This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 141334	Period: From 04/01/2012 To 03/31/2013	Worksheet S Parts I-III Date/Time Prepared: 8/23/2013 10:42 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 8/14/2013 Time: 10:56 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT JOSEPH MEMORIAL HOSPITAL (141334) for the cost reporting period beginning 04/01/2012 and ending 03/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-634,107	158,778	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-634,107	158,778	0	0	200.00

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

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 141334	Period: From 04/01/2012 To 03/31/2013	Worksheet S Parts I-III Date/Time Prepared: 8/14/2013 10:56 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 8/14/2013 Time: 10:56 am
2. [ ] Manually submitted cost report
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4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT JOSEPH MEMORIAL HOSPITAL (141334) for the cost reporting period beginning 04/01/2012 and ending 03/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 8/14/2013 Time: 10:56 am
cjGnHTtIM:t22BsxSkET0aeLTvBBO0
jqylx0nhJYUm3IGpddcinJtOvh.zey
cXCV0FXAp609YcDc

PI: Date: 8/14/2013 Time: 10:56 am
p36T7gVPQ4g6vyR36Lgvtui0c0eS00
fB5.70LZhyXuaBETyaiiR4vk2BHhYE
54Tb0JptIC0GR4cC

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-634,107	158,778	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-634,107	158,778	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part I | Date/Time Prepared: 8/23/2013 10:42 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2 SOUTH HOSPITAL DRIVE	PO Box:			1.00
2.00	City: MURPHYSBORO	State: IL	Zip Code: 62966	County: JACKSON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) 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	SAINT JOSEPH MEMORIAL HOSPITAL	141334	99914	1	05/01/2004	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	04/01/2012	03/31/2013	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	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 unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		Urban/Rural S 1.00	Date of Geogr 2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 8/23/2013 10:42 am

		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
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.			39.00

		V	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	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				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	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 8/23/2013 10:42 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part I | Date/Time Prepared: 8/23/2013 10:42 am

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 8/23/2013 10:42 am

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,024,822	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H124	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: SOUTHERN ILLINOIS HEALTHCARE	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 1239 EAST MAIN STREET	PO Box: 3988		142.00
143.00	City: CARBONDALE	State: IL	Zip Code: 62902-3988	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 8/23/2013 10:42 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part II | Date/Time Prepared: 8/23/2013 10:42 am

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	08/02/2013	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part II | Date/Time Prepared: 8/23/2013 10:42 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	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.	LUANNE	WARREN	41.00
42.00	Enter the employer/company name of the cost report preparer.	SOUTHERN ILLINOIS HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-457-5200, 67202	LUANNE.WARREN@SIH.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 8/23/2013 10:42 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	08/02/2013			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT 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

HFS Supplemental Information | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-2 Part IX | Date/Time Prepared: 8/23/2013 10:42 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 8/23/2013 10:42 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	25	9,125	50,045.60	0	1.00
2.00	HMO						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		25	9,125	50,045.60	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)		25	9,125	50,045.60	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		25				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-3 Part I | Date/Time Prepared: 8/23/2013 10:42 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,472	198	2,084			1.00
