	36,140	8,422	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	760,114	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,135,763	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,926,731	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	5,677	12,189	2,548	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0	16,632	0	17,028	0	90.02
91.00	09100 EMERGENCY	0	120,888	662,714	327,966	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,191,768	1,041,956	4,045,590	6,154,712	2,926,981	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,861	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	9,307	0	410	3,003,940	192.01
192.02	19202 MARKETING	0	5,078	0	1,808	0	192.02
192.03	19203 BACK AND NECK	0	4,945	0	623	0	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,191,768	1,066,147	4,045,590	6,157,553	5,930,921	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0				16.00
17.00	01700	SOCIAL SERVICE	0	273,958			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	207,224	32,086,914	0	32,086,914
31.00	03100	INTENSIVE CARE UNIT	0	38,148	5,855,189	0	5,855,189
43.00	04300	NURSERY	0	28,586	3,033,870	0	3,033,870
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	9,034,917	0	9,034,917
51.00	05100	RECOVERY ROOM	0	0	2,570,066	0	2,570,066
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	8,726,273	0	8,726,273
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,361,838	0	2,361,838
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,240,801	0	1,240,801
60.00	06000	LABORATORY	0	0	8,208,557	0	8,208,557
65.00	06500	RESPIRATORY THERAPY	0	0	1,692,832	0	1,692,832
66.00	06600	PHYSICAL THERAPY	0	0	1,800,295	0	1,800,295
67.00	06700	OCCUPATIONAL THERAPY	0	0	542,372	0	542,372
68.00	06800	SPEECH PATHOLOGY	0	0	327,431	0	327,431
69.00	06900	ELECTROCARDIOLOGY	0	0	1,070,913	0	1,070,913
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,387,485	0	2,387,485
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	6,853,014	0	6,853,014
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,923,998	0	2,923,998
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	283,960	0	283,960
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	927,893	0	927,893
91.00	09100	EMERGENCY	0	0	9,487,250	0	9,487,250
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	273,958	101,415,868	0	101,415,868
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	424,889	0	424,889
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	6,619,115	0	6,619,115
192.02	19202	MARKETING	0	0	1,434,364	0	1,434,364
192.03	19203	BACK AND NECK	0	0	400,121	0	400,121
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	273,958	110,294,357	0	110,294,357

COST ALLOCATION STATISTICS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet Non-CMS W

Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	1.00
1.01	MOB	31	MOB SQUARE FEET	1.01
1.02	INTEREST	3	SQUARE FEET	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	5	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	60	NUMBER OF PHONES	5.01
5.02	DATA PROCESSING	60	NUMBER OF PHONES	5.02
5.03	PURCHASING, RECEIVING AND STORES	63	PURCHASED REQ	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-64	ACCUM. COST	5.04
6.00	MAINTENANCE & REPAIRS	3	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	3	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	3	SQUARE FEET	9.00
10.00	DIETARY	10	PATIENT DAYS	10.00
11.00	CAFETERIA	11	FTES	11.00
13.00	NURSING ADMINISTRATION	13	DI RECT NURS FTES	13.00
14.00	CENTRAL SERVICES & SUPPLY	63	PURCHASED REQ	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	PATIENT DAYS	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
			1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS	0	4,401	109,876	4,204	0	4.00
5.01	00510	NONPATIENT TELEPHONES	0	10,478	0	10,009	256,105	5.01
5.02	00511	DATA PROCESSING	0	69,796	0	66,672	106,849	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	76,631	0	73,202	472	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	209,479	142,547	200,103	42,894	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	1,099,785	0	1,050,563	299,131	6.00
7.00	00700	OPERATION OF PLANT	0	56,198	0	53,682	274,458	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,035	0	17,228	2,602	8.00
9.00	00900	HOUSEKEEPING	0	75,315	14,605	71,944	4,171	9.00
10.00	01000	DIETARY	0	101,358	15,099	96,821	3,054	10.00
11.00	01100	CAFETERIA	0	131,278	0	125,403	3,955	11.00
13.00	01300	NURSING ADMINISTRATION	0	26,241	0	25,067	12,996	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	128,807	0	123,042	93,414	14.00
15.00	01500	PHARMACY	0	44,349	0	42,364	5,908	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,429,849	0	1,365,852	810,647	30.00
31.00	03100	INTENSIVE CARE UNIT	0	185,095	0	176,811	12,630	31.00
43.00	04300	NURSERY	0	110,249	0	105,315	10,175	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	522,082	0	498,716	446,473	50.00
51.00	05100	RECOVERY ROOM	0	43,357	0	41,416	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	273,864	0	261,607	802,933	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	176,709	0	168,800	16,684	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	47,288	0	45,172	68,206	59.00
60.00	06000	LABORATORY	0	61,482	0	58,730	66,491	60.00
65.00	06500	RESPIRATORY THERAPY	0	14,951	0	14,282	37,253	65.00
66.00	06600	PHYSICAL THERAPY	0	2,164	108,659	2,067	9,371	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,164	108,659	2,067	9,371	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,164	108,659	2,067	9,371	68.00
69.00	06900	ELECTROCARDIOLOGY	0	44,168	0	42,191	37,453	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	26,014	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	2,813	42,140	2,688	12,693	90.02
91.00	09100	EMERGENCY	0	351,596	0	335,860	77,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,322,146	676,258	5,083,945	3,533,090	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	54,995	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	36,625	0	4,025	192.01
192.02	19202	MARKETING	0	4,545	23,770	4,341	0	192.02
192.03	19203	BACK AND NECK	0	0	0	0	1,830	192.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	5,326,691	791,648	5,088,286	3,538,945	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 6/9/2013 3:01 am			
Cost Center Description	Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES		
	2A	4.00	5.01	5.02	5.03		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
1.01	00101	MOB				1.01	
1.02	00102	INTEREST				1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS	118,481			4.00	
5.01	00510	NONPATIENT TELEPHONES	276,592	0	276,592	5.01	
5.02	00511	DATA PROCESSING	243,317	4,601	1,015	248,933	
5.03	00512	PURCHASING, RECEIVING AND STORES	150,305	1,054	2,030	1,834	155,223
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	595,023	16,818	32,988	29,799	745
6.00	00600	MAINTENANCE & REPAIRS	2,449,479	1,401	13,449	12,149	1
7.00	00700	OPERATION OF PLANT	384,338	151	11,419	10,315	1
8.00	00800	LAUNDRY & LINEN SERVICE	37,865	0	0	0	110
9.00	00900	HOUSEKEEPING	166,035	1,980	2,030	1,834	362
10.00	01000	DIETARY	216,332	926	2,284	2,063	48
11.00	01100	CAFETERIA	260,636	1,594	3,045	2,751	63
13.00	01300	NURSING ADMINISTRATION	64,304	5,974	3,553	3,209	7
14.00	01400	CENTRAL SERVICES & SUPPLY	345,263	599	761	688	6
15.00	01500	PHARMACY	92,621	4,414	5,075	4,584	691
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	402	1,269	1,146	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,606,348	28,543	71,556	64,638	15,592
31.00	03100	INTENSIVE CARE UNIT	374,536	6,247	0	0	3,178
43.00	04300	NURSERY	225,739	3,432	2,284	2,063	1,420
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,467,271	4,318	23,092	20,859	27,087
51.00	05100	RECOVERY ROOM	84,773	3,349	1,523	1,375	1,168
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,338,404	7,753	18,270	16,504	5,263
55.00	05500	RADIOLOGY-THERAPEUTIC	362,193	1,515	7,866	7,106	167
59.00	05900	CARDIAC CATHETERIZATION	160,666	995	2,538	2,292	1,820
60.00	06000	LABORATORY	186,703	2,559	10,150	9,169	13,739
65.00	06500	RESPIRATORY THERAPY	66,486	2,558	508	458	1,566
66.00	06600	PHYSICAL THERAPY	122,261	2,607	2,030	1,834	823
67.00	06700	OCCUPATIONAL THERAPY	122,261	605	2,030	1,834	27
68.00	06800	SPEECH PATHOLOGY	122,261	218	2,030	1,834	6
69.00	06900	ELECTROCARDIOLOGY	123,812	1,216	1,523	1,375	210
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	18,996
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	53,370
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	26,014	358	761	688	64
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	60,334	1,146	2,284	2,063	426
91.00	09100	EMERGENCY	764,786	9,361	34,511	31,174	8,196
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,615,439	116,694	261,874	235,638	155,152
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,995	187	1,523	1,375	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	40,650	854	4,060	3,668	10
192.02	19202	MARKETING	32,656	437	2,030	1,834	45
192.03	19203	BACK AND NECK	1,830	309	7,105	6,418	16
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	14,745,570	118,481	276,592	248,933	155,223

