

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: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/28/2012 5:44 pm
--	----------------------	---	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/28/2012	Time: 5:44 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 ST. VINCENT CARMEL HOSPITAL for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement 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 identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V		Title XVII		HIT	Title XIX	
	1.00	2.00	Part A	Part B			
PART III - SETTLEMENT SUMMARY							
1.00 Hospital	0	103,289		70,048	0	898,836	1.00
2.00 Subprovider - IPF	0	0		0		0	2.00
3.00 Subprovider - IRF	0	0		0		0	3.00
4.00 SUBPROVIDER I	0	0		0		0	4.00
5.00 Swing bed - SNF	0	0		0		0	5.00
6.00 Swing bed - NF	0	0		0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0		0		0	7.00
8.00 NURSING FACILITY	0	0		0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0		0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0		0		0	11.00
12.00 CMHC I	0	0		0		0	12.00
200.00 Total	0	103,289		70,048	0	898,836	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: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 5:42 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 13500 NORTH MERIDIAN STREET		PO Box:								
2.00	City: CARMEL		State: IN		Zip Code: 46033-		County: HAMILTON				
		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	V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. VINCENT CARMEL HOSPITAL	150157	26900	1	01/14/2004	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF							N	N	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	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							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2011	06/30/2012		20.00		
21.00	Type of Control (see instructions)					1		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "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 days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,576	1,576	0	0	0	0	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 days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible 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	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	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (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	
						Beginning:	Ending:				
						1.00	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 5:42 pm		
		Beginning:	Ending:			
		1.00	2.00			
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	
		V	XVIII	XIX		
		1.00	2.00	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 the special exceptions payment pursuant to 42 CFR Section §412.348(g)? 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	IME Average	Direct GME Average		
		1.00	2.00	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	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	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. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. 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. (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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	3.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000			67.00
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0		71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0		76.00
					1.00			
Long Term Care Hospital PPS								
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)				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.				N			86.00
					V	XIX		
					1.00	2.00		
Title V or XIX Inpatient Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N			92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N			93.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 5:42 pm		
		V 1.00	XIX 2.00			
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		
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		
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	158,691	0	0		
				1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.			N		
119.00	DO NOT USE THIS LINE					
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.			N	N	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		
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		
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.					
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.					
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.					
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.					
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.					
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.					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 5:42 pm			
		1.00	2.00				
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	269008		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: ST. VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 10330 N. MERIDIAN STREET	PO Box:					
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46290			
		1.00					
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00		
		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
					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		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
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)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 5:42 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/11/2012	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.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/10/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 5:42 pm
		Part A		
Description		Y/N	Date	
0		1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GARY	MARKER	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST VINCENT HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3175833232	GAMARKER@STVINCENT.ORG	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/10/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	100	36,600	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						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)		100	36,600	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,660	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 SPECIAL CARE NURSERY	35.00	9	3,294	0.00		12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		119	43,554	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		119				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	4,575	1,576	13,580	1.00	
2.00 HMO		1,026	0		2.00	
3.00 HMO IPF		0	0		3.00	
4.00 HMO IRF		0	0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	4,575	1,576	13,580	7.00	
8.00 INTENSIVE CARE UNIT	0	421	0	1,171	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 SPECIAL CARE NURSERY	0	0	0	1,102	12.00	
13.00 NURSERY	0		0	2,305	13.00	
14.00 Total (see instructions)	0	4,996	1,576	18,158	14.00	
15.00 CAH visits	0	0	0	0	15.00	
16.00 SUBPROVIDER - IPF					16.00	
17.00 SUBPROVIDER - IRF	0	0	0	0	17.00	
18.00 SUBPROVIDER	0	0	0	0	18.00	
19.00 SKILLED NURSING FACILITY					19.00	
20.00 NURSING FACILITY					20.00	
21.00 OTHER LONG TERM CARE					21.00	
22.00 HOME HEALTH AGENCY					22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE					24.00	
25.00 CMHC - CMHC					25.00	
25.10 CMHC - CORF	0	0	0	0	25.10	
26.00 RURAL HEALTH CLINIC	0	0	0	0	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	26.25	
27.00 Total (sum of lines 14-26)					27.00	
28.00 Observation Bed Days	0		0	2,276	28.00	
28.02 SUBPROVIDER - IRF				0	28.02	
28.03 SUBPROVIDER				0	28.03	
29.00 Ambulance Trips		0			29.00	
30.00 Employee discount days (see instruction)				0	30.00	
31.00 Employee discount days - IRF				0	31.00	
32.00 Labor & delivery days (see instructions)			0	0	32.00	
33.00 LTCH non-covered days		0			33.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,258	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						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 SPECIAL CARE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	653.12	0.00	0	1,258	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	653.12	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	390	5,511		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				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 SPECIAL CARE NURSERY				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	390	5,511		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
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: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2012 5:42 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	43,977,148	0	43,977,148	1,358,494.29
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00
5.00	Physician-Part B		2,491,747	0	2,491,747	23,950.87
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		2,685,289	0	2,685,289	86,690.63
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		178	0	178	4.80
12.00	Contract management and administrative services		0	0	0	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00
14.00	Home office salaries & wage-related costs		3,579,084	0	3,579,084	57,485.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		10,038,270	0	10,038,270	
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		691,615	0	691,615	
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		343,657	0	343,657	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	871,860	0	871,860	11,821.00
27.00	Administrative & General	5.00	6,539,811	0	6,539,811	177,394.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	907,649	0	907,649	35,681.00
31.00	Laundry & Linen Service	8.00	0	37,532	37,532	2,263.00
32.00	Housekeeping	9.00	622,840	-37,532	585,308	42,558.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	671,945	-396,179	275,766	18,896.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	396,179	396,179	27,147.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	1,525,605	0	1,525,605	37,472.00
39.00	Central Services and Supply	14.00	319,390	0	319,390	18,678.00
40.00	Pharmacy	15.00	2,104,661	0	2,104,661	54,152.00
41.00	Medical Records & Medical Records Library	16.00	412,545	0	412,545	22,103.00
42.00	Social Service	17.00	150,881	0	150,881	5,012.00
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2012 5:42 pm

		Average Hourly Wage (col. 4 + col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	32.37	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	104.04	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	30.98	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	37.08	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00	13.00
14.00	Home office salaries & wage-related costs	62.26	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	73.76	26.00
27.00	Administrative & General	36.87	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	25.44	30.00
31.00	Laundry & Linen Service	16.59	31.00
32.00	Housekeeping	13.75	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.59	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.59	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	40.71	38.00
39.00	Central Services and Supply	17.10	39.00
40.00	Pharmacy	38.87	40.00
41.00	Medical Records & Medical Records Library	18.66	41.00
42.00	Social Service	30.10	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/28/2012 5:42 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	41,485,401	0	41,485,401	1,334,543.42	1.00
2.00	Excluded area salaries (see instructions)	2,685,289	0	2,685,289	86,690.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	38,800,112	0	38,800,112	1,247,852.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,579,262	0	3,579,262	57,489.80	4.00
5.00	Subtotal wage-related costs (see inst.)	10,038,270	0	10,038,270	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	52,417,644	0	52,417,644	1,305,342.59	6.00
7.00	Total overhead cost (see instructions)	14,127,187	0	14,127,187	453,177.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/28/2012 5:42 pm

		Average Hourly Wage (col. 4 + col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	31.09	1.00
2.00	Excluded area salaries (see instructions)	30.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31.09	3.00
4.00	Subtotal other wages & related costs (see inst.)	62.26	4.00
5.00	Subtotal wage-related costs (see inst.)	25.87	5.00
6.00	Total (sum of lines 3 thru 5)	40.16	6.00
7.00	Total overhead cost (see instructions)	31.17	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2012 5:42 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			4,137,702 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			1,042,147 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)			4,752,006 8.00
9.00	Prescription Drug Plan			977,536 9.00
10.00	Dental, Hearing and Vision Plan			107,616 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			49,751 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)			236,160 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			532,972 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,071,691 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			58,247 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			41,475 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			73,499 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			15,080,802 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: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part V Date/Time Prepared: 11/28/2012 5:42 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	22,831	0	1.00
2.00	Hospital	22,831	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/28/2012 5:42 pm
---	----------------------	---	---

			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.291284	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		5,838,900	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		22,425,313	6.00		
7.00	Medicaid cost (line 1 times line 6)		6,532,135	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)		693,235	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		32,730	18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		693,235	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
			Total (col. 1 + col. 2)	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		7,258,617	138,247	7,396,864	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,114,319	40,269	2,154,588	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,114,319	40,269	2,154,588	23.00
			1.00			
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				7,092,017	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				155,385	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				6,936,632	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				2,020,530	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				4,175,118	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				4,868,353	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		237,032	237,032	4,762,720	4,999,752	1.00
2.00	00200		0	0	2,219,374	2,219,374	2.00
4.00	00400				519,530	13,073,225	4.00
5.01	00516	871,860	11,681,835	12,553,695	519,530	13,073,225	5.01
5.02	00520	0	251,353	251,353	-14,627	236,726	5.02
5.03	00530	131,596	14,293	145,889	-2,583	143,306	5.03
5.04	00540	254,399	230,194	484,593	-59	484,534	5.04
5.05	00550	968,388	270,223	1,238,611	-882,452	356,159	5.05
5.06	00550	668,321	761,127	1,429,448	0	1,429,448	5.06
5.07	00560	0	0	0	880,467	880,467	5.07
7.00	00700	4,517,107	13,849,047	18,366,154	-1,005,330	17,360,824	7.00
8.00	00800	907,649	3,196,982	4,104,631	-1,245,353	2,859,278	8.00
9.00	00900	0	0	0	411,353	411,353	9.00
10.00	01000	622,840	1,073,957	1,696,797	-413,682	1,283,115	10.00
11.00	01100	671,945	1,361,088	2,033,033	-1,213,846	819,187	11.00
13.00	01300	0	0	0	1,198,676	1,198,676	13.00
14.00	01400	1,525,605	169,561	1,695,166	-10,674	1,684,492	14.00
15.00	01500	319,390	199,810	519,200	-23,055	496,145	15.00
16.00	01600	2,104,661	2,871,998	4,976,659	-2,458,114	2,518,545	16.00
17.00	01700	412,545	287,476	700,021	-4	700,017	17.00
17.00	01700	150,881	56,471	207,352	-421	206,931	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,592,943	2,822,246	13,415,189	-2,073,482	11,341,707	30.00
31.00	03100	1,118,222	651,367	1,769,589	-5,136	1,764,453	31.00
35.00	02040	1,819,688	446,918	2,266,606	-15,382	2,251,224	35.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	1,059,095	1,059,095	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,137,697	14,499,063	18,636,760	-6,024,164	12,612,596	50.00
50.01	05001	567,670	350,928	918,598	-274,226	644,372	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	1,598,548	1,464,224	3,062,772	-58,619	3,004,153	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	2,891,635	3,076,928	5,968,563	-2,265,571	3,702,992	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	3	3	1,092,499	1,092,502	54.02
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	51,010	2,663,631	2,714,641	0	2,714,641	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,167,931	222,212	1,390,143	-19,372	1,370,771	65.00
65.01	06501	61,207	72,376	133,583	-55,841	77,742	65.01
66.00	06600	289,489	8,289	297,778	-160	297,618	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	22,457	871	23,328	-22	23,306	67.00
68.00	06800	17,075	0	17,075	0	17,075	68.00
69.00	06900	0	180,384	180,384	0	180,384	69.00
70.00	07000	64,940	54,398	119,338	-59	119,279	70.00
71.00	07100	0	0	0	1,147,099	1,147,099	71.00
72.00	07200	0	0	0	4,085,782	4,085,782	72.00
73.00	07300	0	0	0	2,455,806	2,455,806	73.00
76.00	03020	612,570	377,757	990,327	-33,760	956,567	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	2,151,590	372,106	2,523,696	-48,931	2,474,765	91.00
91.01	09101	0	0	0	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	800,482	800,482	-800,482	0	113.00
118.00		41,291,859	64,576,630	105,868,489	886,994	106,755,483	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	61,042	300,615	361,657	0	361,657	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet A Date/Time Prepared: 11/28/2012 5:42 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	69,585	69,585	-68,203	1,382	192.00
194.00	07950	MISSION EFFECTIVENESS	51,828	136,012	187,840	-8,946	178,894	194.00
194.01	07951	MARKETING	0	602	602	0	602	194.01
194.02	07952	JOINT VENTURES	585,980	26,993,083	27,579,063	-375,653	27,203,410	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	VACANT	0	0	0	0	0	194.04
194.05	07955	SEASH	0	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	1,986,439	829,996	2,816,435	-434,192	2,382,243	194.06
200.00		TOTAL (SUM OF LINES 118-199)	43,977,148	92,906,523	136,883,671	0	136,883,671	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	1,175,583	6,175,335	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	2,219,374	2.00
4.00	00400 EMPLOYEE BENEFITS	2,540,863	15,614,088	4.00
5.01	00516 NONPATIENT TELEPHONES	122,400	359,126	5.01
5.02	00520 DATA PROCESSING	3,582,366	3,725,672	5.02
5.03	00530 PURCHASING RECEIVING AND STORES	136,604	621,138	5.03
5.04	00540 I/P ADMINISTRATION	-24,350	331,809	5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE	322,759	1,752,207	5.05
5.06	00515 OP REGISTRATION	3,158	883,625	5.06
5.07	00560 OTHER ADMINISTRATIVE AND GENERAL	-7,672,527	9,688,297	5.07
7.00	00700 OPERATION OF PLANT	-98,927	2,760,351	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	411,353	8.00
9.00	00900 HOUSEKEEPING	-34	1,283,081	9.00
10.00	01000 DIETARY	-598	818,589	10.00
11.00	01100 CAFETERIA	-510,934	687,742	11.00
13.00	01300 NURSING ADMINISTRATION	0	1,684,492	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	496,145	14.00
15.00	01500 PHARMACY	0	2,518,545	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	110,259	810,276	16.00
17.00	01700 SOCIAL SERVICE	0	206,931	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-2,106,058	9,235,649	30.00
31.00	03100 INTENSIVE CARE UNIT	-401,500	1,362,953	31.00
35.00	02040 SPECIAL CARE NURSERY	-983,030	1,268,194	35.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	1,059,095	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-461,666	12,150,930	50.00
50.01	05001 SURGERY-AMBULATORY	0	644,372	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-1,130,731	1,873,422	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-1,105	3,701,887	54.00
54.01	05401 CATH LAB	0	0	54.01
54.02	05402 ULTRASOUND	0	1,092,502	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	2,714,641	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,370,771	65.00
65.01	06501 SLEEP LAB	0	77,742	65.01
66.00	06600 PHYSICAL THERAPY	0	297,618	66.00
66.01	06601 SPORTS MEDICINE	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	23,306	67.00
68.00	06800 SPEECH PATHOLOGY	0	17,075	68.00
69.00	06900 ELECTROCARDIOLOGY	0	180,384	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	119,279	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,147,099	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,085,782	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,455,806	73.00
76.00	03020 ENDOSCOPY	0	956,567	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	-4,384	2,470,381	91.00
91.01	09101 PATIENT SERVICES	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	-5,401,852	101,353,631	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	361,657	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,382	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.00	07950 MISSION EFFECTIVENESS	0	178,894	194.00
194.01	07951 MARKETING	1,517,648	1,518,250	194.01
194.02	07952 JOINT VENTURES	0	27,203,410	194.02
194.03	07953 FOUNDATION	0	0	194.03
194.04	07954 VACANT	0	0	194.04
194.05	07955 SEASH	0	0	194.05
194.06	07956 SPORTS MEDICINE	0	2,382,243	194.06
200.00	TOTAL (SUM OF LINES 118-199)	-3,884,204	132,999,467	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS TRANSFER					
1.00	EMPLOYEE BENEFITS	4.00	0	579,887	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	579,887	
B - UTILITIES TRANSFER					
1.00	OPERATION OF PLANT	7.00	0	86,037	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
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
	TOTALS		0	86,037	
C - DEPRECIATION XFER BUILDING					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,251,257	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	2,251,257	
D - DEPRECIATION XFER EQUIP					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,219,374	1.00
2.00		0.00	0	0	2.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
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
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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	TOTALS		0	2,219,374	
E - PHARMACY - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,455,806	1.00
	TOTALS		0	2,455,806	
F - BUSINESS OFFICE					
1.00	OP REGISTRATION	5.06	655,653	224,814	1.00
	TOTALS		655,653	224,814	
G - ENDOSCOPY					
1.00	ADULTS & PEDIATRICS	30.00	22,575	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		22,575	0	
H - MEDICAL SUPPLIES - CPD					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,147,099	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,085,782	2.00
	TOTALS		0	5,232,881	
I - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	37,532	373,821	1.00
	TOTALS		37,532	373,821	
J - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	64,503	1.00
	TOTALS		0	64,503	
K - NURSERY					
1.00	NURSERY	43.00	863,251	177,287	1.00
	TOTALS		863,251	177,287	
L - RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,883,510	1.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
	TOTALS		0	1,883,510	
M - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	800,482	1.00
	TOTALS		0	800,482	
N - NURSERY DIRECTOR					
1.00	NURSERY	43.00	18,557	0	1.00
2.00	SPECIAL CARE NURSERY	35.00	6,969	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	9,729	0	3.00
	TOTALS		35,255	0	
O - ULTRASOUND					
1.00	ULTRASOUND	54.02	415,088	677,411	1.00
	TOTALS		415,088	677,411	
P - DIETARY/CAFETERIA					
1.00	CAFETERIA	11.00	396,179	802,497	1.00
	TOTALS		396,179	802,497	
500.00	Grand Total: Increases		2,425,533	17,829,567	500.00