2.00	HMO	12	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,472	198	2,084			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	1,472	198	2,084	0.00	225.83	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	225.83	27.00
28.00	Observation Bed Days		132	859			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-3 Part I | Date/Time Prepared: 8/23/2013 10:42 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	465	82	703	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	465	82	703	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet S-10 | Date/Time Prepared: 8/23/2013 10:42 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.317496	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	3,868,636	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	302,794	5.00
6.00	Medicaid charges	20,564,575	6.00
7.00	Medicaid cost (line 1 times line 6)	6,529,170	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)	2,357,740	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	38,250	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,357,740	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,048,541	734,348	4,782,889	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,285,396	233,153	1,518,549	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,285,396	233,153	1,518,549	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)	4,795,168	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,852,374	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	2,942,794	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	934,325	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	2,452,874	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,810,614	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,213,465	1,213,465	137,615	1,351,080	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		972,087	972,087	80,822	1,052,909	2.00
4.00	00400	EMPLOYEE BENEFITS	123,869	4,148,438	4,272,307	0	4,272,307	4.00
5.01	00510	DATA PROCESSING	0	0	0	0	0	5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES	28,608	39,968	68,576	0	68,576	5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	438,305	26,346	464,651	0	464,651	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	1,185,744	1,963,174	3,148,918	0	3,148,918	5.04
6.00	00600	MAINTENANCE & REPAIRS	342,988	537,042	880,030	0	880,030	6.00
7.00	00700	OPERATION OF PLANT	85,663	0	85,663	0	85,663	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	72,300	72,300	0	72,300	8.00
9.00	00900	HOUSEKEEPING	253,635	56,173	309,808	0	309,808	9.00
10.00	01000	DIETARY	328,580	90,475	419,055	-335,407	83,648	10.00
11.00	01100	CAFETERIA	0	0	0	334,938	334,938	11.00
13.00	01300	NURSING ADMINISTRATION	742,531	83,564	826,095	0	826,095	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,703	21,703	-1,440	20,263	14.00
15.00	01500	PHARMACY	366,092	5,895,128	6,261,220	0	6,261,220	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	61,506	4,121	65,627	0	65,627	16.00
17.00	01700	SOCIAL SERVICE	131	0	131	0	131	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	178,888	178,888	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,924,590	263,784	2,188,374	-6,393	2,181,981	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,091,696	1,386,859	2,478,555	-824,551	1,654,004	50.00
51.00	05100	RECOVERY ROOM	151,425	3,813	155,238	-461	154,777	51.00
53.00	05300	ANESTHESIOLOGY	0	231,758	231,758	-187,890	43,868	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,121	804,750	1,680,871	-35,133	1,645,738	54.00
60.00	06000	LABORATORY	734,704	1,493,274	2,227,978	-137	2,227,841	60.00
64.00	06400	INTRAVENOUS THERAPY	870,246	354,160	1,224,406	-1,966	1,222,440	64.00
65.00	06500	RESPIRATORY THERAPY	394,335	72,915	467,250	-30,396	436,854	65.00
65.01	06501	SLEEP DISORDERS	1,223,942	421,001	1,644,943	0	1,644,943	65.01
65.02	06502	GERIATRIC PSYCH	0	421,598	421,598	0	421,598	65.02
66.00	06600	PHYSICAL THERAPY	287,361	118,435	405,796	-23	405,773	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	671,246	671,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	205,235	205,235	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	49,960	49,960	73.00
76.97	07697	CARDIAC REHABILITATION	285,666	15,271	300,937	0	300,937	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,716	487,039	496,755	-13,224	483,531	90.00