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	675,373				5.04
6.00	00600	MAINTENANCE & REPAIRS	38,370	2,514,849			6.00
7.00	00700	OPERATION OF PLANT	9,023	36,650	451,897		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,794	11,762	2,145	54,676	8.00
9.00	00900	HOUSEKEEPING	22,091	49,118	8,957	0	252,407
10.00	01000	DIETARY	11,527	66,103	12,054	0	6,902
11.00	01100	CAFETERIA	4,075	85,616	15,612	0	8,940
13.00	01300	NURSING ADMINISTRATION	24,018	17,114	3,121	0	1,787
14.00	01400	CENTRAL SERVICES & SUPPLY	35,226	84,004	15,318	0	8,771
15.00	01500	PHARMACY	34,878	28,923	5,274	5	3,020
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	1,645	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	137,794	932,505	170,040	28,817	97,371
31.00	03100	INTENSIVE CARE UNIT	25,798	120,714	22,012	4,564	12,604
43.00	04300	NURSERY	14,123	71,901	13,111	1,512	7,508
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,902	340,487	62,087	4,471	35,552
51.00	05100	RECOVERY ROOM	12,639	28,276	5,156	0	2,952
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,806	178,606	32,569	3,736	18,649
55.00	05500	RADIOLOGY-THERAPEUTIC	10,810	115,244	21,015	1,001	12,033
59.00	05900	CARDIAC CATHETERIZATION	5,919	30,840	5,624	0	3,220
60.00	06000	LABORATORY	45,526	40,097	7,312	0	4,187
65.00	06500	RESPIRATORY THERAPY	9,514	9,751	1,778	0	1,018
66.00	06600	PHYSICAL THERAPY	10,587	1,411	257	0	147
67.00	06700	OCCUPATIONAL THERAPY	3,234	1,411	257	0	147
68.00	06800	SPEECH PATHOLOGY	1,948	1,411	257	0	147
69.00	06900	ELECTROCARDIOLOGY	5,385	28,805	5,253	0	3,008
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,965	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,885	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,606	0	0	147	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	5,381	1,835	335	755	192
91.00	09100	EMERGENCY	44,183	229,301	41,813	9,668	23,943
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	639,652	2,511,885	451,357	54,676	252,098
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,572	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	22,077	0	0	0	0
192.02	19202	MARKETING	8,656	2,964	540	0	309
192.03	19203	BACK AND NECK	2,416	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	675,373	2,514,849	451,897	54,676	252,407

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	318,239				10.00
11.00	01100	CAFETERIA	0	382,332			11.00
13.00	01300	NURSING ADMINISTRATION	0	15,458	138,545		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,167	0	494,803	14.00
15.00	01500	PHARMACY	0	15,702	966	2,222	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,922	0	1	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	268,762	127,352	65,820	50,135	0
31.00	03100	INTENSIVE CARE UNIT	49,477	23,452	15,910	10,219	0
43.00	04300	NURSERY	0	12,478	8,809	4,566	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	19,828	8,071	87,098	0
51.00	05100	RECOVERY ROOM	0	13,684	9,892	3,755	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,381	2,296	16,924	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,976	849	536	0
59.00	05900	CARDIAC CATHETERIZATION	0	3,905	1,582	5,852	0
60.00	06000	LABORATORY	0	12,986	0	44,176	0
65.00	06500	RESPIRATORY THERAPY	0	11,069	0	5,034	0
66.00	06600	PHYSICAL THERAPY	0	11,320	0	2,646	8
67.00	06700	OCCUPATIONAL THERAPY	0	2,376	0	86	0
68.00	06800	SPEECH PATHOLOGY	0	890	0	18	0
69.00	06900	ELECTROCARDIOLOGY	0	4,358	1,238	677	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	61,081	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	171,621	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	97,892
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	2,036	417	205	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	5,965	0	1,368	0
91.00	09100	EMERGENCY	0	43,352	22,695	26,355	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	318,239	373,657	138,545	494,575	97,900
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,743	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	3,338	0	33	100,475
192.02	19202	MARKETING	0	1,821	0	145	0
192.03	19203	BACK AND NECK	0	1,773	0	50	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	318,239	382,332	138,545	494,803	198,375

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0				16.00
17.00	01700	SOCIAL SERVICE	0	6,385			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,830	5,670,103	0	5,670,103
31.00	03100	INTENSIVE CARE UNIT	0	889	669,600	0	669,600
43.00	04300	NURSERY	0	666	369,612	0	369,612
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	2,137,123	0	2,137,123
51.00	05100	RECOVERY ROOM	0	0	168,542	0	168,542
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	1,720,161	0	1,720,161
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	546,311	0	546,311
59.00	05900	CARDIAC CATHETERIZATION	0	0	225,253	0	225,253
60.00	06000	LABORATORY	0	0	376,604	0	376,604
65.00	06500	RESPIRATORY THERAPY	0	0	109,740	0	109,740
66.00	06600	PHYSICAL THERAPY	0	0	155,931	0	155,931
67.00	06700	OCCUPATIONAL THERAPY	0	0	134,268	0	134,268
68.00	06800	SPEECH PATHOLOGY	0	0	131,020	0	131,020
69.00	06900	ELECTROCARDIOLOGY	0	0	176,860	0	176,860
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	90,042	0	90,042
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	253,876	0	253,876
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	97,892	0	97,892
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	32,296	0	32,296
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	82,084	0	82,084
91.00	09100	EMERGENCY	0	0	1,289,338	0	1,289,338
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,385	14,436,656	0	14,436,656
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	62,395	0	62,395
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	175,165	0	175,165
192.02	19202	MARKETING	0	0	51,437	0	51,437
192.03	19203	BACK AND NECK	0	0	19,917	0	19,917
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	6,385	14,745,570	0	14,745,570