RECLASSIFICATIONS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/28/2012 5:42 pm

		Decreases			Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
A - BENEFITS TRANSFER						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	573,712	0	1.00
2.00	SPORTS MEDICINE	194.06	0	6,175	0	2.00
	TOTALS		0	579,887		
B - UTILITIES TRANSFER						
1.00	EMPLOYEE BENEFITS	4.00	0	453	0	1.00
2.00	DATA PROCESSING	5.02	0	2,583	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	59	0	3.00
4.00	IP ADMINISTRATION	5.04	0	1,985	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	22,386	0	5.00
6.00	HOUSEKEEPING	9.00	0	2,329	0	6.00
7.00	DIETARY	10.00	0	2,195	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	4,428	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	119	0	9.00
10.00	PHARMACY	15.00	0	2,308	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	4	0	11.00
12.00	SOCIAL SERVICE	17.00	0	421	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	16,627	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	126	0	14.00
15.00	SPECIAL CARE NURSERY	35.00	0	1,196	0	15.00
16.00	OPERATING ROOM	50.00	0	6,089	0	16.00
17.00	SURGERY-AMBULATORY	50.01	0	320	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,615	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,415	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	1,284	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	160	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	59	0	22.00
23.00	ENDOSCOPY	76.00	0	3,423	0	23.00
24.00	EMERGENCY	91.00	0	11,002	0	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	427	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	22	0	26.00
27.00	MISSION EFFECTIVENESS	194.00	0	2	0	27.00
	TOTALS		0	86,037		
C - DEPRECIATION XFER BUILDING						
1.00	EMPLOYEE BENEFITS	4.00	0	2,030	9	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	14,627	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	117,236	0	3.00
4.00	OPERATION OF PLANT	7.00	0	1,288,687	0	4.00
5.00	DIETARY	10.00	0	1,291	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,522	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	375,808	0	7.00
8.00	SPECIAL CARE NURSERY	35.00	0	2,690	0	8.00
9.00	OPERATING ROOM	50.00	0	160,131	0	9.00
10.00	SURGERY-AMBULATORY	50.01	0	75,803	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,263	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	138,981	0	12.00
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,937	0	13.00
14.00	MISSION EFFECTIVENESS	194.00	0	2,884	0	14.00
15.00	JOINT VENTURES	194.02	0	39,367	0	15.00
	TOTALS		0	2,251,257		
D - DEPRECIATION XFER EQUIP						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	237,032	9	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	7,394	0	2.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	39,538	0	4.00
5.00	OPERATION OF PLANT	7.00	0	41,003	0	5.00
7.00	DIETARY	10.00	0	11,684	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	6,246	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,414	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	333,527	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	5,010	0	11.00
12.00	SPECIAL CARE NURSERY	35.00	0	18,465	0	12.00
13.00	OPERATING ROOM	50.00	0	599,816	0	13.00
14.00	SURGERY-AMBULATORY	50.01	0	9,791	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,486	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	714,585	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	18,088	0	17.00
18.00	SLEEP LAB	65.01	0	17,899	0	18.00
20.00	ENDOSCOPY	76.00	0	24,917	0	20.00

RECLASSIFICATIONS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/28/2012 5:42 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	EMERGENCY	91.00	0	20,774	0		21.00
22.00	MISSION EFFECTIVENESS	194.00	0	3,491	0		22.00
23.00	JOINT VENTURES	194.02	0	34,576	0		23.00
24.00	SPORTS MEDICINE	194.06	0	59,638	0		24.00
	TOTALS		0	2,219,374			
E - PHARMACY - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	2,455,806	0		1.00
	TOTALS		0	2,455,806			
F - BUSINESS OFFICE							
1.00	IP ADMINISTRATION	5.04	655,653	224,814	0		1.00
	TOTALS		655,653	224,814			
G - ENDOSCOPY							
1.00	ENDOSCOPY	76.00	5,420	0	0		1.00
2.00	EMERGENCY	91.00	17,155	0	0		2.00
	TOTALS		22,575	0			
H - MEDICAL SUPPLIES - CPD							
1.00	OPERATING ROOM	50.00	0	5,232,881	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	5,232,881			
I - LAUNDRY							
1.00	HOUSEKEEPING	9.00	37,532	373,821	0		1.00
	TOTALS		37,532	373,821			
J - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	64,503	12		1.00
	TOTALS		0	64,503			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	863,251	177,287	0		1.00
	TOTALS		863,251	177,287			
L - RENT							
1.00	EMPLOYEE BENEFITS	4.00	0	50,480	14		1.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	187,955	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,700	0		4.00
6.00	ADULTS & PEDIATRICS	30.00	0	339,286	0		6.00
7.00	OPERATING ROOM	50.00	0	25,247	0		7.00
8.00	SURGERY-AMBULATORY	50.01	0	188,312	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	316,091	0		9.00
10.00	SLEEP LAB	65.01	0	37,942	0		10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	63,839	0		11.00
12.00	MISSION EFFECTIVENESS	194.00	0	2,569	0		12.00
13.00	JOINT VENTURES	194.02	0	301,710	0		13.00
14.00	SPORTS MEDICINE	194.06	0	368,379	0		14.00
	TOTALS		0	1,883,510			
M - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	800,482	11		1.00
	TOTALS		0	800,482			
N - NURSERY DIRECTOR							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	35,255	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		35,255	0			
O - ULTRASOUND							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	415,088	677,411	0		1.00
	TOTALS		415,088	677,411			
P - DIETARY/CAFETERIA							
1.00	DIETARY	10.00	396,179	802,497	0		1.00
	TOTALS		396,179	802,497			
500.00	Grand Total: Decreases		2,425,533	17,829,567			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2012 5:42 pm

		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	2,151,823	0	0	0	0	1.00
2.00	Land Improvements	2,224,113	0	0	0	0	2.00
3.00	Buildings and Fixtures	35,500,660	0	0	0	0	3.00
4.00	Building Improvements	31,970,292	410,098	0	410,098	0	4.00
5.00	Fixed Equipment	3,157,901	0	0	0	0	5.00
6.00	Movable Equipment	27,926,647	3,081,607	0	3,081,607	3,538	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	102,931,436	3,491,705	0	3,491,705	3,538	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	102,931,436	3,491,705	0	3,491,705	3,538	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	237,032	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	237,032	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,425,480	0	5,425,480	0.709690	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,219,374	0	2,219,374	0.290310	0	2.00
3.00	Total (sum of lines 1-2)	7,644,854	0	7,644,854	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2012 5:42 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,151,823	0		1.00		
2.00	Land Improvements	2,224,113	1,557,315		2.00		
3.00	Buildings and Fixtures	35,500,660	4,771,604		3.00		
4.00	Building Improvements	32,380,390	12,000,717		4.00		
5.00	Fixed Equipment	3,157,901	509,120		5.00		
6.00	Movable Equipment	31,004,716	15,705,658		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	106,419,603	34,544,414		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	106,419,603	34,544,414		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	237,032		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	237,032		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,251,257	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,219,374	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,470,631	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2012 5:42 pm

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	800,482	64,503	0	3,059,093	6,175,335	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,219,374	2.00
3.00	Total (sum of lines 1-2)	800,482	64,503	0	3,059,093	8,394,709	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)			0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00 7.00
8.00 Television and radio service (chapter 21)			0		0.00 8.00
9.00 Parking lot (chapter 21)			0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,863,173	0		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,546,060	0		12.00
13.00 Laundry and linen service			0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-510,934	0	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others			0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00 16.00
17.00 Sale of drugs to other than patients			0		0.00 17.00
18.00 Sale of medical records and abstracts			0		0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00 19.00
20.00 Vending machines			0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant			0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00 30.00
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 32.00
33.00 PROPERTY RENTAL INCOME	B	-171,765	0	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.00
34.00 OTHER OPERATING INCOME - FITNESS CEN	B	-14,810	0	EMPLOYEE BENEFITS	4.00 34.00
35.00 COLLECTION FEES	B	-698	0	CASHIERING/ACCOUNTS RECEIVABLE	5.05 35.00
36.00 OTHER OPERATING REVENUE / INCOME	B	-220,786	0	OTHER ADMINISTRATIVE AND GENERAL	5.07 36.00
37.00 OTHER OPERATING REVENUE - RENTAL	B	-257,480	0	OPERATION OF PLANT	7.00 37.00
38.00 OTHER OPERATING REVENUE - HOUSEKEEPING	B	-34	0	HOUSEKEEPING	9.00 38.00
39.00 CAFETERIA/VENDING REVENUE	B	-598	0	DIETARY	10.00 39.00
40.00 OTHER OPERATING REVENUE / INCOME	B	-242,331	0	ADULTS & PEDIATRICS	30.00 40.00
41.00 OTHER OPERATING REVENUE	B	-265	0	RADIOLOGY-DIAGNOSTIC	54.00 41.00
42.00 OTHER OPERATING REVENUE	B	-10,217	0	EMERGENCY	91.00 42.00
43.00 LOBBYING EXPENSE	B	-1,329	0	OTHER ADMINISTRATIVE AND GENERAL	5.07 43.00
44.00 INCENTIVE ACCRUAL	B	-126,335	0	OTHER ADMINISTRATIVE AND GENERAL	5.07 44.00

Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet A-8 Date/Time Prepared: 11/28/2012 5:42 pm
----------------------	---	--

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
45.00 INCENTIVE ACCRUAL	B	-9,509	EMPLOYEE BENEFITS		4.00 45.00
45.01		0			0.00 45.01
45.02		0			0.00 45.02
45.03		0			0.00 45.03
45.04		0			0.00 45.04
45.05		0			0.00 45.05
45.06		0			0.00 45.06
45.07		0			0.00 45.07
45.09		0			0.00 45.09
45.10		0			0.00 45.10
45.11		0			0.00 45.11
45.12		0			0.00 45.12
45.13		0			0.00 45.13
45.14		0			0.00 45.14
45.15		0			0.00 45.15
45.16		0			0.00 45.16
45.17		0			0.00 45.17
45.18		0			0.00 45.18
45.19		0			0.00 45.19
45.20		0			0.00 45.20
45.22		0			0.00 45.22
45.23		0			0.00 45.23
45.24		0			0.00 45.24
45.25		0			0.00 45.25
45.26		0			0.00 45.26
45.27		0			0.00 45.27
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,884,204			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	PROPERTY RENTAL INCOME	14	33.00
34.00	OTHER OPERATING INCOME - FITNESS CEN	0	34.00
35.00	COLLECTION FEES	0	35.00
36.00	OTHER OPERATING REVENUE / INCOME	0	36.00
37.00	OTHER OPERATING REVENUE - RENTAL	0	37.00
38.00	OTHER OPERATING REVENUE - HOUSEKEEPI	0	38.00
39.00	CAFETERIA/VENDING REVENUE	0	39.00
40.00	OTHER OPERATING REVENUE / INCOME	0	40.00
41.00	OTHER OPERATING REVENUE	0	41.00
42.00	OTHER OPERATING REVENUE	0	42.00
43.00	LOBBYING EXPENSE	0	43.00
44.00	INCENTIVE ACCRUAL	0	44.00
45.00	INCENTIVE ACCRUAL	0	45.00
45.01		0	45.01
45.02		0	45.02
45.03		0	45.03
45.04		0	45.04
45.05		0	45.05
45.06		0	45.06
45.07		0	45.07
45.09		0	45.09
45.10		0	45.10
45.11		0	45.11
45.12		0	45.12
45.13		0	45.13
45.14		0	45.14

Provider CCN: 150157

Period:
 From 07/01/2011
 To 06/30/2012

Worksheet A-8
 Date/Time Prepared:
 11/28/2012 5:42 pm

Cost Center Description		Wkst. A-7 Ref.		
		5.00		
45.15		0		45.15
45.16		0		45.16
45.17		0		45.17
45.18		0		45.18
45.19		0		45.19
45.20		0		45.20
45.22		0		45.22
45.23		0		45.23
45.24		0		45.24
45.25		0		45.25
45.26		0		45.26
45.27		0		45.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

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

Provider CCN: 150157

Period: From 07/01/2011 To 06/30/2012

Worksheet A-8-1

Date/Time Prepared: 11/28/2012 5:42 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	ST. VINCENT HEALTH CAPITAL	1.00
2.00	4.00	EMPLOYEE BENEFITS	ST. VINCENT HEALTH SALARIES	2.00
3.00	4.00	EMPLOYEE BENEFITS	ST. VINCENT HEALTH OTHER	3.00
4.00	5.01	NONPATIENT TELEPHONES	ST. VINCENT HEALTH SALARIES	4.00
4.01	5.01	NONPATIENT TELEPHONES	ST. VINCENT HEALTH OTHER	4.01
4.02	5.02	DATA PROCESSING	ST. VINCENT HEALTH SALARIES	4.02
4.03	5.02	DATA PROCESSING	ST. VINCENT HEALTH OTHER	4.03
4.04	5.03	PURCHASING RECEIVING AND STORES	ST. VINCENT HEALTH SALARIES	4.04
4.05	5.03	PURCHASING RECEIVING AND STORES	ST. VINCENT HEALTH OTHER	4.05
4.06	5.04	IP ADMINITTING	ST. VINCENT HEALTH SALARIES	4.06
4.07	5.04	IP ADMINITTING	ST. VINCENT HEALTH OTHER	4.07
4.08	5.05	CASHIERING/ACCOUNTS RECEIVABLE	ST. VINCENT HEALTH SALARIES	4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVABLE	ST. VINCENT HEALTH OTHER	4.09
4.10	7.00	OPERATION OF PLANT	ASCENSION OPERAT OF PLANT	4.10
4.11	5.06	OP REGISTRATION	ST. VINCENT HEALTH SALARIES	4.11
4.12	5.06	OP REGISTRATION	ST. VINCENT HEALTH OTHER	4.12
4.13	5.07	OTHER ADMINISTRATIVE AND GENERAL	ST. VINCENT HEALTH SALARIES	4.13
4.14	5.07	OTHER ADMINISTRATIVE AND GENERAL	ST. VINCENT HEALTH OTHER	4.14
4.15	16.00	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH SALARIES	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH OTHER	4.16
4.17	194.01	MARKETING	ST. VINCENT HEALTH SALARIES	4.17
4.18	194.01	MARKETING	ST. VINCENT HEALTH OTHER	4.18
4.19	4.00	EMPLOYEE BENEFITS	ST. VINCENT HEALTH SELF INSURANCE	4.19
4.20	0.00			4.20
4.21	0.00			4.21
4.22	0.00			4.22
4.23	0.00			4.23
4.24	0.00			4.24
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

(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: 150157

Period: From 07/01/2011 To 06/30/2012

Worksheet A-8-1

Date/Time Prepared: 11/28/2012 5:42 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1,347,348	0	1,347,348	14	1.00
2.00	558,630	0	558,630	0	2.00
3.00	1,527,800	573,712	954,088	0	3.00
4.00	97,978	0	97,978	0	4.00
4.01	24,422	0	24,422	0	4.01
4.02	1,350,278	0	1,350,278	0	4.02
4.03	2,232,088	0	2,232,088	0	4.03
4.04	47,126	0	47,126	0	4.04
4.05	89,478	0	89,478	0	4.05
4.06	-5,094	0	-5,094	0	4.06
4.07	-19,256	0	-19,256	0	4.07
4.08	6,367	0	6,367	0	4.08
4.09	317,090	0	317,090	0	4.09
4.10	1,601,661	1,443,108	158,553	0	4.10
4.11	3,362	0	3,362	0	4.11
4.12	-204	0	-204	0	4.12
4.13	1,318,367	0	1,318,367	0	4.13
4.14	1,124,917	9,739,849	-8,614,932	0	4.14
4.15	116,172	0	116,172	0	4.15
4.16	-5,913	0	-5,913	0	4.16
4.17	344,059	0	344,059	0	4.17
4.18	1,173,589	0	1,173,589	0	4.18
4.19	6,350,931	5,298,467	1,052,464	0	4.19
4.20	0	0	0	0	4.20
4.21	0	0	0	0	4.21
4.22	0	0	0	0	4.22
4.23	0	0	0	0	4.23
4.24	0	0	0	0	4.24
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	19,601,196	17,055,136	2,546,060	5.00

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

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

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

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

6.00	ST. VINCENT HEALTH	100.00	HOME OFFICE	6.00
7.00	ASCENSION HEALTH	100.00	HOME OFFICE	7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2
Date/Time Prepared:
11/28/2012 5:42 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	27,512	27,512	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,863,727	1,863,727	3.00
4.00	31.00	INTENSIVE CARE UNIT	401,500	401,500	4.00
5.00	35.00	SPECIAL CARE NURSERY	983,030	983,030	5.00
6.00	50.00	OPERATING ROOM	461,666	461,666	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,130,731	1,130,731	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	840	840	8.00
9.00	91.00	EMERGENCY	-5,833	-5,833	9.00
10.00	0.00		0	0	10.00
200.00			4,863,173	4,863,173	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/28/2012 5:42 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/28/2012 5:42 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2
Date/Time Prepared:
11/28/2012 5:42 pm