91.00	09100	EMERGENCY	1,042,771	1,081,732	2,124,503	-3,246	2,121,257	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		462,403	462,403	-218,437	243,966	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,850,225	22,742,776	35,593,001	0	35,593,001	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	20,837	20,837	0	20,837	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		TOTAL (SUM OF LINES 118-199)	12,850,225	22,763,613	35,613,838	0	35,613,838	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,494	1,360,574		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	769,751	1,822,660		2.00
4.00	00400	EMPLOYEE BENEFITS	60,580	4,332,887		4.00
5.01	00510	DATA PROCESSING	1,315,594	1,315,594		5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES	-2,926	65,650		5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	654,868	1,119,519		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	1,194,623	4,343,541		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	880,030		6.00
7.00	00700	OPERATION OF PLANT	0	85,663		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	72,300		8.00
9.00	00900	HOUSEKEEPING	0	309,808		9.00
10.00	01000	DIETARY	0	83,648		10.00
11.00	01100	CAFETERIA	-88,622	246,316		11.00
13.00	01300	NURSING ADMINISTRATION	0	826,095		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,263		14.00
15.00	01500	PHARMACY	0	6,261,220		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-16,799	48,828		16.00
17.00	01700	SOCIAL SERVICE	0	131		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-178,888	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	2,181,981		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,654,004		50.00
51.00	05100	RECOVERY ROOM	0	154,777		51.00
53.00	05300	ANESTHESIOLOGY	0	43,868		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-690	1,645,048		54.00
60.00	06000	LABORATORY	0	2,227,841		60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,222,440		64.00
65.00	06500	RESPIRATORY THERAPY	0	436,854		65.00
65.01	06501	SLEEP DISORDERS	-6,939	1,638,004		65.01
65.02	06502	GERIATRIC PSYCH	0	421,598		65.02
66.00	06600	PHYSICAL THERAPY	-274	405,499		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	671,246		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	205,235		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,960		73.00
76.97	07697	CARDIAC REHABILITATION	-25,008	275,929		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	483,531		90.00
91.00	09100	EMERGENCY	-861,290	1,259,967		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-243,966	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,579,508	38,172,509		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-7,158	13,679		192.00
192.01	19201	UNUSED SPACE	0	0		192.01
200.00		TOTAL (SUM OF LINES 118-199)	2,572,350	38,186,188		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet Non-CMS W | Date/Time Prepared: 8/23/2013 10:42 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.01	DATA PROCESSING	00510		5.01
5.02	PURCHASING, RECEIVING, AND STORES	00511		5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00512		5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00560		5.04
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	SLEEP DISORDERS	06501		65.01
65.02	GERIATRIC PSYCH	06502		65.02
66.00	PHYSICAL THERAPY	06600		66.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	UNUSED SPACE	19201		192.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-6 | Date/Time Prepared: 8/23/2013 10:42 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DIETARY RECLASS					
1.00	CAFETERIA	11.00	262,918	72,395		1.00
	TOTALS		262,918	72,395		
	B - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	876,481		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
	TOTALS		0	876,481		
	C - IV SOLUTIONS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,918		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
	TOTALS		0	14,918		
	D - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	137,615		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	80,822		2.00
	TOTALS		0	218,437		
	E - IMPLANTABLE DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	205,235		1.00
	TOTALS		0	205,235		
	F - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	178,888		1.00
	TOTALS		0	178,888		
	G - CONTRAST RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	35,042		1.00
	TOTALS		0	35,042		
500.00	Grand Total: Increases		262,918	1,601,396		500.00

RECLASSIFICATIONS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-6 | Date/Time Prepared: 8/23/2013 10:42 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY RECLASS						