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)		
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	1.02	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	318,914				1.00	
1.01	00101	MOB	23,564	20,815			1.01	
1.02	00102	INTEREST	0	0	295,350		1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2,698,390	2.00	
4.00	00400	EMPLOYEE BENEFITS	244	2,889	244	45,269,162	4.00	
5.01	00510	NONPATIENT TELEPHONES	581	0	581	195,276	5.01	
5.02	00511	DATA PROCESSING	3,870	0	3,870	81,471	5.02	
5.03	00512	PURCHASING, RECEIVING AND STORES	4,249	0	4,249	360	5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	11,615	3,748	11,615	32,706	5.04	
6.00	00600	MAINTENANCE & REPAIRS	60,980	0	60,980	228,083	6.00	
7.00	00700	OPERATION OF PLANT	3,116	0	3,116	209,270	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,000	0	1,000	1,984	8.00	
9.00	00900	HOUSEKEEPING	4,176	384	4,176	3,180	9.00	
10.00	01000	DIETARY	5,620	397	5,620	2,329	10.00	
11.00	01100	CAFETERIA	7,279	0	7,279	3,016	11.00	
13.00	01300	NURSING ADMINISTRATION	1,455	0	1,455	9,909	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	7,142	0	7,142	71,227	14.00	
15.00	01500	PHARMACY	2,459	0	2,459	4,505	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	153,545	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,281	0	79,281	618,106	30.00	
31.00	03100	INTENSIVE CARE UNIT	10,263	0	10,263	9,630	31.00	
43.00	04300	NURSERY	6,113	0	6,113	7,758	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,948	0	28,948	340,429	50.00	
51.00	05100	RECOVERY ROOM	2,404	0	2,404	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,185	0	15,185	612,224	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	9,798	0	9,798	12,721	55.00	
59.00	05900	CARDIAC CATHETERIZATION	2,622	0	2,622	52,006	59.00	
60.00	06000	LABORATORY	3,409	0	3,409	50,698	60.00	
65.00	06500	RESPIRATORY THERAPY	829	0	829	28,405	65.00	
66.00	06600	PHYSICAL THERAPY	120	2,857	120	7,145	66.00	
67.00	06700	OCCUPATIONAL THERAPY	120	2,857	120	7,145	67.00	
68.00	06800	SPEECH PATHOLOGY	120	2,857	120	7,145	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,449	0	2,449	28,557	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	684	0	0	136,648	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.02	09002	SLEEP LAB	156	1,108	156	9,678	438,007	90.02
91.00	09100	EMERGENCY	19,495	0	19,495	58,963	3,577,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	318,662	17,781	295,098	2,693,926	44,586,403	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,446	0	0	71,353	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	963	0	3,069	326,438	192.01
192.02	19202	MARKETING	252	625	252	0	166,904	192.02
192.03	19203	BACK AND NECK	0	0	0	1,395	118,064	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,751,672	791,648	5,088,286	3,538,945	9,954,641	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.035182	38.032573	17.227987	1.311502	0.219899	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					118,481	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.002617	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING, RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	1,090					5.01
5.02	00511	4	1,086				5.02
5.03	00512	8	8	11,135,985			5.03
5.04	00560	130	130	53,421	-14,674,888	95,622,202	5.04
6.00	00600	53	53	101	0	5,432,597	6.00
7.00	00700	45	45	54	0	1,277,480	7.00
8.00	00800	0	0	7,870	0	395,545	8.00
9.00	00900	8	8	25,984	0	3,127,658	9.00
10.00	01000	9	9	3,472	0	1,632,010	10.00
11.00	01100	12	12	4,497	0	576,996	11.00
13.00	01300	14	14	516	0	3,400,539	13.00
14.00	01400	3	3	427	0	4,987,460	14.00
15.00	01500	20	20	49,572	0	4,938,069	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	5	5	19	0	232,851	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	282	282	1,118,570	0	19,510,398	30.00
31.00	03100	0	0	227,991	0	3,652,609	31.00
43.00	04300	9	9	101,863	0	1,999,517	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	91	91	1,943,252	0	5,224,757	50.00
51.00	05100	6	6	83,773	0	1,789,420	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	72	72	377,600	0	6,485,288	54.00
55.00	05500	31	31	11,956	0	1,530,553	55.00
59.00	05900	10	10	130,557	0	837,985	59.00
60.00	06000	40	40	985,619	0	6,445,772	60.00
65.00	06500	2	2	112,322	0	1,346,975	65.00
66.00	06600	8	8	59,041	0	1,498,911	66.00
67.00	06700	8	8	1,917	0	457,814	67.00
68.00	06800	8	8	396	0	275,799	68.00
69.00	06900	6	6	15,100	0	762,411	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	1,362,781	0	1,410,852	71.00
72.00	07200	0	0	3,829,126	0	4,089,628	72.00
73.00	07300	0	0	0	2,733	0	73.00
76.00	03021	0	0	0	0	0	76.00
76.97	07697	3	3	4,568	0	227,334	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	9	9	30,528	0	761,910	90.02
91.00	09100	136	136	587,998	0	6,255,575	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,032	1,028	11,130,891	-14,672,155	90,564,713	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	6	6	0	0	364,144	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	16	16	735	0	3,125,757	192.01
192.02	19202	8	8	3,242	0	1,225,530	192.02
192.03	19203	28	28	1,117	0	342,058	192.03
200.00							200.00
201.00							201.00
202.00		338,930	5,108,453	757,602		14,674,888	202.00
203.00		310.944954	4,703.916206	0.068032		0.153467	203.00
204.00		276,592	248,933	155,223		675,373	204.00
205.00		253.754128	229.220074	0.013939		0.007063	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00560						5.04
6.00	00600	213,811					6.00
7.00	00700	3,116	210,695				7.00
8.00	00800	1,000	1,000	698,717			8.00
9.00	00900	4,176	4,176	0	205,519		9.00
10.00	01000	5,620	5,620	0	5,620	24,043	10.00
11.00	01100	7,279	7,279	0	7,279	0	11.00
13.00	01300	1,455	1,455	0	1,455	0	13.00
14.00	01400	7,142	7,142	0	7,142	0	14.00
15.00	01500	2,459	2,459	70	2,459	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	79,281	79,281	368,256	79,281	20,305	30.00
31.00	03100	10,263	10,263	58,324	10,263	3,738	31.00
43.00	04300	6,113	6,113	19,319	6,113	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,948	28,948	57,132	28,948	0	50.00
51.00	05100	2,404	2,404	0	2,404	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	15,185	15,185	47,744	15,185	0	54.00
55.00	05500	9,798	9,798	12,792	9,798	0	55.00
59.00	05900	2,622	2,622	0	2,622	0	59.00
60.00	06000	3,409	3,409	0	3,409	0	60.00
65.00	06500	829	829	0	829	0	65.00
66.00	06600	120	120	0	120	0	66.00
67.00	06700	120	120	0	120	0	67.00
68.00	06800	120	120	0	120	0	68.00
69.00	06900	2,449	2,449	0	2,449	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03021	0	0	0	0	0	76.00
76.97	07697	0	0	1,877	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	156	156	9,650	156	0	90.02
91.00	09100	19,495	19,495	123,553	19,495	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		213,559	210,443	698,717	205,267	24,043	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	252	252	0	252	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		6,266,321	1,564,854	492,983	3,761,055	2,191,768	202.00
203.00		29.307758	7.427106	0.705555	18.300279	91.160338	203.00
204.00		2,514,849	451,897	54,676	252,407	318,239	204.00
205.00		11.762019	2.144792	0.078252	1.228144	13.236243	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00560						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	64,037					11.00
13.00	01300	2,589	28,545				13.00
14.00	01400	698	0	11,039,643			14.00
15.00	01500	2,630	199	49,572	4,974,940		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	322	0	19	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	21,330	13,561	1,118,570	0	0	30.00
31.00	03100	3,928	3,278	227,991	0	0	31.00
43.00	04300	2,090	1,815	101,863	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,321	1,663	1,943,252	0	0	50.00
51.00	05100	2,292	2,038	83,773	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	5,926	473	377,600	0	0	54.00
55.00	05500	1,001	175	11,956	0	0	55.00
59.00	05900	654	326	130,557	0	0	59.00
60.00	06000	2,175	0	985,619	0	0	60.00
65.00	06500	1,854	0	112,322	0	0	65.00
66.00	06600	1,896	0	59,041	210	0	66.00
67.00	06700	398	0	1,917	0	0	67.00
68.00	06800	149	0	396	0	0	68.00
69.00	06900	730	255	15,100	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	1,362,781	0	0	71.00
72.00	07200	0	0	3,829,126	0	0	72.00
73.00	07300	0	0	0	2,454,984	0	73.00
76.00	03021	0	0	0	0	0	76.00
76.97	07697	341	86	4,568	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	999	0	30,528	0	0	90.02
91.00	09100	7,261	4,676	587,998	0	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		62,584	28,545	11,034,549	2,455,194	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	292	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	559	0	735	2,519,746	0	192.01
192.02	19202	305	0	3,242	0	0	192.02
192.03	19203	297	0	1,117	0	0	192.03
200.00							200.00
201.00							201.00
202.00		1,066,147	4,045,590	6,157,553	5,930,921	0	202.00
203.00		16.648922	141.726747	0.557767	1.192159	0.000000	203.00
204.00		382,332	138,545	494,803	198,375	0	204.00
205.00		5.970486	4.853565	0.044821	0.039875	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
6/9/2013 3:01 am