	RCE	Adj ustment	
	Di sal lowance		
	17.00	18.00	
1.00	0	27,512	1.00
2.00	0	0	2.00
3.00	0	1,863,727	3.00
4.00	0	401,500	4.00
5.00	0	983,030	5.00
6.00	0	461,666	6.00
7.00	0	1,130,731	7.00
8.00	0	840	8.00
9.00	0	-5,833	9.00
10.00	0	0	10.00
200.00	0	4,863,173	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	6,175,335	6,175,335				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	2,219,374		2,219,374			2.00
4.00 00400 EMPLOYEE BENEFITS	15,614,088	81,504	9,289	15,704,881		4.00
5.01 00516 NONPATIENT TELEPHONES	359,126	22,107	0	0	381,233	5.01
5.02 00520 DATA PROCESSING	3,725,672	0	0	47,945	0	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	621,138	23,150	0	92,687	2,671	5.03
5.04 00540 I P ADMINISTRATION	331,809	11,575	0	113,941	3,338	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,752,207	46,237	0	243,495	12,018	5.05
5.06 00515 OP REGISTRATION	883,625	28,468	0	238,879	7,344	5.06
5.07 00560 OTHER ADMINISTRATIVE AND GENERAL	9,688,297	260,884	41,668	1,645,754	16,691	5.07
7.00 00700 OPERATION OF PLANT	2,760,351	724,069	1,862	330,691	11,350	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	411,353	34,600	0	13,674	668	8.00
9.00 00900 HOUSEKEEPING	1,283,081	108,158	0	213,250	3,338	9.00
10.00 01000 DIETARY	818,589	136,209	6,024	100,472	8,680	10.00
11.00 01100 CAFETERIA	687,742	158,900	8,655	144,343	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,684,492	2,836	7,847	555,836	9,347	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	496,145	138,127	0	116,366	8,012	14.00
15.00 01500 PHARMACY	2,518,545	108,721	0	766,808	16,691	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	810,276	6,278	0	150,306	2,003	16.00
17.00 01700 SOCIAL SERVICE	206,931	15,788	0	54,972	2,003	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,235,649	1,530,119	415,354	3,556,652	96,811	30.00
31.00 03100 INTENSIVE CARE UNIT	1,362,953	128,993	6,294	407,411	12,018	31.00
35.00 02040 SPECIAL CARE NURSERY	1,268,194	143,508	23,198	665,521	13,353	35.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,059,095	145,802	3,656	321,276	12,686	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	12,150,930	549,548	752,908	1,507,520	28,042	50.00
50.01 05001 SURGERY-AMBULATORY	644,372	264,388	12,300	206,824	9,347	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,873,422	293,878	1,867	569,567	18,694	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,701,887	505,668	582,635	902,300	16,691	54.00
54.01 05401 CATH LAB	0	0	0	0	0	54.01
54.02 05402 ULTRASOUND	1,092,502	43,630	130,504	151,232	3,338	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,714,641	100,003	0	18,585	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,370,771	54,892	22,724	425,522	14,688	65.00
65.01 06501 SLEEP LAB	77,742	36,206	22,486	22,300	6,009	65.01
66.00 06600 PHYSICAL THERAPY	297,618	42,629	0	105,472	2,671	66.00
66.01 06601 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	23,306	0	0	8,182	0	67.00
68.00 06800 SPEECH PATHOLOGY	17,075	0	0	6,221	0	68.00
69.00 06900 ELECTROCARDIOLOGY	180,384	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	119,279	0	0	23,660	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,147,099	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	4,085,782	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,455,806	0	0	0	0	73.00
76.00 03020 ENDOSCOPY	956,567	108,992	31,303	221,208	10,683	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	2,470,381	282,074	26,098	777,656	28,042	91.00
91.01 09101 PATIENT SERVICES	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1-117)	101,353,631	6,137,941	2,106,672	14,726,528	377,227	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	361,657	34,349	0	22,240	2,003	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,382	0	0	0	0	192.00
194.00	07950 MISSION EFFECTIVENESS	178,894	0	3,994	18,883	0	194.00
194.01	07951 MARKETING	1,518,250	0	0	0	2,003	194.01
194.02	07952 JOINT VENTURES	27,203,410	0	43,438	213,495	0	194.02
194.03	07953 FOUNDATION	0	0	0	0	0	194.03
194.04	07954 VACANT	0	3,045	0	0	0	194.04
194.05	07955 SEASH	0	0	0	0	0	194.05
194.06	07956 SPORTS MEDICINE	2,382,243	0	65,270	723,735	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	132,999,467	6,175,335	2,219,374	15,704,881	381,233	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	IP ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OP REGISTRATION	
		5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00516	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING	3,773,617				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	10,424	750,070			5.03
5.04	00540	IP ADMITTING	72,970	170	533,803		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	26,061	588	0	2,080,606	5.05
5.06	00515	OP REGISTRATION	172,002	418	0	0	1,330,736
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	385,701	219	0	0	0
7.00	00700	OPERATION OF PLANT	265,821	81	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	10,424	494	0	0	0
9.00	00900	HOUSEKEEPING	26,061	1,545	0	0	0
10.00	01000	DIETARY	46,910	5,436	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	46,910	316	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	104,244	2,427	0	0	0
15.00	01500	PHARMACY	57,334	104,425	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	36,485	0	0	0	0
17.00	01700	SOCIAL SERVICE	10,424	6	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	818,314	18,936	399,220	136,715	0
31.00	03100	INTENSIVE CARE UNIT	187,638	3,448	34,425	25,042	0
35.00	02040	SPECIAL CARE NURSERY	307,519	6,213	32,396	23,330	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	41,697	5,036	67,762	25,912	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	359,640	535,687	0	448,984	233,117
50.01	05001	SURGERY-AMBULATORY	0	2,333	0	2,748	3,098
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,546	5,250	0	80,577	3,544
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,758	16,283	0	244,268	247,577
54.01	05401	CATH LAB	0	0	0	0	0
54.02	05402	ULTRASOUND	151,153	2,345	0	17,831	18,745
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	10,424	6,440	0	122,234	84,271
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	57,334	3,061	0	64,613	24,725
65.01	06501	SLEEP LAB	10,424	191	0	5,526	6,700
66.00	06600	PHYSICAL THERAPY	31,273	158	0	11,552	2,467
66.01	06601	SPORTS MEDICINE	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	7	0	1,036	66
68.00	06800	SPEECH PATHOLOGY	0	0	0	534	271
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,714	1,690
70.00	07000	ELECTROENCEPHALOGRAPHY	0	246	0	2,390	1,480
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	174,830	93,434
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	94,502	29,121
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	128,725	47,237
76.00	03020	ENDOSCOPY	36,485	12,200	0	31,459	32,301
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	307,519	7,773	0	126,304	127,815
91.01	09101	PATIENT SERVICES	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,721,495	741,732	533,803	1,772,826	957,659
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	59	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,849	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	I P ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OP REGISTRATION	
		5.02	5.03	5.04	5.05	5.06	
194.00	07950 MISSION EFFECTIVENESS	10,424	0	0	0	0	194.00
194.01	07951 MARKETING	20,849	25	0	0	0	194.01
194.02	07952 JOINT VENTURES	0	6,822	0	307,778	373,074	194.02
194.03	07953 FOUNDATION	0	0	0	0	0	194.03
194.04	07954 VACANT	0	0	0	0	0	194.04
194.05	07955 SEASH	0	0	0	0	0	194.05
194.06	07956 SPORTS MEDICINE	0	1,432	0	2	3	194.06
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)	3,773,617	750,070	533,803	2,080,606	1,330,736	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part I Date/Time Prepared: 11/28/2012 5:42 pm	
Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.06	5.07	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00516	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	IP ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00515	OP REGISTRATION						5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	12,039,214	12,039,214				5.07
7.00	00700	OPERATION OF PLANT	4,094,225	407,498	4,501,723			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	471,213	46,900	31,293	549,406		8.00
9.00	00900	HOUSEKEEPING	1,635,433	162,775	97,823	0	1,896,031	9.00
10.00	01000	DIETARY	1,122,320	111,705	123,193	1,099	53,404	10.00
11.00	01100	CAFETERIA	999,640	99,494	143,716	0	62,358	11.00
13.00	01300	NURSING ADMINISTRATION	2,307,584	229,674	2,565	0	1,113	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	865,321	86,125	124,928	20,932	54,206	14.00
15.00	01500	PHARMACY	3,572,524	355,573	98,332	109	42,666	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,005,348	100,062	5,678	0	2,464	16.00
17.00	01700	SOCIAL SERVICE	290,124	28,876	14,279	0	6,196	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,207,770	1,613,159	1,383,907	204,782	600,479	30.00
31.00	03100	INTENSIVE CARE UNIT	2,168,222	215,803	116,666	25,108	50,622	31.00
35.00	02040	SPECIAL CARE NURSERY	2,483,232	247,156	129,795	0	56,318	35.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,682,922	167,501	131,870	18,277	57,218	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,566,376	1,648,851	497,035	57,468	215,664	50.00
50.01	05001	SURGERY-AMBULATORY	1,145,410	114,003	239,124	53,677	103,756	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,909,345	289,567	265,796	39,063	115,329	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,285,067	625,553	457,348	37,854	198,443	54.00
54.01	05401	CATH LAB	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	1,611,280	160,371	39,461	0	17,122	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,056,598	304,223	90,447	0	39,245	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,038,330	202,875	49,647	934	21,542	65.00
65.01	06501	SLEEP LAB	187,584	18,670	32,746	1,154	14,208	65.01
66.00	06600	PHYSICAL THERAPY	493,840	49,152	38,556	55	16,729	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	32,597	3,244	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	24,101	2,399	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	185,788	18,491	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,055	14,636	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,415,363	140,871	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,209,405	418,962	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,631,768	261,940	0	0	0	73.00
76.00	03020	ENDOSCOPY	1,441,198	143,442	98,577	39,997	42,773	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,153,662	413,414	255,120	48,897	110,696	91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	99,479,859	8,702,965	4,467,902	549,406	1,882,551	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	420,308	41,833	31,067	0	13,480	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,231	2,213	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.06	5.07	7.00	8.00	9.00	
194.00 07950 MISSION EFFECTIVENESS	212,195	21,120	0	0	0	194.00
194.01 07951 MARKETING	1,541,127	153,388	0	0	0	194.01
194.02 07952 JOINT VENTURES	28,148,017	2,801,615	0	0	0	194.02
194.03 07953 FOUNDATION	0	0	0	0	0	194.03
194.04 07954 VACANT	3,045	303	2,754	0	0	194.04
194.05 07955 SEASH	0	0	0	0	0	194.05
194.06 07956 SPORTS MEDICINE	3,172,685	315,777	0	0	0	194.06
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)	132,999,467	12,039,214	4,501,723	549,406	1,896,031	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00516						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00515						5.06
5.07	00560						5.07
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,411,721					10.00
11.00	01100	0	1,305,208				11.00
13.00	01300	0	46,904	2,587,840			13.00
14.00	01400	0	23,380	57	1,174,949		14.00
15.00	01500	0	67,783	0	3,822	4,140,809	15.00
16.00	01600	0	27,667	0	0	0	16.00
17.00	01700	0	6,274	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,238,204	377,646	1,055,431	35,253	3,692	30.00
31.00	03100	112,946	39,189	158,117	6,690	1,351	31.00
35.00	02040	0	38,224	179,392	3,780	279	35.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	33,809	154,738	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	164,335	474,898	585,073	308,454	50.00
50.01	05001	0	25,220	88,346	4,449	918	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	60,571	61,279	77,353	20,655	3,721	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	115,300	10,238	16,282	2,887	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	5,815	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	1,988	9,992	337	35,761	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	45,648	0	610	113	65.00
65.01	06501	0	2,745	0	156	0	65.01
66.00	06600	0	12,735	0	278	75	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	0	961	0	15	0	67.00
68.00	06800	0	647	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	2,334	0	100	0	70.00
71.00	07100	0	0	0	98,359	3,727,823	71.00
72.00	07200	0	0	0	350,186	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	22,298	86,383	21,583	2,569	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	74,515	265,076	13,600	9,124	91.00
91.01	09101	0	0	0	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		1,411,721	1,196,696	2,560,021	1,161,228	4,096,767	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	4,459	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.00	07950 MISSION EFFECTIVENESS	0	4,807	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 JOINT VENTURES	0	0	0	12,103	21,922	194.02
194.03	07953 FOUNDATION	0	0	0	0	0	194.03
194.04	07954 VACANT	0	0	0	0	0	194.04
194.05	07955 SEASH	0	0	0	0	0	194.05
194.06	07956 SPORTS MEDICINE	0	99,246	27,819	1,618	22,120	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,411,721	1,305,208	2,587,840	1,174,949	4,140,809	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part I Date/Time Prepared: 11/28/2012 5:42 pm			
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		
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00 00400	EMPLOYEE BENEFITS				4.00		
5.01 00516	NONPATIENT TELEPHONES				5.01		
5.02 00520	DATA PROCESSING				5.02		
5.03 00530	PURCHASING RECEIVING AND STORES				5.03		
5.04 00540	I/P ADMITTING				5.04		
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06 00515	OP REGISTRATION				5.06		
5.07 00560	OTHER ADMINISTRATIVE AND GENERAL				5.07		
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	1,141,219			16.00		
17.00 01700	SOCIAL SERVICE	0	345,749		17.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	74,988	102,251	22,897,562	0	22,897,562	30.00
31.00 03100	INTENSIVE CARE UNIT	13,736	76,224	2,984,674	0	2,984,674	31.00
35.00 02040	SPECIAL CARE NURSERY	12,797	44,308	3,195,281	0	3,195,281	35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	14,213	0	2,260,548	0	2,260,548	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	246,280	0	20,764,434	0	20,764,434	50.00
50.01 05001	SURGERY-AMBULATORY	1,507	6,159	1,782,569	0	1,782,569	50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	44,196	23,736	3,910,611	0	3,910,611	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	133,980	0	7,882,952	0	7,882,952	54.00
54.01 05401	CATH LAB	0	0	0	0	0	54.01
54.02 05402	ULTRASOUND	9,780	0	1,843,829	0	1,843,829	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	67,045	0	3,605,636	0	3,605,636	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	35,440	0	2,395,139	0	2,395,139	65.00
65.01 06501	SLEEP LAB	3,031	0	260,294	0	260,294	65.01
66.00 06600	PHYSICAL THERAPY	6,336	0	617,756	0	617,756	66.00
66.01 06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	568	0	37,385	0	37,385	67.00
68.00 06800	SPEECH PATHOLOGY	293	0	27,440	0	27,440	68.00