1.00	DIETARY	10.00	262,918	72,395	0		1.00
	TOTALS		262,918	72,395			
	B - MEDICAL SUPPLY RECLASS						
1.00	OPERATING ROOM	50.00	0	820,754	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	8,755	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	30,396	0		3.00
4.00	EMERGENCY	91.00	0	1,038	0		4.00
5.00	INTRAVENOUS THERAPY	64.00	0	44	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	264	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	23	0		7.00
8.00	CLINIC	90.00	0	13,224	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,440	0		9.00
10.00	RECOVERY ROOM	51.00	0	320	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	86	0		11.00
12.00	LABORATORY	60.00	0	137	0		12.00
	TOTALS		0	876,481			
	C - IV SOLUTIONS						
1.00	DIETARY	10.00	0	94	0		1.00
2.00	CAFETERIA	11.00	0	375	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	6,129	0		3.00
4.00	OPERATING ROOM	50.00	0	3,797	0		4.00
5.00	RECOVERY ROOM	51.00	0	141	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	247	0		6.00
7.00	EMERGENCY	91.00	0	2,208	0		7.00
8.00	INTRAVENOUS THERAPY	64.00	0	1,922	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5	0		9.00
	TOTALS		0	14,918			
	D - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	218,437	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	218,437			
	E - IMPLANTABLE DEVICE RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	205,235	0		1.00
	TOTALS		0	205,235			
	F - CRNA RECLASS						
1.00	ANESTHESIOLOGY	53.00	0	178,888	0		1.00
	TOTALS		0	178,888			
	G - CONTRAST RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,042	0		1.00
	TOTALS		0	35,042			
500.00	Grand Total: Decreases		262,918	1,601,396			500.00

RECLASSIFICATIONS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 8/23/2013 10:42 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - DIETARY RECLASS						
1.00	CAFETERIA	11.00	262,918	DIETARY	10.00	262,918	1.00
	TOTALS		262,918	TOTALS		262,918	
	B - MEDICAL SUPPLY RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	OPERATING ROOM	50.00	0	1.00
2.00		0.00	0	ANESTHESIOLOGY	53.00	0	2.00
3.00		0.00	0	RESPIRATORY THERAPY	65.00	0	3.00
4.00		0.00	0	EMERGENCY	91.00	0	4.00
5.00		0.00	0	INTRAVENOUS THERAPY	64.00	0	5.00
6.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	6.00
7.00		0.00	0	PHYSICAL THERAPY	66.00	0	7.00
8.00		0.00	0	CLINIC	90.00	0	8.00
9.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	9.00
10.00		0.00	0	RECOVERY ROOM	51.00	0	10.00
11.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00		0.00	0	LABORATORY	60.00	0	12.00
	TOTALS		0	TOTALS		0	
	C - IV SOLUTIONS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	DIETARY	10.00	0	1.00
2.00		0.00	0	CAFETERIA	11.00	0	2.00
3.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	3.00
4.00		0.00	0	OPERATING ROOM	50.00	0	4.00
5.00		0.00	0	RECOVERY ROOM	51.00	0	5.00
6.00		0.00	0	ANESTHESIOLOGY	53.00	0	6.00
7.00		0.00	0	EMERGENCY	91.00	0	7.00
8.00		0.00	0	INTRAVENOUS THERAPY	64.00	0	8.00
9.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9.00
	TOTALS		0	TOTALS		0	
	D - INTEREST RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
	E - IMPLANTABLE DEVICE RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1.00
	TOTALS		0	TOTALS		0	
	F - CRNA RECLASS						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	ANESTHESIOLOGY	53.00	0	1.00
	TOTALS		0	TOTALS		0	
	G - CONTRAST RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1.00
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		262,918	Grand Total: Decreases		262,918	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-7 Part I | Date/Time Prepared: 8/23/2013 10:42 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	171,136	0	0	0	0	1.00
2.00	Land Improvements	873,563	27,812	0	27,812	4,167	2.00
3.00	Buildings and Fixtures	10,436,764	406,209	0	406,209	57,366	3.00
4.00	Building Improvements	7,857,450	946,528	0	946,528	34,469	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	11,263,307	1,441,494	0	1,441,494	293,840	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	30,602,220	2,822,043	0	2,822,043	389,842	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	30,602,220	2,822,043	0	2,822,043	389,842	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	171,136	0	1.00
2.00	Land Improvements	897,208	0	2.00
3.00	Buildings and Fixtures	10,785,607	0	3.00