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	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	32,086,914		32,086,914	0	32,086,914	39,430,182	30.00
31.00	03100	INTENSIVE CARE UNIT	5,855,189		5,855,189	0	5,855,189	9,670,761	31.00
43.00	04300	NURSERY	3,033,870		3,033,870	0	3,033,870	3,817,991	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,034,917		9,034,917	0	9,034,917	16,814,913	50.00
51.00	05100	RECOVERY ROOM	2,570,066		2,570,066	0	2,570,066	1,714,695	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,726,273		8,726,273	0	8,726,273	15,482,416	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,361,838		2,361,838	0	2,361,838	330,984	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,240,801		1,240,801	0	1,240,801	5,060,342	59.00
60.00	06000	LABORATORY	8,208,557		8,208,557	0	8,208,557	25,488,299	60.00
65.00	06500	RESPIRATORY THERAPY	1,692,832	0	1,692,832	0	1,692,832	3,038,814	65.00
66.00	06600	PHYSICAL THERAPY	1,800,295	0	1,800,295	0	1,800,295	2,146,275	66.00
67.00	06700	OCCUPATIONAL THERAPY	542,372	0	542,372	0	542,372	842,586	67.00
68.00	06800	SPEECH PATHOLOGY	327,431	0	327,431	0	327,431	330,516	68.00
69.00	06900	ELECTROCARDIOLOGY	1,070,913		1,070,913	0	1,070,913	7,637,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,387,485		2,387,485	0	2,387,485	1,969,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,853,014		6,853,014	0	6,853,014	12,117,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,923,998		2,923,998	0	2,923,998	19,490,590	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	283,960		283,960	0	283,960	12,832	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.02	09002	SLEEP LAB	927,893		927,893	0	927,893	14,254	90.02
91.00	09100	EMERGENCY	9,487,250		9,487,250	0	9,487,250	13,036,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,474,462		1,474,462	0	1,474,462	208,494	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	102,890,330	0	102,890,330	0	102,890,330	178,656,859	200.00
201.00		Less Observation Beds	1,474,462		1,474,462		1,474,462		201.00
202.00		Total (see instructions)	101,415,868	0	101,415,868	0	101,415,868	178,656,859	202.00
Charges									
Cost Center Description	Outpatient		Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Inpatient		
	7.00	8.00					9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS			39,430,182				30.00
31.00	03100	INTENSIVE CARE UNIT			9,670,761				31.00
43.00	04300	NURSERY			3,817,991				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	30,836,361	47,651,274	0.189605	0.000000	0.189605		50.00
51.00	05100	RECOVERY ROOM	6,450,119	8,164,814	0.314773	0.000000	0.314773		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,458,944	76,941,360	0.113415	0.000000	0.113415		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,271,953	13,602,937	0.173627	0.000000	0.173627		55.00
59.00	05900	CARDIAC CATHETERIZATION	5,845,675	10,906,017	0.113772	0.000000	0.113772		59.00
60.00	06000	LABORATORY	31,525,955	57,014,254	0.143974	0.000000	0.143974		60.00
65.00	06500	RESPIRATORY THERAPY	876,274	3,915,088	0.432387	0.000000	0.432387		65.00
66.00	06600	PHYSICAL THERAPY	5,146,346	7,292,621	0.246865	0.000000	0.246865		66.00
67.00	06700	OCCUPATIONAL THERAPY	531,775	1,374,361	0.394636	0.000000	0.394636		67.00
68.00	06800	SPEECH PATHOLOGY	188,424	518,940	0.630961	0.000000	0.630961		68.00
69.00	06900	ELECTROCARDIOLOGY	9,541,069	17,178,765	0.062339	0.000000	0.062339		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,439,234	3,409,172	0.700312	0.000000	0.700312		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,842,102	18,959,552	0.361454	0.000000	0.361454		72.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital	
			Outpatient	Total (col. 6 + col. 7)				PPS	
			7.00	8.00	9.00	10.00	11.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	8,733,863	28,224,453	0.103598	0.000000	0.103598		73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0.000000	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1,008,681	1,021,513	0.277980	0.000000	0.277980		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.02	09002	SLEEP LAB	5,739,662	5,753,916	0.161263	0.000000	0.161263		90.02
91.00	09100	EMERGENCY	55,601,230	68,638,061	0.138221	0.000000	0.138221		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,279,220	1,487,714	0.991092	0.000000	0.991092		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	246,316,887	424,973,746					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	246,316,887	424,973,746					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
6/9/2013 3:01 am