69.00 06900	ELECTROCARDIOLOGY	2,037	0	206,316	0	206,316	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,311	0	165,436	0	165,436	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,894	0	5,478,310	0	5,478,310	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	51,834	0	5,030,387	0	5,030,387	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	70,605	0	2,964,313	0	2,964,313	73.00
76.00 03020	ENDOSCOPY	17,255	15,289	1,931,364	0	1,931,364	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
91.00 09100	EMERGENCY	69,277	63,857	5,477,238	0	5,477,238	91.00
91.01 09101	PATIENT SERVICES	0	0	0	0	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	972,403	331,824	95,719,474	0	95,719,474	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	511,147	0	511,147	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,925	38,369	0	38,369	192.00
194.00	07950	MISSION EFFECTIVENESS	0	0	238,122	0	238,122	194.00
194.01	07951	MARKETING	0	0	1,694,515	0	1,694,515	194.01
194.02	07952	JOINT VENTURES	168,815	0	31,152,472	0	31,152,472	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	VACANT	0	0	6,102	0	6,102	194.04
194.05	07955	SEASH	0	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	1	0	3,639,266	0	3,639,266	194.06
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,141,219	345,749	132,999,467	0	132,999,467	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	81,504	9,289	90,793	90,793 4.00
5.01 00516	NONPATIENT TELEPHONES	0	22,107	0	22,107	0 5.01
5.02 00520	DATA PROCESSING	0	0	0	0	277 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	23,150	0	23,150	536 5.03
5.04 00540	IP ADMINITTING	0	11,575	0	11,575	659 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	46,237	0	46,237	1,407 5.05
5.06 00515	OP REGISTRATION	0	28,468	0	28,468	1,381 5.06
5.07 00560	OTHER ADMINISTRATIVE AND GENERAL	0	260,884	41,668	302,552	9,513 5.07
7.00 00700	OPERATION OF PLANT	0	724,069	1,862	725,931	1,912 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	34,600	0	34,600	79 8.00
9.00 00900	HOUSEKEEPING	0	108,158	0	108,158	1,233 9.00
10.00 01000	DIETARY	0	136,209	6,024	142,233	581 10.00
11.00 01100	CAFETERIA	0	158,900	8,655	167,555	834 11.00
13.00 01300	NURSING ADMINISTRATION	0	2,836	7,847	10,683	3,213 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	138,127	0	138,127	673 14.00
15.00 01500	PHARMACY	0	108,721	0	108,721	4,432 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	6,278	0	6,278	869 16.00
17.00 01700	SOCIAL SERVICE	0	15,788	0	15,788	318 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,530,119	415,354	1,945,473	20,570 30.00
31.00 03100	INTENSIVE CARE UNIT	0	128,993	6,294	135,287	2,355 31.00
35.00 02040	SPECIAL CARE NURSERY	0	143,508	23,198	166,706	3,847 35.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	145,802	3,656	149,458	1,857 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	549,548	752,908	1,302,456	8,714 50.00
50.01 05001	SURGERY-AMBULATORY	0	264,388	12,300	276,688	1,196 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	293,878	1,867	295,745	3,292 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	505,668	582,635	1,088,303	5,216 54.00
54.01 05401	CATH LAB	0	0	0	0	0 54.01
54.02 05402	ULTRASOUND	0	43,630	130,504	174,134	874 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	100,003	0	100,003	107 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	54,892	22,724	77,616	2,460 65.00
65.01 06501	SLEEP LAB	0	36,206	22,486	58,692	129 65.01
66.00 06600	PHYSICAL THERAPY	0	42,629	0	42,629	610 66.00
66.01 06601	SPORTS MEDICINE	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	47 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	36 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	137 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 03020	ENDOSCOPY	0	108,992	31,303	140,295	1,279 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	0	282,074	26,098	308,172	4,495 91.00
91.01 09101	PATIENT SERVICES	0	0	0	0	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,137,941	2,106,672	8,244,613	85,138 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,349	0	34,349	129	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 MISSION EFFECTIVENESS	0	0	3,994	3,994	109	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 JOINT VENTURES	0	0	43,438	43,438	1,234	194.02
194.03 07953 FOUNDATION	0	0	0	0	0	194.03
194.04 07954 VACANT	0	3,045	0	3,045	0	194.04
194.05 07955 SEASH	0	0	0	0	0	194.05
194.06 07956 SPORTS MEDICINE	0	0	65,270	65,270	4,183	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	6,175,335	2,219,374	8,394,709	90,793	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/28/2012 5:42 pm			
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	IP ADMINITTING	CASHIERING/AC COUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00516	NONPATIENT TELEPHONES	22,107				5.01
5.02	00520	DATA PROCESSING	0	277			5.02
5.03	00530	PURCHASING RECEIVING AND STORES	155	1	23,842		5.03
5.04	00540	IP ADMINITTING	194	5	5	12,438	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	697	2	19	0	5.05
5.06	00515	OP REGISTRATION	426	13	13	0	5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	968	28	7	0	5.07
7.00	00700	OPERATION OF PLANT	658	20	3	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39	1	16	0	8.00
9.00	00900	HOUSEKEEPING	194	2	49	0	9.00
10.00	01000	DIETARY	503	3	173	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	542	3	10	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	465	8	77	0	14.00
15.00	01500	PHARMACY	968	4	3,320	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	116	3	0	0	16.00
17.00	01700	SOCIAL SERVICE	116	1	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,613	57	602	9,302	30.00
31.00	03100	INTENSIVE CARE UNIT	697	14	110	802	31.00
35.00	02040	SPECIAL CARE NURSERY	774	23	198	755	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	736	3	160	1,579	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,626	26	17,024	0	50.00
50.01	05001	SURGERY-AMBULATORY	542	0	74	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,084	5	167	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	968	5	518	0	54.00
54.01	05401	CATH LAB	0	0	0	0	54.01
54.02	05402	ULTRASOUND	194	11	75	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	1	205	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	852	4	97	0	65.00
65.01	06501	SLEEP LAB	348	1	6	0	65.01
66.00	06600	PHYSICAL THERAPY	155	2	5	0	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	8	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	03020	ENDOSCOPY	619	3	388	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,626	23	247	0	91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,875	272	23,576	12,438	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	116	0	2	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	IP ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
194.00	07950 MISSION EFFECTIVENESS	0	1	0	0	0	194.00
194.01	07951 MARKETING	116	2	1	0	0	194.01
194.02	07952 JOINT VENTURES	0	0	217	0	7,158	194.02
194.03	07953 FOUNDATION	0	0	0	0	0	194.03
194.04	07954 VACANT	0	0	0	0	0	194.04
194.05	07955 SEASH	0	0	0	0	0	194.05
194.06	07956 SPORTS MEDICINE	0	0	46	0	0	194.06
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)	22,107	277	23,842	12,438	48,362	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/28/2012 5:42 pm		
Cost Center	Description	OP REGISTRATION 5.06	OTHER ADMINISTRATIVE AND GENERAL 5.07	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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00516	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	IP ADMINITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00515	OP REGISTRATION	30,301				5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	0	313,068			5.07
7.00	00700	OPERATION OF PLANT	0	10,596	739,120		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,219	5,138	41,092	8.00
9.00	00900	HOUSEKEEPING	0	4,233	16,061	0	129,930 9.00
10.00	01000	DIETARY	0	2,905	20,227	82	3,660 10.00
11.00	01100	CAFETERIA	0	2,587	23,596	0	4,273 11.00
13.00	01300	NURSING ADMINISTRATION	0	5,972	421	0	76 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,239	20,511	1,566	3,715 14.00
15.00	01500	PHARMACY	0	9,246	16,145	8	2,924 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,602	932	0	169 16.00
17.00	01700	SOCIAL SERVICE	0	751	2,344	0	425 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	41,946	227,220	15,316	41,149 30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,611	19,155	1,878	3,469 31.00
35.00	02040	SPECIAL CARE NURSERY	0	6,427	21,311	0	3,859 35.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	4,355	21,651	1,367	3,921 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,308	42,874	81,606	4,298	14,779 50.00
50.01	05001	SURGERY-AMBULATORY	71	2,964	39,261	4,015	7,110 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81	7,529	43,640	2,922	7,903 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,637	16,266	75,090	2,831	13,599 54.00
54.01	05401	CATH LAB	0	0	0	0	0 54.01
54.02	05402	ULTRASOUND	427	4,170	6,479	0	1,173 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	1,919	7,910	14,850	0	2,689 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	563	5,275	8,151	70	1,476 65.00
65.01	06501	SLEEP LAB	153	485	5,376	86	974 65.01
66.00	06600	PHYSICAL THERAPY	56	1,278	6,330	4	1,146 66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	2	84	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	6	62	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	38	481	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34	381	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,127	3,663	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	663	10,894	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,076	6,811	0	0	0 73.00
76.00	03020	ENDOSCOPY	735	3,730	16,185	2,992	2,931 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	2,910	10,750	41,887	3,657	7,586 91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,806	226,296	733,567	41,092	129,006 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,088	5,101	0	924 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	58	0	0	0 192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		OP REGISTRATION	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	5.07	7.00	8.00	9.00	
194.00	07950 MISSION EFFECTIVENESS	0	549	0	0	0	194.00
194.01	07951 MARKETING	0	3,988	0	0	0	194.01
194.02	07952 JOINT VENTURES	8,495	72,870	0	0	0	194.02
194.03	07953 FOUNDATION	0	0	0	0	0	194.03
194.04	07954 VACANT	0	8	452	0	0	194.04
194.05	07955 SEASH	0	0	0	0	0	194.05
194.06	07956 SPORTS MEDICINE	0	8,211	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	30,301	313,068	739,120	41,092	129,930	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/28/2012 5:42 pm				
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	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00516	NONPATIENT TELEPHONES					5.01	
5.02	00520	DATA PROCESSING					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.04	00540	IP ADMINITTING					5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00515	OP REGISTRATION					5.06	
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL					5.07	
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	170,367				10.00	
11.00	01100	CAFETERIA	0	198,845			11.00	
13.00	01300	NURSING ADMINISTRATION	0	7,146	28,066		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,562	1	170,944	14.00	
15.00	01500	PHARMACY	0	10,327	0	556	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,215	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	956	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	149,427	57,533	11,446	5,129	140	30.00
31.00	03100	INTENSIVE CARE UNIT	13,630	5,970	1,715	973	51	31.00
35.00	02040	SPECIAL CARE NURSERY	0	5,823	1,946	550	11	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	5,151	1,678	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	25,036	5,150	85,124	11,669	50.00
50.01	05001	SURGERY-AMBULATORY	0	3,842	958	647	35	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,310	9,336	839	3,005	141	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,566	111	2,369	109	54.00
54.01	05401	CATH LAB	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	886	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	303	108	49	1,353	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	6,954	0	89	4	65.00
65.01	06501	SLEEP LAB	0	418	0	23	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,940	0	40	3	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	146	0	2	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	99	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	356	0	15	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,310	141,027	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	50,948	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	ENDOSCOPY	0	3,397	937	3,140	97	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	11,352	2,875	1,979	345	91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	170,367	182,314	27,764	168,948	154,985	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	679	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MISSION EFFECTIVENESS	0	732	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 JOINT VENTURES	0	0	0	1,761	829	194.02
194.03 07953 FOUNDATION	0	0	0	0	0	194.03
194.04 07954 VACANT	0	0	0	0	0	194.04
194.05 07955 SEASH	0	0	0	0	0	194.05
194.06 07956 SPORTS MEDICINE	0	15,120	302	235	837	194.06
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)	170,367	198,845	28,066	170,944	156,651	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/28/2012 5:42 pm	
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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00516	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	I/P ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00515	OP REGISTRATION					5.06
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL					5.07
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	15,184				16.00
17.00	01700	SOCIAL SERVICE	0	20,699			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,008	6,121	2,541,231	0	2,541,231 30.00
31.00	03100	INTENSIVE CARE UNIT	185	4,563	197,047	0	197,047 31.00
35.00	02040	SPECIAL CARE NURSERY	172	2,653	215,598	0	215,598 35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	191	0	192,710	0	192,710 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,155	0	1,619,259	0	1,619,259 50.00
50.01	05001	SURGERY-AMBULATORY	20	369	337,856	0	337,856 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	594	1,421	386,888	0	386,888 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,801	0	1,236,070	0	1,236,070 54.00
54.01	05401	CATH LAB	0	0	0	0	0 54.01
54.02	05402	ULTRASOUND	131	0	188,969	0	188,969 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	901	0	133,241	0	133,241 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	476	0	105,590	0	105,590 65.00
65.01	06501	SLEEP LAB	41	0	66,861	0	66,861 65.01
66.00	06600	PHYSICAL THERAPY	85	0	54,552	0	54,552 66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	8	0	313	0	313 67.00
68.00	06800	SPEECH PATHOLOGY	4	0	219	0	219 68.00
69.00	06900	ELECTROCARDIOLOGY	27	0	632	0	632 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18	0	1,005	0	1,005 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,289	0	166,482	0	166,482 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	697	0	65,400	0	65,400 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	949	0	11,830	0	11,830 73.00
76.00	03020	ENDOSCOPY	232	915	178,607	0	178,607 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	931	3,823	405,595	0	405,595 91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,915	19,865	8,105,955	0	8,105,955 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 5:42 pm