4.00	Building Improvements	8,769,509	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	12,410,961	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	33,034,421	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	33,034,421	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-7 Part II | Date/Time Prepared: 8/23/2013 10:42 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,213,465	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	972,087	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,185,552	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	1,213,465	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	972,087	2.00
3.00	Total (sum of lines 1-2)	0	2,185,552	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-7 Part III Date/Time Prepared: 8/23/2013 10:42 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	20,623,461	0	20,623,461	0.627489	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,243,214	0	12,243,214	0.372511	0	2.00
3.00	Total (sum of lines 1-2)	32,866,675	0	32,866,675	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,360,574	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,822,660	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,183,234	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,360,574	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,822,660	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,183,234	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-8 | Date/Time Prepared: 8/23/2013 10:42 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-886,436			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	5,758,589			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-81,972	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-16,799	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-6,650	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-178,888	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PURCHASE DISCOUNTS	B	-2,926	PURCHASING, RECEIVING, AND STORES	5.02	0	33.00
34.00	EMPLOYEE OUTPATIENT INS PAYMENTS	B	-967,204	EMPLOYEE BENEFITS	4.00	0	34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-8 | Date/Time Prepared: 8/23/2013 10:42 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.00	LOBBYING EXPENSES	A	-11,653	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	35.00
36.00	UNRESTRICTED INTEREST REVENUE	B	-203,876	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	36.00
37.00	PERSONAL USE OF PROVIDER VEHICLES	A	-9,762	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	37.00
38.00	LEASEHOLD REVENUE	B	-24,927	CAP REL COSTS-BLDG & FIXT	1.00	9	38.00
39.00	XRAY FILM REVENUE	B	-569	RADIOLOGY-DIAGNOSTIC	54.00	0	39.00
40.00	LOAN FORGIVENESS	A	-237,525	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	40.00
41.00	NONALLOWABLE INTEREST EXPENSE	A	-243,966	INTEREST EXPENSE	113.00	0	41.00
42.00	REAL ESTATE TAXES	A	-7,158	PHYSICIANS' PRIVATE OFFICES	192.00	0	42.00
43.00	MEDICAID PROVIDER TAX	A	-287,388	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	43.00
44.00	CABLE TV	A	-3,262	SLEEP DISORDERS	65.01	0	44.00
45.00	CABLE TV	A	-274	PHYSICAL THERAPY	66.00	0	45.00
46.00	XRAY SILVER REVENUE	B	-121	RADIOLOGY-DIAGNOSTIC	54.00	0	46.00
47.00	MISCELLANEOUS INCOME	B	-11,094	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	47.00
48.00	CVP PROFESSIONAL FEES	A	138	CARDIAC REHABILITATION	76.97	0	48.00
49.00	REAL ESTATE TAXES	A	-3,677	SLEEP DISORDERS	65.01	0	49.00
49.01	COMMUNITY DONATIONS	A	-250	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	49.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		2,572,350				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-8-1 | Date/Time Prepared: 8/23/2013 10:42 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	34,421	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	769,751	0	2.00
3.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE	1,027,784	0	3.00
4.00	5.01	DATA PROCESSING	HOME OFFICE	1,315,594	0	4.00
4.01	5.03	CASHIERING/ACCOUNTS RECEIVABLE	HOME OFFICE	654,868	0	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE	1,956,171	0	4.02
5.00	0		0	5,758,589	0	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B	SO IL HOSP SERV	100.00	HOME OFFICE	100.00	6.00
7.00	B	SIHE	100.00	RELATED ORG	100.00	7.00
8.00	B	HSSI	100.00	RELATED ORG	100.00	8.00
9.00	B	SO IL MED SERV	100.00	RELATED ORG	100.00	9.00
10.00	B	SIH CAYMAN	100.00	RELATED ORG	100.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 141334	Period: From 04/01/2012 To 03/31/2013	Worksheet A-8-1 Date/Time Prepared: 8/23/2013 10:42 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	34,421	9		1.00
2.00	769,751	9		2.00
3.00	1,027,784	0		3.00
4.00	1,315,594	0		4.00
4.01	654,868	0		4.01
4.02	1,956,171	0		4.02