			Title XIX		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	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	32,086,914		32,086,914	0	32,086,914	39,430,182	30.00
31.00	03100	INTENSIVE CARE UNIT	5,855,189		5,855,189	0	5,855,189	9,670,761	31.00
43.00	04300	NURSERY	3,033,870		3,033,870	0	3,033,870	3,817,991	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,034,917		9,034,917	0	9,034,917	16,814,913	50.00
51.00	05100	RECOVERY ROOM	2,570,066		2,570,066	0	2,570,066	1,714,695	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,726,273		8,726,273	0	8,726,273	15,482,416	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,361,838		2,361,838	0	2,361,838	330,984	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,240,801		1,240,801	0	1,240,801	5,060,342	59.00
60.00	06000	LABORATORY	8,208,557		8,208,557	0	8,208,557	25,488,299	60.00
65.00	06500	RESPIRATORY THERAPY	1,692,832	0	1,692,832	0	1,692,832	3,038,814	65.00
66.00	06600	PHYSICAL THERAPY	1,800,295	0	1,800,295	0	1,800,295	2,146,275	66.00
67.00	06700	OCCUPATIONAL THERAPY	542,372	0	542,372	0	542,372	842,586	67.00
68.00	06800	SPEECH PATHOLOGY	327,431	0	327,431	0	327,431	330,516	68.00
69.00	06900	ELECTROCARDIOLOGY	1,070,913		1,070,913	0	1,070,913	7,637,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,387,485		2,387,485	0	2,387,485	1,969,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,853,014		6,853,014	0	6,853,014	12,117,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,923,998		2,923,998	0	2,923,998	19,490,590	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	283,960		283,960	0	283,960	12,832	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.02	09002	SLEEP LAB	927,893		927,893	0	927,893	14,254	90.02
91.00	09100	EMERGENCY	9,487,250		9,487,250	0	9,487,250	13,036,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,474,462		1,474,462	0	1,474,462	208,494	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	102,890,330	0	102,890,330	0	102,890,330	178,656,859	200.00
201.00		Less Observation Beds	1,474,462		1,474,462	0	1,474,462		201.00
202.00		Total (see instructions)	101,415,868	0	101,415,868	0	101,415,868	178,656,859	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		39,430,182				30.00	
31.00	03100	INTENSIVE CARE UNIT		9,670,761				31.00	
43.00	04300	NURSERY		3,817,991				43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	30,836,361	47,651,274	0.189605	0.000000	0.189605	50.00	
51.00	05100	RECOVERY ROOM	6,450,119	8,164,814	0.314773	0.000000	0.314773	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,458,944	76,941,360	0.113415	0.000000	0.113415	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	13,271,953	13,602,937	0.173627	0.000000	0.173627	55.00	
59.00	05900	CARDIAC CATHETERIZATION	5,845,675	10,906,017	0.113772	0.000000	0.113772	59.00	
60.00	06000	LABORATORY	31,525,955	57,014,254	0.143974	0.000000	0.143974	60.00	
65.00	06500	RESPIRATORY THERAPY	876,274	3,915,088	0.432387	0.000000	0.432387	65.00	
66.00	06600	PHYSICAL THERAPY	5,146,346	7,292,621	0.246865	0.000000	0.246865	66.00	
67.00	06700	OCCUPATIONAL THERAPY	531,775	1,374,361	0.394636	0.000000	0.394636	67.00	
68.00	06800	SPEECH PATHOLOGY	188,424	518,940	0.630961	0.000000	0.630961	68.00	
69.00	06900	ELECTROCARDIOLOGY	9,541,069	17,178,765	0.062339	0.000000	0.062339	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,439,234	3,409,172	0.700312	0.000000	0.700312	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,842,102	18,959,552	0.361454	0.000000	0.361454	72.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	8,733,863	28,224,453	0.103598	0.000000	0.103598		73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0.000000	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1,008,681	1,021,513	0.277980	0.000000	0.277980		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.02	09002	SLEEP LAB	5,739,662	5,753,916	0.161263	0.000000	0.161263		90.02
91.00	09100	EMERGENCY	55,601,230	68,638,061	0.138221	0.000000	0.138221		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,279,220	1,487,714	0.991092	0.000000	0.991092		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	246,316,887	424,973,746					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	246,316,887	424,973,746					202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150158

Period: From 03/01/2012 To 12/31/2012

Worksheet C Part II Date/Time Prepared: 6/9/2013 3:01 am

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,034,917	2,137,123	6,897,794	0	0	50.00
51.00	05100	RECOVERY ROOM	2,570,066	168,542	2,401,524	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,726,273	1,720,161	7,006,112	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,361,838	546,311	1,815,527	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,240,801	225,253	1,015,548	0	0	59.00
60.00	06000	LABORATORY	8,208,557	376,604	7,831,953	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,692,832	109,740	1,583,092	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,800,295	155,931	1,644,364	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	542,372	134,268	408,104	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	327,431	131,020	196,411	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,070,913	176,860	894,053	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,387,485	90,042	2,297,443	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,853,014	253,876	6,599,138	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,923,998	97,892	2,826,106	0	0	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	283,960	32,296	251,664	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	927,893	82,084	845,809	0	0	90.02
91.00	09100	EMERGENCY	9,487,250	1,289,338	8,197,912	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,474,462	260,554	1,213,908	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	61,914,357	7,987,895	53,926,462	0	0	200.00
201.00		Less Observation Beds	1,474,462	260,554	1,213,908	0	0	201.00
202.00		Total (line 200 minus line 201)	60,439,895	7,727,341	52,712,554	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150158

Period: From 03/01/2012 To 12/31/2012

Worksheet C Part II Date/Time Prepared: 6/9/2013 3:01 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	9,034,917	47,651,274	0.189605		50.00
51.00	05100 RECOVERY ROOM	2,570,066	8,164,814	0.314773		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,726,273	76,941,360	0.113415		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,361,838	13,602,937	0.173627		55.00
59.00	05900 CARDIAC CATHETERIZATION	1,240,801	10,906,017	0.113772		59.00
60.00	06000 LABORATORY	8,208,557	57,014,254	0.143974		60.00
65.00	06500 RESPIRATORY THERAPY	1,692,832	3,915,088	0.432387		65.00
66.00	06600 PHYSICAL THERAPY	1,800,295	7,292,621	0.246865		66.00
67.00	06700 OCCUPATIONAL THERAPY	542,372	1,374,361	0.394636		67.00
68.00	06800 SPEECH PATHOLOGY	327,431	518,940	0.630961		68.00
69.00	06900 ELECTROCARDIOLOGY	1,070,913	17,178,765	0.062339		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,387,485	3,409,172	0.700312		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,853,014	18,959,552	0.361454		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,923,998	28,224,453	0.103598		73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	283,960	1,021,513	0.277980		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.02	09002 SLEEP LAB	927,893	5,753,916	0.161263		90.02
91.00	09100 EMERGENCY	9,487,250	68,638,061	0.138221		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,474,462	1,487,714	0.991092		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	61,914,357	372,054,812			200.00
201.00	Less Observation Beds	1,474,462	0			201.00
202.00	Total (line 200 minus line 201)	60,439,895	372,054,812			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 6/9/2013 3:01 am
		Title XVIII	Hospital	PPS