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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	42,388	0	42,388	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	834	894	0	894	192.00
194.00	07950	MISSION EFFECTIVENESS	0	0	5,385	0	5,385	194.00
194.01	07951	MARKETING	0	0	4,107	0	4,107	194.01
194.02	07952	JOINT VENTURES	2,269	0	138,271	0	138,271	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	VACANT	0	0	3,505	0	3,505	194.04
194.05	07955	SEASH	0	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	0	0	94,204	0	94,204	194.06
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	15,184	20,699	8,394,709	0	8,394,709	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period: From 07/01/2011 To 06/30/2012

Worksheet B-1

Date/Time Prepared: 11/28/2012 5:42 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (IS NODES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	296,098				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,766,597			2.00
4.00 00400	EMPLOYEE BENEFITS	3,908	7,394	43,105,288		4.00
5.01 00516	NONPATIENT TELEPHONES	1,060	0	0	571	5.01
5.02 00520	DATA PROCESSING	0	0	131,596	0	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	1,110	0	254,399	4	5.03
5.04 00540	IP ADMINISTRATION	555	0	312,735	5	5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	2,217	0	668,321	18	5.05
5.06 00515	OP REGISTRATION	1,365	0	655,653	11	5.06
5.07 00560	OTHER ADMINISTRATIVE AND GENERAL	12,509	33,167	4,517,107	25	5.07
7.00 00700	OPERATION OF PLANT	34,718	1,482	907,649	17	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,659	0	37,532	1	8.00
9.00 00900	HOUSEKEEPING	5,186	0	585,308	5	9.00
10.00 01000	DIETARY	6,531	4,795	275,766	13	10.00
11.00 01100	CAFETERIA	7,619	6,889	396,179	0	11.00
13.00 01300	NURSING ADMINISTRATION	136	6,246	1,525,605	14	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,623	0	319,390	12	14.00
15.00 01500	PHARMACY	5,213	0	2,104,661	25	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	301	0	412,545	3	16.00
17.00 01700	SOCIAL SERVICE	757	0	150,881	3	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	73,367	330,617	9,761,996	145	30.00
31.00 03100	INTENSIVE CARE UNIT	6,185	5,010	1,118,222	18	31.00
35.00 02040	SPECIAL CARE NURSERY	6,881	18,465	1,826,657	20	35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	6,991	2,910	881,808	19	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	26,350	599,307	4,137,697	42	50.00
50.01 05001	SURGERY-AMBULATORY	12,677	9,791	567,670	14	50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	14,091	1,486	1,563,293	28	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,246	463,771	2,476,547	25	54.00
54.01 05401	CATH LAB	0	0	0	0	54.01
54.02 05402	ULTRASOUND	2,092	103,880	415,088	5	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	4,795	0	51,010	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	2,632	18,088	1,167,931	22	65.00
65.01 06501	SLEEP LAB	1,736	17,899	61,207	9	65.01
66.00 06600	PHYSICAL THERAPY	2,044	0	289,489	4	66.00
66.01 06601	SPORTS MEDICINE	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	22,457	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	17,075	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	64,940	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 03020	ENDOSCOPY	5,226	24,917	607,150	16	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	13,525	20,774	2,134,435	42	91.00
91.01 09101	PATIENT SERVICES	0	0	0	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	294,305	1,676,888	40,419,999	565	714