5.00	5,758,589			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	CAPTIVE		10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 8/23/2013 10:42 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00	DR. A	861,290	861,290	0	0	0	1.00
2.00	60.00	DR. B	40,000	0	40,000	0	0	2.00
3.00	76.97	DR. C	26,439	25,146	1,293	0	0	3.00
4.00	65.01	DR. D	24,200	0	24,200	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			951,929	886,436	65,493		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	91.00	DR. A	0	0	0	0	0	1.00
2.00	60.00	DR. B	0	0	0	0	0	2.00
3.00	76.97	DR. C	0	0	0	0	0	3.00
4.00	65.01	DR. D	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	DR. A	0	0	0	861,290		1.00
2.00	60.00	DR. B	0	0	0	0		2.00
3.00	76.97	DR. C	0	0	0	25,146		3.00
4.00	65.01	DR. D	0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	886,436		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B Part I Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	DATA PROCESSING	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,360,574	1,360,574				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,822,660		1,822,660			2.00
4.00	00400	EMPLOYEE BENEFITS	4,332,887	5,200	6,967	4,345,054		4.00
5.01	00510	DATA PROCESSING	1,315,594	4,362	5,843	0	1,325,799	5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES	65,650	4,346	5,823	9,767	10,606	5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	1,119,519	14,854	19,899	149,643	63,638	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	4,343,541	305,046	408,645	404,830	95,458	5.04
6.00	00600	MAINTENANCE & REPAIRS	880,030	59,127	79,208	117,101	5,303	6.00
7.00	00700	OPERATION OF PLANT	85,663	76,650	102,682	29,345	5,303	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	72,300	12,079	16,181	0	0	8.00
9.00	00900	HOUSEKEEPING	309,808	2,166	2,901	86,595	15,910	9.00
10.00	01000	DIETARY	83,648	47,231	63,272	22,418	15,910	10.00
11.00	01100	CAFETERIA	246,316	32,423	43,435	89,764	0	11.00
13.00	01300	NURSING ADMINISTRATION	826,095	37,730	50,544	253,510	153,793	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,263	9,394	12,585	0	0	14.00
15.00	01500	PHARMACY	6,261,220	14,717	19,715	124,989	26,516	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,828	66,478	89,055	20,999	37,122	16.00
17.00	01700	SOCIAL SERVICE	131	7,198	9,643	45	5,303	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,181,981	169,557	227,143	657,082	169,700	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,654,004	114,273	153,084	372,720	111,367	50.00
51.00	05100	RECOVERY ROOM	154,777	12,079	16,181	51,699	0	51.00
53.00	05300	ANESTHESIOLOGY	43,868	1,190	1,594	0	15,910	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,645,048	61,658	82,599	299,120	100,761	54.00
60.00	06000	LABORATORY	2,227,841	38,294	51,300	250,838	95,458	60.00
64.00	06400	INTRAVENOUS THERAPY	1,222,440	16,989	22,759	297,114	58,335	64.00
65.00	06500	RESPIRATORY THERAPY	436,854	10,248	13,729	134,631	42,426	65.00
65.01	06501	SLEEP DISORDERS	1,638,004	65,303	87,482	417,871	95,458	65.01
65.02	06502	GERIATRIC PSYCH	421,598	18,743	25,109	0	26,516	65.02
66.00	06600	PHYSICAL THERAPY	405,499	0	0	98,109	53,032	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	671,246	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	205,235	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,960	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	275,929	27,039	36,223	97,530	21,213	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	483,531	41,253	55,264	3,317	5,303	90.00
91.00	09100	EMERGENCY	1,259,967	62,650	83,927	356,017	95,458	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,172,509	1,338,277	1,792,792	4,345,054	1,325,799	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,573	8,805	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,679	13,558	18,162	0	0	192.00
192.01	19201	UNUSED SPACE	0	2,166	2,901	0	0	192.01
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)	38,186,188	1,360,574	1,822,660	4,345,054	1,325,799	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B Part I | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	PURCHASING, RECEIVING, AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES	96,192					5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	825	1,368,378				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	5,557,520	5,557,520		5.04
6.00	00600	MAINTENANCE & REPAIRS	1	0	1,140,770	194,303	1,335,073	6.00
7.00	00700	OPERATION OF PLANT	0	0	299,643	51,037	105,755	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	100,560	17,128	16,665	8.00
9.00	00900	HOUSEKEEPING	15	0	417,395	71,093	2,988	9.00