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	5,670,103	0	5,670,103	21,283	266.41	30.00
31.00	INTENSIVE CARE UNIT	669,600		669,600	3,738	179.13	31.00
43.00	NURSERY	369,612		369,612	2,801	131.96	43.00
200.00	Total (Lines 30-199)	6,709,315		6,709,315	27,822		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	8,915	2,375,045	30.00
31.00	INTENSIVE CARE UNIT	1,830	327,808	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	10,745	2,702,853	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 6/9/2013 3:01 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,137,123	47,651,274	0.044849	5,884,728	263,924	50.00
51.00	05100	RECOVERY ROOM	168,542	8,164,814	0.020642	597,541	12,334	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,720,161	76,941,360	0.022357	7,238,773	161,837	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	546,311	13,602,937	0.040161	189,244	7,600	55.00
59.00	05900	CARDIAC CATHETERIZATION	225,253	10,906,017	0.020654	1,918,067	39,616	59.00
60.00	06000	LABORATORY	376,604	57,014,254	0.006605	11,795,456	77,909	60.00
65.00	06500	RESPIRATORY THERAPY	109,740	3,915,088	0.028030	1,630,319	45,698	65.00
66.00	06600	PHYSICAL THERAPY	155,931	7,292,621	0.021382	1,195,636	25,565	66.00
67.00	06700	OCCUPATIONAL THERAPY	134,268	1,374,361	0.097695	504,303	49,268	67.00
68.00	06800	SPEECH PATHOLOGY	131,020	518,940	0.252476	226,733	57,245	68.00
69.00	06900	ELECTROCARDIOLOGY	176,860	17,178,765	0.010295	3,958,863	40,756	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,042	3,409,172	0.026412	751,734	19,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	253,876	18,959,552	0.013390	4,782,694	64,040	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,892	28,224,453	0.003468	8,131,405	28,200	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	32,296	1,021,513	0.031616	5,735	181	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	SLEEP LAB	82,084	5,753,916	0.014266	12,125	173	90.02
91.00	09100	EMERGENCY	1,289,338	68,638,061	0.018785	5,757,921	108,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	260,554	1,487,714	0.175137	112,230	19,656	92.00
200.00		Total (lines 50-199)	7,987,895	372,054,812		54,693,507	1,022,020	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 6/9/2013 3:01 am
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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)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	0	0	0	200.00	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,283	0.00	8,915	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,738	0.00	1,830	0	31.00	
43.00	04300	NURSERY	2,801	0.00	0	0	43.00	
200.00		Total (lines 30-199)	27,822		10,745	0	200.00	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
		12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
6/9/2013 3:01 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
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
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	0	0	90.02
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
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: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/9/2013 3:01 am
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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 Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	47,651,274	0.000000	0.000000	5,884,728	50.00
51.00	05100 RECOVERY ROOM	0	8,164,814	0.000000	0.000000	597,541	51.00
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	76,941,360	0.000000	0.000000	7,238,773	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,602,937	0.000000	0.000000	189,244	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	10,906,017	0.000000	0.000000	1,918,067	59.00
60.00	06000 LABORATORY	0	57,014,254	0.000000	0.000000	11,795,456	60.00
65.00	06500 RESPIRATORY THERAPY	0	3,915,088	0.000000	0.000000	1,630,319	65.00
66.00	06600 PHYSICAL THERAPY	0	7,292,621	0.000000	0.000000	1,195,636	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,374,361	0.000000	0.000000	504,303	67.00
68.00	06800 SPEECH PATHOLOGY	0	518,940	0.000000	0.000000	226,733	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,178,765	0.000000	0.000000	3,958,863	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,409,172	0.000000	0.000000	751,734	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	18,959,552	0.000000	0.000000	4,782,694	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	28,224,453	0.000000	0.000000	8,131,405	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,021,513	0.000000	0.000000	5,735	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002 SLEEP LAB	0	5,753,916	0.000000	0.000000	12,125	90.02
91.00	09100 EMERGENCY	0	68,638,061	0.000000	0.000000	5,757,921	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,487,714	0.000000	0.000000	112,230	92.00
200.00	Total (lines 50-199)	0	372,054,812			54,693,507	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/9/2013 3:01 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	4,601,515	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,102,617	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,049,484	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,588,422	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,246,716	0	0	0	59.00
60.00	06000 LABORATORY	0	798,125	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	291,888	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	32,428	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,732	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,011,889	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	441,400	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,081,065	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,390,525	0	0	0	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	418,338	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0	1,148,863	0	0	0	90.02
91.00	09100 EMERGENCY	0	7,202,050	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	250,432	0	0	0	92.00
200.00	Total (lines 50-199)	0	40,657,489	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/9/2013 3:01 am
	Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/9/2013 3:01 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	0.189605	4,601,515	0	872,470	50.00
51.00	05100 RECOVERY ROOM	0.314773	1,102,617	0	347,074	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.113415	12,049,484	0	1,366,592	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.173627	4,588,422	0	796,674	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.113772	1,246,716	0	141,841	59.00
60.00	06000 LABORATORY	0.143974	798,125	0	114,909	60.00
65.00	06500 RESPIRATORY THERAPY	0.432387	291,888	0	126,209	65.00
66.00	06600 PHYSICAL THERAPY	0.246865	32,428	0	8,005	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.394636	1,732	0	684	67.00
68.00	06800 SPEECH PATHOLOGY	0.630961	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.062339	3,011,889	0	187,758	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700312	441,400	0	309,118	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.361454	2,081,065	0	752,209	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.103598	1,390,525	0	144,056	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0.000000	0	38,400	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.277980	418,338	0	116,290	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.02	09002 SLEEP LAB	0.161263	1,148,863	0	185,269	90.02
91.00	09100 EMERGENCY	0.138221	7,202,050	0	995,475	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.991092	250,432	0	248,201	92.00
200.00	Subtotal (see instructions)		40,657,489	0	38,400	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		40,657,489	0	38,400	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/9/2013 3:01 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,978	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	3,978	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	3,978	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150158		Period: From 03/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 6/9/2013 3:01 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	5,670,103	0	5,670,103	21,283	266.41	30.00	
31.00	INTENSIVE CARE UNIT	669,600		669,600	3,738	179.13	31.00	
43.00	NURSERY	369,612		369,612	2,801	131.96	43.00	
200.00	Total (Lines 30-199)	6,709,315		6,709,315	27,822		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	710	189,151					30.00
31.00	INTENSIVE CARE UNIT	131	23,466					31.00
43.00	NURSERY	98	12,932					43.00
200.00	Total (Lines 30-199)	939	225,549					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 6/9/2013 3:01 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,137,123	47,651,274	0.044849	629,791	28,245	50.00
51.00	05100 RECOVERY ROOM	168,542	8,164,814	0.020642	50,199	1,036	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,720,161	76,941,360	0.022357	505,750	11,307	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	546,311	13,602,937	0.040161	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	225,253	10,906,017	0.020654	263,262	5,437	59.00
60.00	06000 LABORATORY	376,604	57,014,254	0.006605	949,013	6,268	60.00
65.00	06500 RESPIRATORY THERAPY	109,740	3,915,088	0.028030	140,401	3,935	65.00
66.00	06600 PHYSICAL THERAPY	155,931	7,292,621	0.021382	40,998	877	66.00
67.00	06700 OCCUPATIONAL THERAPY	134,268	1,374,361	0.097695	9,159	895	67.00
68.00	06800 SPEECH PATHOLOGY	131,020	518,940	0.252476	6,097	1,539	68.00
69.00	06900 ELECTROCARDIOLOGY	176,860	17,178,765	0.010295	208,081	2,142	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	90,042	3,409,172	0.026412	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	253,876	18,959,552	0.013390	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	97,892	28,224,453	0.003468	0	0	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	32,296	1,021,513	0.031616	582	18	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	82,084	5,753,916	0.014266	2,129	30	90.02
91.00	09100 EMERGENCY	1,289,338	68,638,061	0.018785	454,921	8,546	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	260,554	1,487,714	0.175137	0	0	92.00
200.00	Total (lines 50-199)	7,987,895	372,054,812		3,260,383	70,275	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 6/9/2013 3:01 am
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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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	0	0	0	200.00	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,283	0.00	710	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,738	0.00	131	0	31.00	
43.00	04300	NURSERY	2,801	0.00	98	0	43.00	
200.00		Total (lines 30-199)	27,822		939	0	200.00	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
		12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		Title XIX				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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
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
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	0	0	90.02
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
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: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/9/2013 3:01 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	47,651,274	0.000000	0.000000	629,791	50.00
51.00	05100 RECOVERY ROOM	0	8,164,814	0.000000	0.000000	50,199	51.00
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	76,941,360	0.000000	0.000000	505,750	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,602,937	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	10,906,017	0.000000	0.000000	263,262	59.00
60.00	06000 LABORATORY	0	57,014,254	0.000000	0.000000	949,013	60.00
65.00	06500 RESPIRATORY THERAPY	0	3,915,088	0.000000	0.000000	140,401	65.00
66.00	06600 PHYSICAL THERAPY	0	7,292,621	0.000000	0.000000	40,998	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,374,361	0.000000	0.000000	9,159	67.00
68.00	06800 SPEECH PATHOLOGY	0	518,940	0.000000	0.000000	6,097	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,178,765	0.000000	0.000000	208,081	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,409,172	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	18,959,552	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	28,224,453	0.000000	0.000000	0	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,021,513	0.000000	0.000000	582	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002 SLEEP LAB	0	5,753,916	0.000000	0.000000	2,129	90.02
91.00	09100 EMERGENCY	0	68,638,061	0.000000	0.000000	454,921	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,487,714	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	372,054,812			3,260,383	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/9/2013 3:01 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0	0	0	0	0	90.02
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
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: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/9/2013 3:01 am
	Title XIX	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03021 OTHER ANCILLARY COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 SLEEP LAB	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/9/2013 3:01 am
		Title XIX	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	0.189605	0	759,432	0	0 50.00
51.00 05100 RECOVERY ROOM	0.314773	0	161,287	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.113415	0	1,727,458	0	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.173627	0	1,058,452	0	0 55.00
59.00 05900 CARDIAC CATHETERIZATION	0.113772	0	195,415	0	0 59.00
60.00 06000 LABORATORY	0.143974	0	1,072,413	0	0 60.00
65.00 06500 RESPIRATORY THERAPY	0.432387	0	28,231	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.246865	0	114,770	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.394636	0	11,309	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.630961	0	13,430	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.062339	0	178,739	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700312	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.361454	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.103598	0	0	0	0 73.00