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (IS NODES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,647	0	61,042	3	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4	192.00
194.00 07950 MISSION EFFECTIVENESS	0	3,179	51,828	0	2	194.00
194.01 07951 MARKETING	0	0	0	3	4	194.01
194.02 07952 JOINT VENTURES	0	34,576	585,980	0	0	194.02
194.03 07953 FOUNDATION	0	0	0	0	0	194.03
194.04 07954 VACANT	146	0	0	0	0	194.04
194.05 07955 SEASH	0	0	0	0	0	194.05
194.06 07956 SPORTS MEDICINE	0	51,954	1,986,439	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,175,335	2,219,374	15,704,881	381,233	3,773,617	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	20.855713	1.256299	0.364338	667.658494	5,212.178177	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			90,793	22,107	277	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002106	38.716287	0.382597	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQS)	IP ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OP REVENUE)	Reconciliation		
		5.03	5.04	5.05	5.06	5A.07		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00516	NONPATIENT TELEPHONES					5.01	
5.02	00520	DATA PROCESSING					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES	17,784,376				5.03	
5.04	00540	IP ADMITTING	4,030	18,158			5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	13,936	0	393,384,057		5.05	
5.06	00515	OP REGISTRATION	9,905	0	0	207,546,955	5.06	
5.07	00560	OTHER ADMINISTRATIVE AND GENERAL	5,204	0	0	0	5.07	
7.00	00700	OPERATION OF PLANT	1,912	0	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	11,722	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	36,629	0	0	0	9.00	
10.00	01000	DIETARY	128,887	0	0	0	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	7,500	0	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	57,536	0	0	0	14.00	
15.00	01500	PHARMACY	2,475,941	0	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	147	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	448,986	13,580	25,848,876	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	81,758	1,171	4,734,777	0	31.00	
35.00	02040	SPECIAL CARE NURSERY	147,323	1,102	4,411,122	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	119,401	2,305	4,899,301	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,701,236	0	84,890,487	36,356,295	50.00	
50.01	05001	SURGERY-AMBULATORY	55,320	0	519,645	483,159	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	124,476	0	15,234,810	552,723	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,073	0	46,184,149	38,611,555	54.00	
54.01	05401	CATH LAB	0	0	0	0	54.01	
54.02	05402	ULTRASOUND	55,594	0	3,371,253	2,923,498	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	152,699	0	23,110,955	13,142,729	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	72,582	0	12,216,522	3,856,091	65.00	
65.01	06501	SLEEP LAB	4,532	0	1,044,865	1,044,865	65.01	
66.00	06600	PHYSICAL THERAPY	3,756	0	2,184,232	384,816	66.00	
66.01	06601	SPORTS MEDICINE	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	172	0	195,858	10,326	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	100,932	42,287	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	702,122	263,579	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	5,837	0	451,883	230,888	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	33,055,412	14,571,799	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	17,867,613	4,541,573	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	24,338,188	7,366,918	73.00	
76.00	03020	ENDOSCOPY	289,271	0	5,948,063	5,037,530	76.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
91.00	09100	EMERGENCY	184,294	0	23,880,464	19,933,796	91.00	
91.01	09101	PATIENT SERVICES	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,586,659	18,158	335,191,529	149,354,427	-12,039,214	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (COSTED REQS)	IP ADMITTING (PATIENT DAYS)	CASHIERING/AC COUNTS RECEIVABLE (PATIENT REVENUE)	OP REGISTRATION (OP REVENUE)	Reconciliation	
			5.03	5.04	5.05	5.06	5A.07	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,406	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MISSION EFFECTIVENESS	0	0	0	0	0	194.00
194.01	07951	MARKETING	602	0	0	0	0	194.01
194.02	07952	JOINT VENTURES	161,754	0	58,192,067	58,192,067	0	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	VACANT	0	0	0	0	0	194.04
194.05	07955	SEASH	0	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	33,955	0	461	461	0	194.06
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)	750,070	533,803	2,080,606	1,330,736		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.042176	29.397676	0.005289	0.006412		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,842	12,438	48,362	30,301		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001341	0.684987	0.000123	0.000146		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.07	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00516						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00515						5.06
5.07	00560	120,960,253					5.07
7.00	00700	4,094,225	238,656				7.00
8.00	00800	471,213	1,659	632,266			8.00
9.00	00900	1,635,433	5,186	0	231,659		9.00
10.00	01000	1,122,320	6,531	1,265	6,525	46,334	10.00
11.00	01100	999,640	7,619	0	7,619	0	11.00
13.00	01300	2,307,584	136	0	136	0	13.00
14.00	01400	865,321	6,623	24,089	6,623	0	14.00
15.00	01500	3,572,524	5,213	126	5,213	0	15.00
16.00	01600	1,005,348	301	0	301	0	16.00
17.00	01700	290,124	757	0	757	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,207,770	73,367	235,666	73,367	40,639	30.00
31.00	03100	2,168,222	6,185	28,895	6,185	3,707	31.00
35.00	02040	2,483,232	6,881	0	6,881	0	35.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,682,922	6,991	21,034	6,991	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	16,566,376	26,350	66,135	26,350	0	50.00
50.01	05001	1,145,410	12,677	61,772	12,677	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	2,909,345	14,091	44,954	14,091	1,988	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	6,285,067	24,246	43,563	24,246	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	1,611,280	2,092	0	2,092	0	54.02
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,056,598	4,795	0	4,795	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	2,038,330	2,632	1,075	2,632	0	65.00
65.01	06501	187,584	1,736	1,328	1,736	0	65.01
66.00	06600	493,840	2,044	63	2,044	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	32,597	0	0	0	0	67.00
68.00	06800	24,101	0	0	0	0	68.00
69.00	06900	185,788	0	0	0	0	69.00
70.00	07000	147,055	0	0	0	0	70.00
71.00	07100	1,415,363	0	0	0	0	71.00
72.00	07200	4,209,405	0	0	0	0	72.00
73.00	07300	2,631,768	0	0	0	0	73.00
76.00	03020	1,441,198	5,226	46,029	5,226	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	4,153,662	13,525	56,272	13,525	0	91.00
91.01	09101	0	0	0	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		87,440,645	236,863	632,266	230,012	46,334	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		5.07	7.00	8.00	9.00	10.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	420,308	1,647	0	1,647	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,231	0	0	0	0	192.00
194.00	07950	MISSION EFFECTIVENESS	212,195	0	0	0	0	194.00
194.01	07951	MARKETING	1,541,127	0	0	0	0	194.01
194.02	07952	JOINT VENTURES	28,148,017	0	0	0	0	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	VACANT	3,045	146	0	0	0	194.04
194.05	07955	SEASH	0	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	3,172,685	0	0	0	0	194.06
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)	12,039,214	4,501,723	549,406	1,896,031	1,411,721	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.099530	18.862811	0.868948	8.184577	30.468360	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	313,068	739,120	41,092	129,930	170,367	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002588	3.097010	0.064992	0.560867	3.676933	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00516						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00515						5.06
5.07	00560						5.07
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,042,731					11.00
13.00	01300	37,472	411,261				13.00
14.00	01400	18,678	9	13,702,596			14.00
15.00	01500	54,152	0	44,578	2,445,185		15.00
16.00	01600	22,103	0	0	0	393,384,057	16.00
17.00	01700	5,012	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	301,702	167,730	411,138	2,180	25,848,876	30.00
31.00	03100	31,308	25,128	78,022	798	4,734,777	31.00
35.00	02040	30,537	28,509	44,078	165	4,411,122	35.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	27,010	24,591	0	0	4,899,301	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	131,287	75,471	6,823,257	182,145	84,890,487	50.00
50.01	05001	20,148	14,040	51,884	542	519,645	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	48,956	12,293	240,882	2,197	15,234,810	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	92,113	1,627	189,883	1,705	46,184,149	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	4,646	0	0	0	3,371,253	54.02
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,588	1,588	3,926	21,117	23,110,955	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	36,468	0	7,118	67	12,216,522	65.00
65.01	06501	2,193	0	1,815	0	1,044,865	65.01
66.00	06600	10,174	0	3,246	44	2,184,232	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	768	0	172	0	195,858	67.00
68.00	06800	517	0	0	0	100,932	68.00
69.00	06900	0	0	0	0	702,122	69.00
70.00	07000	1,865	0	1,172	0	451,883	70.00
71.00	07100	0	0	1,147,099	2,201,313	33,055,412	71.00
72.00	07200	0	0	4,083,987	0	17,867,613	72.00
73.00	07300	0	0	0	0	24,338,188	73.00
76.00	03020	17,814	13,728	251,708	1,517	5,948,063	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	59,530	42,126	158,613	5,388	23,880,464	91.00
91.01	09101	0	0	0	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		956,041	406,840	13,542,578	2,419,178	335,191,529	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)		
		11.00	13.00	14.00	15.00	16.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,562	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MISSION EFFECTIVENESS	3,840	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	JOINT VENTURES	0	0	141,150	12,945	58,192,067	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	VACANT	0	0	0	0	0	194.04
194.05	07955	SEASH	0	0	0	0	0	194.05
194.06	07956	SPORTS MEDICINE	79,288	4,421	18,868	13,062	461	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,305,208	2,587,840	1,174,949	4,140,809	1,141,219	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.251721	6.292452	0.085746	1.693454	0.002901	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	198,845	28,066	170,944	156,651	15,184	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.190696	0.068244	0.012475	0.064065	0.000039	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	
		17.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00516 NONPATIENT TELEPHONES		5.01
5.02	00520 DATA PROCESSING		5.02
5.03	00530 PURCHASING RECEIVING AND STORES		5.03
5.04	00540 I P ADMITTING		5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00515 OP REGISTRATION		5.06
5.07	00560 OTHER ADMINISTRATIVE AND GENERAL		5.07
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE	14,202	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,200	30.00
31.00	03100 INTENSIVE CARE UNIT	3,131	31.00
35.00	02040 SPECIAL CARE NURSERY	1,820	35.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
50.01	05001 SURGERY-AMBULATORY	253	50.01
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	975	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401 CATH LAB	0	54.01
54.02	05402 ULTRASOUND	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	65.00
65.01	06501 SLEEP LAB	0	65.01
66.00	06600 PHYSICAL THERAPY	0	66.00
66.01	06601 SPORTS MEDICINE	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020 ENDOSCOPY	628	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
91.00	09100 EMERGENCY	2,623	91.00
91.01	09101 PATIENT SERVICES	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	13,630	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	
		17.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	572	192.00
194.00	07950 MISSION EFFECTIVENESS	0	194.00
194.01	07951 MARKETING	0	194.01
194.02	07952 JOINT VENTURES	0	194.02
194.03	07953 FOUNDATION	0	194.03
194.04	07954 VACANT	0	194.04
194.05	07955 SEASH	0	194.05
194.06	07956 SPORTS MEDICINE	0	194.06
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)	345,749	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.345092	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	20,699	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.457471	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/28/2012 5:42 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		22,897,562	0	22,897,562	30.00
31.00	03100 INTENSIVE CARE UNIT		2,984,674	0	2,984,674	31.00
35.00	02040 SPECIAL CARE NURSERY		3,195,281	0	3,195,281	35.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		2,260,548	0	2,260,548	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		20,764,434	0	20,764,434	50.00
50.01	05001 SURGERY-AMBULATORY		1,782,569	0	1,782,569	50.01
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,910,611	0	3,910,611	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,882,952	0	7,882,952	54.00
54.01	05401 CATH LAB		0	0	0	54.01
54.02	05402 ULTRASOUND		1,843,829	0	1,843,829	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		3,605,636	0	3,605,636	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,395,139	0	2,395,139	65.00
65.01	06501 SLEEP LAB	0	260,294	0	260,294	65.01
66.00	06600 PHYSICAL THERAPY	0	617,756	0	617,756	66.00
66.01	06601 SPORTS MEDICINE	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	37,385	0	37,385	67.00
68.00	06800 SPEECH PATHOLOGY	0	27,440	0	27,440	68.00
69.00	06900 ELECTROCARDIOLOGY		206,316	0	206,316	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		165,436	0	165,436	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,478,310	0	5,478,310	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		5,030,387	0	5,030,387	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,964,313	0	2,964,313	73.00
76.00	03020 ENDOSCOPY		1,931,364	0	1,931,364	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
91.00	09100 EMERGENCY		5,477,238	0	5,477,238	91.00
91.01	09101 PATIENT SERVICES		0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,286,749	0	3,286,749	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	99,006,223	0	99,006,223	200.00
201.00	Less Observation Beds		3,286,749		3,286,749	201.00
202.00	Total (see instructions)	0	95,719,474	0	95,719,474	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet C Part I Date/Time Prepared: 11/28/2012 5:42 pm		
			Title XVII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	25,848,876		25,848,876			30.00	
31.00	03100	INTENSIVE CARE UNIT	4,734,777		4,734,777			31.00	
35.00	02040	SPECIAL CARE NURSERY	4,411,122		4,411,122			35.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	4,899,301		4,899,301			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	48,534,191	36,356,295	84,890,486	0.244603	0.000000	50.00	
50.01	05001	SURGERY-AMBULATORY	36,486	483,159	519,645	3.430359	0.000000	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,682,087	552,723	15,234,810	0.256689	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,572,594	38,611,555	46,184,149	0.170685	0.000000	54.00	
54.01	05401	CATH LAB	0	0	0	0.000000	0.000000	54.01	
54.02	05402	ULTRASOUND	447,755	2,923,498	3,371,253	0.546927	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	9,968,226	13,142,729	23,110,955	0.156014	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	8,360,431	3,856,091	12,216,522	0.196057	0.000000	65.00	
65.01	06501	SLEEP LAB	0	1,044,865	1,044,865	0.249117	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	1,799,416	384,816	2,184,232	0.282825	0.000000	66.00	
66.01	06601	SPORTS MEDICINE	0	0	0	0.000000	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	185,532	10,326	195,858	0.190878	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	58,645	42,287	100,932	0.271866	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	438,543	263,579	702,122	0.293846	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	220,995	230,888	451,883	0.366104	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,483,614	14,571,799	33,055,413	0.165731	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,326,040	4,541,573	17,867,613	0.281537	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	16,971,270	7,366,918	24,338,188	0.121797	0.000000	73.00	
76.00	03020	ENDOSCOPY	910,533	5,037,530	5,948,063	0.324705	0.000000	76.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	3,946,668	19,933,796	23,880,464	0.229361	0.000000	91.00	
91.01	09101	PATIENT SERVICES	0	0	0	0.000000	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,044,800	3,659,490	4,704,290	0.698671	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	186,881,902	153,013,917	339,895,819			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	186,881,902	153,013,917	339,895,819			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/28/2012 5:42 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
35.00	02040	SPECIAL CARE NURSERY		35.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.244603	50.00
50.01	05001	SURGERY-AMBULATORY	3.430359	50.01
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.256689	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170685	54.00
54.01	05401	CATH LAB	0.000000	54.01
54.02	05402	ULTRASOUND	0.546927	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.156014	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.196057	65.00
65.01	06501	SLEEP LAB	0.249117	65.01
66.00	06600	PHYSICAL THERAPY	0.282825	66.00
66.01	06601	SPORTS MEDICINE	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.190878	67.00
68.00	06800	SPEECH PATHOLOGY	0.271866	68.00
69.00	06900	ELECTROCARDIOLOGY	0.293846	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.366104	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.165731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.281537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121797	73.00
76.00	03020	ENDOSCOPY	0.324705	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.229361	91.00
91.01	09101	PATIENT SERVICES	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.698671	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF		99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,897,562		22,897,562	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,984,674		2,984,674	0	0	31.00
35.00	02040	SPECIAL CARE NURSERY	3,195,281		3,195,281	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,260,548		2,260,548	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,764,434		20,764,434	0	0	50.00
50.01	05001	SURGERY-AMBULATORY	1,782,569		1,782,569	0	0	50.01
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,910,611		3,910,611	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,882,952		7,882,952	0	0	54.00
54.01	05401	CATH LAB	0		0	0	0	54.01
54.02	05402	ULTRASOUND	1,843,829		1,843,829	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	3,605,636		3,605,636	0	0	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,395,139	0	2,395,139	0	0	65.00
65.01	06501	SLEEP LAB	260,294	0	260,294	0	0	65.01
66.00	06600	PHYSICAL THERAPY	617,756	0	617,756	0	0	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	37,385	0	37,385	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	27,440	0	27,440	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	206,316	0	206,316	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	165,436	0	165,436	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,478,310	0	5,478,310	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,030,387	0	5,030,387	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,964,313	0	2,964,313	0	0	73.00
76.00	03020	ENDOSCOPY	1,931,364	0	1,931,364	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	5,477,238		5,477,238	0	0	91.00
91.01	09101	PATIENT SERVICES	0		0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,286,749		3,286,749	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	99,006,223	0	99,006,223	0	0	200.00
201.00		Less Observation Beds	3,286,749		3,286,749			201.00
202.00		Total (see instructions)	95,719,474	0	95,719,474	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,848,876		25,848,876		30.00
31.00	03100	INTENSIVE CARE UNIT	4,734,777		4,734,777		31.00
35.00	02040	SPECIAL CARE NURSERY	4,411,122		4,411,122		35.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,899,301		4,899,301		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,534,191	36,356,295	84,890,486	0.244603	50.00
50.01	05001	SURGERY-AMBULATORY	36,486	483,159	519,645	3.430359	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,682,087	552,723	15,234,810	0.256689	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,572,594	38,611,555	46,184,149	0.170685	54.00
54.01	05401	CATH LAB	0	0	0	0.000000	54.01
54.02	05402	ULTRASOUND	447,755	2,923,498	3,371,253	0.546927	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	9,968,226	13,142,729	23,110,955	0.156014	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	8,360,431	3,856,091	12,216,522	0.196057	65.00
65.01	06501	SLEEP LAB	0	1,044,865	1,044,865	0.249117	65.01
66.00	06600	PHYSICAL THERAPY	1,799,416	384,816	2,184,232	0.282825	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	185,532	10,326	195,858	0.190878	67.00
68.00	06800	SPEECH PATHOLOGY	58,645	42,287	100,932	0.271866	68.00
69.00	06900	ELECTROCARDIOLOGY	438,543	263,579	702,122	0.293846	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	220,995	230,888	451,883	0.366104	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,483,614	14,571,799	33,055,413	0.165731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,326,040	4,541,573	17,867,613	0.281537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,971,270	7,366,918	24,338,188	0.121797	73.00
76.00	03020	ENDOSCOPY	910,533	5,037,530	5,948,063	0.324705	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	3,946,668	19,933,796	23,880,464	0.229361	91.00
91.01	09101	PATIENT SERVICES	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,044,800	3,659,490	4,704,290	0.698671	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	186,881,902	153,013,917	339,895,819		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	186,881,902	153,013,917	339,895,819		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000				30.00
31.00	03100				31.00
35.00	02040				35.00
41.00	04100				41.00
42.00	04200				42.00
43.00	04300				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0.000000			50.00
50.01	05001	0.000000			50.01
51.00	05100	0.000000			51.00
52.00	05200	0.000000			52.00
53.00	05300	0.000000			53.00
54.00	05400	0.000000			54.00
54.01	05401	0.000000			54.01
54.02	05402	0.000000			54.02
55.00	05500	0.000000			55.00
57.00	05700	0.000000			57.00
58.00	05800	0.000000			58.00
59.00	05900	0.000000			59.00
60.00	06000	0.000000			60.00
60.01	06001	0.000000			60.01
65.00	06500	0.000000			65.00
65.01	06501	0.000000			65.01
66.00	06600	0.000000			66.00
66.01	06601	0.000000			66.01
67.00	06700	0.000000			67.00
68.00	06800	0.000000			68.00
69.00	06900	0.000000			69.00
70.00	07000	0.000000			70.00
71.00	07100	0.000000			71.00
72.00	07200	0.000000			72.00
73.00	07300	0.000000			73.00
76.00	03020	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0.000000			88.00
89.00	08900	0.000000			89.00
90.00	09000	0.000000			90.00
91.00	09100	0.000000			91.00
91.01	09101	0.000000			91.01
92.00	09200	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900				109.00
110.00	11000				110.00
111.00	11100				111.00
113.00	11300				113.00
200.00					200.00
201.00					201.00
202.00					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part I Date/Time Prepared: 11/28/2012 5:42 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,541,231	0	2,541,231	15,856	160.27	30.00
31.00	03100	INTENSIVE CARE UNIT	197,047		197,047	1,171	168.27	31.00
35.00	02040	SPECIAL CARE NURSERY	215,598		215,598	1,102	195.64	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300	NURSERY	192,710		192,710	2,305	83.61	43.00
200.00		Total (lines 30-199)	3,146,586		3,146,586	20,434		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/28/2012 5:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	4,575	733,235	30.00
31.00	03100 INTENSIVE CARE UNIT	421	70,842	31.00
35.00	02040 SPECIAL CARE NURSERY	0	0	35.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
200.00	Total (lines 30-199)	4,996	804,077	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/28/2012 5:42 pm
--	--	----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,619,259	84,890,486	0.019075	15,537,675	296,381	50.00
50.01	05001 SURGERY-AMBULATORY	337,856	519,645	0.650167	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	386,888	15,234,810	0.025395	1,078	27	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,236,070	46,184,149	0.026764	2,689,038	71,969	54.00
54.01	05401 CATH LAB	0	0	0.000000	0	0	54.01
54.02	05402 ULTRASOUND	188,969	3,371,253	0.056053	63,408	3,554	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	133,241	23,110,955	0.005765	3,767,511	21,720	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	105,590	12,216,522	0.008643	2,111,391	18,249	65.00
65.01	06501 SLEEP LAB	66,861	1,044,865	0.063990	0	0	65.01
66.00	06600 PHYSICAL THERAPY	54,552	2,184,232	0.024975	1,050,867	26,245	66.00
66.01	06601 SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	313	195,858	0.001598	110,261	176	67.00
68.00	06800 SPEECH PATHOLOGY	219	100,932	0.002170	36,802	80	68.00
69.00	06900 ELECTROCARDIOLOGY	632	702,122	0.000900	145,665	131	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,005	451,883	0.002224	217,049	483	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	166,482	33,055,413	0.005036	5,360,966	26,998	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	65,400	17,867,613	0.003660	5,814,608	21,281	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,830	24,338,188	0.000486	5,238,816	2,546	73.00
76.00	03020 ENDOSCOPY	178,607	5,948,063	0.030028	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	405,595	23,880,464	0.016984	1,872,445	31,802	91.00
91.01	09101 PATIENT SERVICES	0	0	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	364,773	4,704,290	0.077541	381,046	29,547	92.00
200.00	Total (lines 50-199)	5,324,142	300,001,743		44,398,626	551,189	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/28/2012 5:42 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	SPECIAL CARE NURSERY	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/28/2012 5:42 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	15,856	0.00	4,575	0	30.00	
31.00	03100 INTENSIVE CARE UNIT	1,171	0.00	421	0	31.00	
35.00	02040 SPECIAL CARE NURSERY	1,102	0.00	0	0	35.00	
41.00	04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00	
42.00	04200 SUBPROVIDER	0	0.00	0	0	42.00	
43.00	04300 NURSERY	2,305	0.00	0	0	43.00	
200.00	Total (lines 30-199)	20,434		4,996	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	SURGERY-AMBULATORY	0	0	0	0	0	0	50.01
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
54.01	05401	CATH LAB	0	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	0	66.01
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	03020	ENDOSCOPY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	0	0	91.01
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: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	84,890,486	0.000000	0.000000	15,537,675	50.00
50.01	05001	SURGERY-AMBULATORY	0	519,645	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,234,810	0.000000	0.000000	1,078	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,184,149	0.000000	0.000000	2,689,038	54.00
54.01	05401	CATH LAB	0	0	0.000000	0.000000	0	54.01
54.02	05402	ULTRASOUND	0	3,371,253	0.000000	0.000000	63,408	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	23,110,955	0.000000	0.000000	3,767,511	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	12,216,522	0.000000	0.000000	2,111,391	65.00
65.01	06501	SLEEP LAB	0	1,044,865	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,184,232	0.000000	0.000000	1,050,867	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	195,858	0.000000	0.000000	110,261	67.00
68.00	06800	SPEECH PATHOLOGY	0	100,932	0.000000	0.000000	36,802	68.00
69.00	06900	ELECTROCARDIOLOGY	0	702,122	0.000000	0.000000	145,665	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	451,883	0.000000	0.000000	217,049	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,055,413	0.000000	0.000000	5,360,966	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,867,613	0.000000	0.000000	5,814,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,338,188	0.000000	0.000000	5,238,816	73.00
76.00	03020	ENDOSCOPY	0	5,948,063	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	23,880,464	0.000000	0.000000	1,872,445	91.00
91.01	09101	PATIENT SERVICES	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,704,290	0.000000	0.000000	381,046	92.00
200.00		Total (lines 50-199)	0	300,001,743			44,398,626	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 5:42 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	4,668,522	0	50.00
50.01 05001 SURGERY-AMBULATORY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	8,259,120	0	54.00
54.01 05401 CATH LAB	0	0	0	54.01
54.02 05402 ULTRASOUND	0	284,450	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	721,693	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	220,324	0	65.00
65.01 06501 SLEEP LAB	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 SPORTS MEDICINE	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	263,579	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	230,887	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	757,023	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	241,303	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	709,827	0	73.00
76.00 03020 ENDOSCOPY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	3,947,956	0	91.00
91.01 09101 PATIENT SERVICES	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	692,179	0	92.00
200.00 Total (lines 50-199)	0	20,996,863	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 5:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS		
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
		1.00	2.00	3.00		4.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.244603	4,668,522	0	0	50.00
50.01	05001	SURGERY-AMBULATORY	3.430359	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.256689	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170685	8,259,120	0	0	54.00
54.01	05401	CATH LAB	0.000000	0	0	0	54.01
54.02	05402	ULTRASOUND	0.546927	284,450	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.156014	721,693	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.196057	220,324	0	0	65.00
65.01	06501	SLEEP LAB	0.249117	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.282825	0	0	0	66.00
66.01	06601	SPORTS MEDICINE	0.000000	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.190878	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.271866	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.293846	263,579	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.366104	230,887	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.165731	757,023	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.281537	241,303	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121797	709,827	0	11,450	73.00
76.00	03020	ENDOSCOPY	0.324705	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.229361	3,947,956	0	0	91.00
91.01	09101	PATIENT SERVICES	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.698671	692,179	0	0	92.00
200.00		Subtotal (see instructions)		20,996,863	0	11,450	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		20,996,863	0	11,450	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 5:42 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	1,141,934	0	0		50.00
50.01 05001 SURGERY-AMBULATORY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,409,708	0	0		54.00
54.01 05401 CATH LAB	0	0	0		54.01
54.02 05402 ULTRASOUND	155,573	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	112,594	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	43,196	0	0		65.00
65.01 06501 SLEEP LAB	0	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
66.01 06601 SPORTS MEDICINE	0	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	77,452	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	84,529	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	125,462	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	67,936	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	86,455	0	1,395		73.00
76.00 03020 ENDOSCOPY	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
91.00 09100 EMERGENCY	905,507	0	0		91.00
91.01 09101 PATIENT SERVICES	0	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	483,605	0	0		92.00
200.00 Subtotal (see instructions)	4,693,951	0	1,395		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,693,951	0	1,395		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/28/2012 5:42 pm
--	--	----------------------	---	--