76.00 03021 OTHER ANCILLARY COST CENTERS	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.277980	0	19,535	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.02 09002 SLEEP LAB	0.161263	0	123,766	0	0 90.02
91.00 09100 EMERGENCY	0.138221	0	2,443,175	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.991092	0	0	0	0 92.00
200.00	Subtotal (see instructions)	0	7,907,412	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	7,907,412	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/9/2013 3:01 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	143,992	0	50.00
51.00	05100 RECOVERY ROOM	50,769	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	195,920	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	183,776	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	22,233	0	59.00
60.00	06000 LABORATORY	154,400	0	60.00
65.00	06500 RESPIRATORY THERAPY	12,207	0	65.00
66.00	06600 PHYSICAL THERAPY	28,333	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,463	0	67.00
68.00	06800 SPEECH PATHOLOGY	8,474	0	68.00
69.00	06900 ELECTROCARDIOLOGY	11,142	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	5,430	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	19,959	0	90.02
91.00	09100 EMERGENCY	337,698	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	1,178,796	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,178,796	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 6/9/2013 3:01 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,283	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,283	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,305	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)		8,915	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)		32,086,914	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)		32,086,914	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		43,248,172	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		43,248,172	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.741925	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)		2,129.93	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)		32,086,914	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)		1,507.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,440,521	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)		13,440,521	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 03/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 6/9/2013 3:01 am	
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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,855,189	3,738	1,566.40	1,830	2,866,512	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)					9,671,340	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,978,373	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)					2,702,853	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,022,020	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,724,873	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,253,500	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)					978	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,507.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,474,462	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 03/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 6/9/2013 3:01 am	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,670,103	32,086,914	0.176711	1,474,462	260,554	90.00
91.00	Nursing School cost	0	32,086,914	0.000000	1,474,462	0	91.00
92.00	Allied health cost	0	32,086,914	0.000000	1,474,462	0	92.00
93.00	All other Medical Education	0	32,086,914	0.000000	1,474,462	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 6/9/2013 3:01 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)		21,283	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,283	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,305	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)		710	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)		2,801	15.00
16.00	Nursery days (title V or XIX only)		98	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)		32,086,914	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)		32,086,914	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		43,248,172	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		43,248,172	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.741925	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)		2,129.93	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)		32,086,914	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)		1,507.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,070,417	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,070,417	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 6/9/2013 3:01 am		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	3,033,870	2,801	1,083.14	98	106,148	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,855,189	3,738	1,566.40	131	205,198	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)					513,805	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,895,568	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)					225,549	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					70,275	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					295,824	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,599,744	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)					978	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,507.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,474,462	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet D-1
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description	Cost	Title XIX		Hospital	PPS	
		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	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	5,670,103	32,086,914	0.176711	1,474,462	260,554	90.00
91.00 Nursing School cost	0	32,086,914	0.000000	1,474,462	0	91.00
92.00 Allied health cost	0	32,086,914	0.000000	1,474,462	0	92.00
93.00 All other Medical Education	0	32,086,914	0.000000	1,474,462	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 6/9/2013 3:01 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		12,372,898		30.00
31.00	03100 INTENSIVE CARE UNIT		5,087,852		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.189605	5,884,728	1,115,774	50.00
51.00	05100 RECOVERY ROOM	0.314773	597,541	188,090	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.113415	7,238,773	820,985	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.173627	189,244	32,858	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.113772	1,918,067	218,222	59.00
60.00	06000 LABORATORY	0.143974	11,795,456	1,698,239	60.00
65.00	06500 RESPIRATORY THERAPY	0.432387	1,630,319	704,929	65.00
66.00	06600 PHYSICAL THERAPY	0.246865	1,195,636	295,161	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.394636	504,303	199,016	67.00
68.00	06800 SPEECH PATHOLOGY	0.630961	226,733	143,060	68.00
69.00	06900 ELECTROCARDIOLOGY	0.062339	3,958,863	246,792	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700312	751,734	526,448	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.361454	4,782,694	1,728,724	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.103598	8,131,405	842,397	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.277980	5,735	1,594	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	0.161263	12,125	1,955	90.02
91.00	09100 EMERGENCY	0.138221	5,757,921	795,866	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.991092	112,230	111,230	92.00
200.00	Total (sum of lines 50-94 and 96-98)		54,693,507	9,671,340	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)		54,693,507		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 6/9/2013 3:01 am	
Cost Center Description		Title XIX	Hospital	PPS	
		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		1,267,411	30.00
31.00	03100	INTENSIVE CARE UNIT		401,053	31.00
43.00	04300	NURSERY		46,052	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.189605	629,791	50.00
51.00	05100	RECOVERY ROOM	0.314773	50,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113415	505,750	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.173627	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.113772	263,262	59.00
60.00	06000	LABORATORY	0.143974	949,013	60.00
65.00	06500	RESPIRATORY THERAPY	0.432387	140,401	65.00
66.00	06600	PHYSICAL THERAPY	0.246865	40,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394636	9,159	67.00
68.00	06800	SPEECH PATHOLOGY	0.630961	6,097	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062339	208,081	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700312	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.361454	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.103598	0	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.277980	582	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.161263	2,129	90.02
91.00	09100	EMERGENCY	0.138221	454,921	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.991092	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,260,383	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)		3,260,383	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 6/9/2013 3:01 am
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		13,881,442	1.00
2.00	Outlier payments for discharges. (see instructions)		894,444	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)		128.30	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)		2.78	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.06	31.00
32.00	Sum of lines 30 and 31		17.84	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.34	33.00
34.00	Disproportionate share adjustment (see instructions)		602,455	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		15,378,341	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)		15,378,341	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,552,797	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: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 6/9/2013 3:01 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)			16,931,138 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			16,931,138 61.00
62.00	Deductibles billed to program beneficiaries			1,789,488 62.00
63.00	Coinurance billed to program beneficiaries			52,598 63.00
64.00	Allowable bad debts (see instructions)			-32,666 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			-22,866 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-57,912 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			15,066,186 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)			1,898 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			15,068,084 71.00
72.00	Interim payments			15,310,277 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)			-242,193 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			1,453,838 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: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 6/9/2013 3:01 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,978	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,712,834	2.00
3.00	PPS payments		6,203,897	3.00
4.00	Outlier payment (see instructions)		33,627	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)		3,978	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		38,400	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)		38,400	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)		38,400	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		34,422	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)		3,978	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)		6,237,524	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)		1,522,096	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)		4,719,406	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)		4,719,406	30.00
31.00	Primary payer payments		183	31.00
32.00	Subtotal (line 30 minus line 31)		4,719,223	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)		34,018	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		23,813	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		23,231	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,743,036	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		4,743,036	40.00
41.00	Interim payments		4,833,367	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)		-90,331	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		1,531	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
6/9/2013 3:01 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		15,310,277		4,833,367	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,310,277		4,833,367	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		242,193		90,331	6.02	
7.00	Total Medicare program liability (see instructions)		15,068,084		4,743,036	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: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet E-1
Part II
Date/Time Prepared:
6/9/2013 3:01 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			0 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			0 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)			0 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 6/9/2013 3:01 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			1,178,796	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1,178,796	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	1,178,796	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,714,516		8.00
9.00	Ancillary service charges		3,260,383	7,907,412	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)		4,974,899	7,907,412	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)		4,974,899	7,907,412	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,974,899	6,728,616	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	1,178,796	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	1,178,796	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	1,178,796	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	1,178,796	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	1,178,796	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	1,178,796	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	1,178,796	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: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet G