Cost Center Description		Title XIX			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Cost		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,541,231	0	2,541,231	15,856	160.27	30.00
31.00	03100	INTENSIVE CARE UNIT	197,047		197,047	1,171	168.27	31.00
35.00	02040	SPECIAL CARE NURSERY	215,598		215,598	1,102	195.64	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300	NURSERY	192,710		192,710	2,305	83.61	43.00
200.00		Total (lines 30-199)	3,146,586		3,146,586	20,434		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/28/2012 5:42 pm
		Title XIX	Hospital	Cost

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	1,576	252,586	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	31.00
35.00	02040 SPECIAL CARE NURSERY	0	0	35.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
200.00	Total (lines 30-199)	1,576	252,586	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/28/2012 5:42 pm
--	--	----------------------	---	---

Cost Center Description		Title XIX			Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,619,259	84,890,486	0.019075	3,324,275	63,411	50.00
50.01	05001	SURGERY-AMBULATORY	337,856	519,645	0.650167	2,967	1,929	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	386,888	15,234,810	0.025395	1,469,822	37,326	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,236,070	46,184,149	0.026764	485,648	12,998	54.00
54.01	05401	CATH LAB	0	0	0.000000	0	0	54.01
54.02	05402	ULTRASOUND	188,969	3,371,253	0.056053	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	133,241	23,110,955	0.005765	699,163	4,031	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	105,590	12,216,522	0.008643	663,852	5,738	65.00
65.01	06501	SLEEP LAB	66,861	1,044,865	0.063990	0	0	65.01
66.00	06600	PHYSICAL THERAPY	54,552	2,184,232	0.024975	39,014	974	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	313	195,858	0.001598	11,058	18	67.00
68.00	06800	SPEECH PATHOLOGY	219	100,932	0.002170	5,194	11	68.00
69.00	06900	ELECTROCARDIOLOGY	632	702,122	0.000900	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,005	451,883	0.002224	3,946	9	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	166,482	33,055,413	0.005036	2,158	11	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	65,400	17,867,613	0.003660	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,830	24,338,188	0.000486	1,131,329	550	73.00
76.00	03020	ENDOSCOPY	178,607	5,948,063	0.030028	66,211	1,988	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	405,595	23,880,464	0.016984	169,167	2,873	91.00
91.01	09101	PATIENT SERVICES	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,704,290	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,959,369	300,001,743		8,073,804	131,867	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/28/2012 5:42 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	SPECIAL CARE NURSERY	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/28/2012 5:42 pm
		Title XIX		Hospital
		Cost		

Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	15,856	0.00	1,576	0	30.00
31.00	03100 INTENSIVE CARE UNIT	1,171	0.00	0	0	31.00
35.00	02040 SPECIAL CARE NURSERY	1,102	0.00	0	0	35.00
41.00	04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300 NURSERY	2,305	0.00	0	0	43.00
200.00	Total (lines 30-199)	20,434		1,576	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	SURGERY-AMBULATORY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	CATH LAB	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
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	03020	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PATIENT SERVICES	0	0	0	0	0	91.01
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: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	84,890,486	0.000000	0.000000	3,324,275	50.00
50.01	05001	SURGERY-AMBULATORY	0	519,645	0.000000	0.000000	2,967	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,234,810	0.000000	0.000000	1,469,822	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,184,149	0.000000	0.000000	485,648	54.00
54.01	05401	CATH LAB	0	0	0.000000	0.000000	0	54.01
54.02	05402	ULTRASOUND	0	3,371,253	0.000000	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	23,110,955	0.000000	0.000000	699,163	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	12,216,522	0.000000	0.000000	663,852	65.00
65.01	06501	SLEEP LAB	0	1,044,865	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,184,232	0.000000	0.000000	39,014	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	195,858	0.000000	0.000000	11,058	67.00
68.00	06800	SPEECH PATHOLOGY	0	100,932	0.000000	0.000000	5,194	68.00
69.00	06900	ELECTROCARDIOLOGY	0	702,122	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	451,883	0.000000	0.000000	3,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,055,413	0.000000	0.000000	2,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,867,613	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,338,188	0.000000	0.000000	1,131,329	73.00
76.00	03020	ENDOSCOPY	0	5,948,063	0.000000	0.000000	66,211	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	23,880,464	0.000000	0.000000	169,167	91.00
91.01	09101	PATIENT SERVICES	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,704,290	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	300,001,743			8,073,804	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 5:42 pm
--	----------------------	---	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 SURGERY-AMBULATORY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401 CATH LAB	0	0	0		54.01
54.02	05402 ULTRASOUND	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	06501 SLEEP LAB	0	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 SPORTS MEDICINE	0	0	0		66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03020 ENDOSCOPY	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
91.01	09101 PATIENT SERVICES	0	0	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 5:42 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,856	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,856	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)		13,580	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,575	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		22,897,562	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		22,897,562	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		27,612,034	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		27,612,034	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.829260	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)		2,033.29	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		22,897,562	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)		1,444.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,606,712	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)		6,606,712	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,984,674	1,171	2,548.82	421	1,073,053	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	SPECIAL CARE NURSERY	3,195,281	1,102	2,899.53	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,606,031	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,285,796	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)					804,077	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					551,189	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,355,266	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,930,530	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)					2,276	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,444.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,286,749	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 5:42 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,541,231	22,897,562	0.110983	3,286,749	364,773	90.00
91.00	Nursing School cost	0	22,897,562	0.000000	3,286,749	0	91.00
92.00	Allied health cost	0	22,897,562	0.000000	3,286,749	0	92.00
93.00	All other Medical Education	0	22,897,562	0.000000	3,286,749	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 5:42 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,856	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,856	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)		13,580	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,576	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)		2,305	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		22,897,562	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		22,897,562	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		27,612,034	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		27,612,034	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.829260	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)		2,033.29	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		22,897,562	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)		1,444.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,275,886	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,275,886	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 5:42 pm
Title XIX			Hospital		Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	2,260,548	2,305	980.71	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	2,984,674	1,171	2,548.82	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 SPECIAL CARE NURSERY	3,195,281	1,102	2,899.53	0	0
Cost Center Description					
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,737,169
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,013,055
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					2,276
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,444.09
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,286,749

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150157		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 5:42 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/28/2012 5:42 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,678,743	30.00
31.00	03100	INTENSIVE CARE UNIT		1,733,747	31.00
35.00	02040	SPECIAL CARE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244603	15,537,675	50.00
50.01	05001	SURGERY-AMBULATORY	3.430359	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.256689	1,078	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170685	2,689,038	54.00
54.01	05401	CATH LAB	0.000000	0	54.01
54.02	05402	ULTRASOUND	0.546927	63,408	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.156014	3,767,511	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.196057	2,111,391	65.00
65.01	06501	SLEEP LAB	0.249117	0	65.01
66.00	06600	PHYSICAL THERAPY	0.282825	1,050,867	66.00
66.01	06601	SPORTS MEDICINE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.190878	110,261	67.00
68.00	06800	SPEECH PATHOLOGY	0.271866	36,802	68.00
69.00	06900	ELECTROCARDIOLOGY	0.293846	145,665	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.366104	217,049	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.165731	5,360,966	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.281537	5,814,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121797	5,238,816	73.00
76.00	03020	ENDOSCOPY	0.324705	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.229361	1,872,445	91.00
91.01	09101	PATIENT SERVICES	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.698671	381,046	92.00
200.00		Total (sum of lines 50-94 and 96-98)		44,398,626	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)		44,398,626	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/28/2012 5:42 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,027,514	30.00
31.00	03100	INTENSIVE CARE UNIT		652,447	31.00
35.00	02040	SPECIAL CARE NURSERY		1,077,386	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244603	3,324,275	813,128 50.00
50.01	05001	SURGERY-AMBULATORY	3.430359	2,967	10,178 50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.256689	1,469,822	377,287 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170685	485,648	82,893 54.00
54.01	05401	CATH LAB	0.000000	0	0 54.01
54.02	05402	ULTRASOUND	0.546927	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.156014	699,163	109,079 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.196057	663,852	130,153 65.00
65.01	06501	SLEEP LAB	0.249117	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.282825	39,014	11,034 66.00
66.01	06601	SPORTS MEDICINE	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.190878	11,058	2,111 67.00
68.00	06800	SPEECH PATHOLOGY	0.271866	5,194	1,412 68.00
69.00	06900	ELECTROCARDIOLOGY	0.293846	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.366104	3,946	1,445 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.165731	2,158	358 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.281537	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.121797	1,131,329	137,792 73.00
76.00	03020	ENDOSCOPY	0.324705	66,211	21,499 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.229361	169,167	38,800 91.00
91.01	09101	PATIENT SERVICES	0.000000	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.698671	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		8,073,804	1,737,169 200.00
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)		8,073,804	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/28/2012 5:42 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		10,878,262	1.00
2.00	Outlier payments for discharges. (see instructions)		292,837	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		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)		112.78	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	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)		1,258	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)		11,171,099	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/28/2012 5:42 pm
		Title XVII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
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)		11,171,099	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		937,037	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		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)		12,108,136	59.00
60.00	Primary payer payments		28,521	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		12,079,615	61.00
62.00	Deductibles billed to program beneficiaries		1,144,720	62.00
63.00	Coinurance billed to program beneficiaries		11,964	63.00
64.00	Allowable bad debts (see instructions)		122,986	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		86,090	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		10,484	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,009,021	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		11,009,021	71.00
72.00	Interim payments		10,905,732	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)		103,289	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		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: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 5:42 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,395	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		4,693,951	2.00
3.00	PPS payments		3,114,943	3.00
4.00	Outlier payment (see instructions)		53,625	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)		1,395	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,450	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)		11,450	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)		11,450	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,055	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)		1,395	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)		3,168,568	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)		799,373	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)		2,370,590	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)		2,370,590	30.00
31.00	Primary payer payments		319	31.00
32.00	Subtotal (line 30 minus line 31)		2,370,271	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)		98,993	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		69,295	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		34,111	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,439,566	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		2,439,566	40.00
41.00	Interim payments		2,369,518	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)		70,048	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2012 5:42 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,904,264		2,369,518	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	03/08/2012	1,468		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)		1,468		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)		10,905,732		2,369,518	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		103,289		70,048	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		11,009,021		2,439,566	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2012 5:42 pm
		Title XIX	Hospital	Cost
				1.00
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		4,013,055	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,013,055	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)		4,013,055	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		3,757,347	8.00
9.00	Ancillary service charges		8,073,804	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)		11,831,151	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		11,831,151	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		7,818,096	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		4,013,055	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		4,013,055	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		4,013,055	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		4,013,055	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		4,013,055	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		4,013,055	40.00
41.00	Interim payments		3,114,219	41.00
42.00	Balance due provider/program (line 40 minus 41)		898,836	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		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: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet G

Date/Time Prepared:
11/28/2012 5:42 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,831,029	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	19,357,225	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	832,072	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,952,069	0	0	0	9.00
10.00	Due from other funds	869	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	31,973,264	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,151,823	0	0	0	12.00
13.00	Land improvements	2,224,113	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	108,632,826	0	0	0	19.00
20.00	Accumulated depreciation	-63,055,548	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	49,953,214	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	481,537,880	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	6,677,897	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	488,215,777	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	570,142,255	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,643,633	0	0	0	37.00
38.00	Salaries, wages, and fees payable	206,370	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	168,234	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	1,436,847	0	0	0	43.00
44.00	Other current liabilities	1,437,142	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,892,226	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	906,810	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	21,341,796	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	22,248,606	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,140,832	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	530,001,423	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	530,001,423	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	570,142,255	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/28/2012 5:42 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		503,255,844		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		40,235,018			2.00
3.00	Total (sum of line 1 and line 2)		543,490,862		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		543,490,862		0	11.00
12.00	BEG BALANCE ADJUSTMENT	13,489,439		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)		13,489,439		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		530,001,423		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/28/2012 5:42 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2012 5:42 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,612,034		27,612,034	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,612,034		27,612,034	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,777,409		4,777,409	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	SPECIAL CARE NURSERY	4,232,666		4,232,666	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,010,075		9,010,075	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,622,109		36,622,109	17.00
18.00	Ancillary services	148,112,071		148,112,071	18.00
19.00	Outpatient services	0	213,351,496	213,351,496	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PROFESSIONAL FEES	0	5,795,418	5,795,418	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	184,734,180	219,146,914	403,881,094	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		136,883,671		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	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)		136,883,671		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150157

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-3

Date/Time Prepared:
11/28/2012 5:42 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	403,881,094	1.00
2.00	Less contractual allowances and discounts on patients' accounts	231,317,110	2.00
3.00	Net patient revenues (line 1 minus line 2)	172,563,984	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	136,883,671	4.00
5.00	Net income from service to patients (line 3 minus line 4)	35,680,313	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-10,203,379	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	14,758,084	24.00
25.00	Total other income (sum of lines 6-24)	4,554,705	25.00
26.00	Total (line 5 plus line 25)	40,235,018	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	40,235,018	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150157	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/28/2012 5:42 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		877,437	1.00
2.00	Capital DRG outlier payments		23,362	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		43.31	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)		2.62	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		17.36	8.00
9.00	Sum of lines 7 and 8		19.98	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.13	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		36,238	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		937,037	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