Date/Time Prepared:
6/9/2013 3:01 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	66,367,000	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	19,829,000	0	0	0	4.00
5.00	Other receivable	1,255,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,779,000	0	0	0	7.00
8.00	Prepaid expenses	578,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	89,808,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,406,000	0	0	0	13.00
14.00	Accumulated depreciation	-2,859,000	0	0	0	14.00
15.00	Buildings	74,902,000	0	0	0	15.00
16.00	Accumulated depreciation	-14,994,000	0	0	0	16.00
17.00	Leasehold improvements	24,304,000	0	0	0	17.00
18.00	Accumulated depreciation	-4,434,000	0	0	0	18.00
19.00	Fixed equipment	12,725,000	0	0	0	19.00
20.00	Accumulated depreciation	-7,963,000	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	51,889,000	0	0	0	23.00
24.00	Accumulated depreciation	-38,194,000	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)	101,782,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,630,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,630,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	195,220,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,569,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,744,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,842,000	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	1,095,000	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,250,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	113,304,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,386,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	116,690,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	134,940,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	60,280,000				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)	60,280,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	195,220,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet G-1

Date/Time Prepared:
6/9/2013 3:01 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		32,184,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,039,020			2.00
3.00	Total (sum of line 1 and line 2)		60,223,020		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHANGE IN UNRESTRICTED FUND BALANCE	56,389		0		5.00
6.00	MINOR VARIANCE-ADJ TO DOC	591		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)		56,980		0	10.00
11.00	Subtotal (line 3 plus line 10)		60,280,000		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)		60,280,000		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	CHANGE IN UNRESTRICTED FUND BALANCE		0			5.00
6.00	MINOR VARIANCE-ADJ TO DOC		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: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/9/2013 3:01 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,248,172		43,248,172	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	43,248,172		43,248,172	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,670,761		9,670,761	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)	9,670,761		9,670,761	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52,918,933		52,918,933	17.00
18.00	Ancillary services	125,718,919	246,335,889	372,054,808	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	PHARMACY AND RETAIL PHARMCY	0	2,985,598	2,985,598	27.01
27.02	PHYSICIANS FEES	0	46,839	46,839	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	178,637,852	249,368,326	428,006,178	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		130,749,244		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)		130,749,244		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150158

Period:
From 03/01/2012
To 12/31/2012

Worksheet G-3

Date/Time Prepared:
6/9/2013 3:01 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	428,006,178	1.00
2.00	Less contractual allowances and discounts on patients' accounts	272,093,424	2.00
3.00	Net patient revenues (line 1 minus line 2)	155,912,754	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	130,749,244	4.00
5.00	Net income from service to patients (line 3 minus line 4)	25,163,510	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	226	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	103,240	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	661,477	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	236,360	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	456,010	22.00
23.00	Governmental appropriations	0	23.00
24.00	IC REV DIRECT SUPP-EHSC	15,015	24.00
24.01		0	24.01
24.02	NON-OPERATING	72,296	24.02
24.03	OTHER OPERATING/GAIN LOSS	1,077,418	24.03
24.04	EHRC INCENTIVE	178,805	24.04
24.05	IC REV - SHARED EMP. (TOTAL OF ALL)	1,430	24.05
24.06	IC REV - WOMEN'S HEALTH-CHP	12,133	24.06
24.07	REV MED STAFF OFFICE -IUHP	61,100	24.07
25.00	Total other income (sum of lines 6-24)	2,875,510	25.00
26.00	Total (line 5 plus line 25)	28,039,020	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,039,020	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150158	Period: From 03/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 6/9/2013 3:01 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,113,191	1.00
2.00	Capital DRG outlier payments		398,641	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		78.57	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)		2.78	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.06	8.00
9.00	Sum of lines 7 and 8		17.84	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.68	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		40,965	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,552,797	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