10.00	01000	DIETARY	30	0	232,509	39,602	65,166	10.00
11.00	01100	CAFETERIA	121	0	412,059	70,184	44,735	11.00
13.00	01300	NURSING ADMINISTRATION	32	0	1,321,704	225,121	52,057	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	248	0	42,490	7,237	12,962	14.00
15.00	01500	PHARMACY	647	0	6,447,804	1,098,239	20,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	262,482	44,708	91,721	16.00
17.00	01700	SOCIAL SERVICE	0	0	22,320	3,802	9,932	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,308	46,107	3,462,878	589,818	233,942	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,969	158,840	2,591,257	441,358	157,665	50.00
51.00	05100	RECOVERY ROOM	272	42,568	277,576	47,278	16,665	51.00
53.00	05300	ANESTHESIOLOGY	3,291	8,962	74,815	12,743	1,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,561	248,086	2,439,833	415,567	85,071	54.00
60.00	06000	LABORATORY	4,540	298,569	2,966,840	505,330	52,836	60.00
64.00	06400	INTRAVENOUS THERAPY	28,937	36,942	1,683,516	286,747	23,440	64.00
65.00	06500	RESPIRATORY THERAPY	852	26,428	665,168	113,295	14,140	65.00
65.01	06501	SLEEP DISORDERS	2,029	115,928	2,422,075	412,542	90,100	65.01
65.02	06502	GERIATRIC PSYCH	0	6,212	498,178	84,853	25,860	65.02
66.00	06600	PHYSICAL THERAPY	425	19,641	576,706	98,228	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,137	726,383	123,722	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,706	212,941	36,269	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	189,098	239,058	40,718	0	73.00
76.97	07697	CARDIAC REHABILITATION	323	8,468	466,725	79,495	37,307	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,083	15,134	605,885	103,198	56,918	90.00
91.00	09100	EMERGENCY	10,683	84,552	1,953,254	332,690	86,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,192	1,368,378	38,120,344	5,546,305	1,304,310	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	15,378	2,619	9,069	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	45,399	7,733	18,706	192.00
192.01	19201	UNUSED SPACE	0	0	5,067	863	2,988	192.01
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	96,192	1,368,378	38,186,188	5,557,520	1,335,073	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B Part I | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	456,435					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,188	140,541				8.00
9.00	00900	HOUSEKEEPING	1,109	221	492,806			9.00
10.00	01000	DIETARY	24,196	286	1,799	363,558		10.00
11.00	01100	CAFETERIA	16,610	0	8,520	0	552,108	11.00
13.00	01300	NURSING ADMINISTRATION	19,328	0	284	0	23,423	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,813	0	0	0	0	14.00
15.00	01500	PHARMACY	7,539	0	6,248	0	13,384	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,055	0	0	0	6,692	16.00
17.00	01700	SOCIAL SERVICE	3,688	0	757	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	86,860	41,859	245,927	363,558	107,075	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	58,540	29,673	58,785	0	63,576	50.00
51.00	05100	RECOVERY ROOM	6,188	10,209	5,112	0	6,692	51.00
53.00	05300	ANESTHESIOLOGY	609	0	1,704	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,586	9,880	18,554	0	40,153	54.00
60.00	06000	LABORATORY	19,617	0	15,998	0	36,807	60.00
64.00	06400	INTRAVENOUS THERAPY	8,703	0	5,680	0	60,230	64.00
65.00	06500	RESPIRATORY THERAPY	5,250	313	7,384	0	20,077	65.00
65.01	06501	SLEEP DISORDERS	33,454	12,790	43,544	0	80,307	65.01
65.02	06502	GERIATRIC PSYCH	9,602	0	5,017	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	16,731	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	13,852	470	8,046	0	16,731	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	21,133	2,700	21,299	0	3,346	90.00
91.00	09100	EMERGENCY	32,094	32,140	38,148	0	56,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	445,014	140,541	492,806	363,558	552,108	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,367	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,945	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	1,109	0	0	0	0	192.01
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)	456,435	140,541	492,806	363,558	552,108	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B Part I Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,641,917					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	67,502				14.00
15.00	01500	PHARMACY	96,385	15	7,689,919			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	439,658		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	40,499	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	722,803	20	8,098	66,868	40,499	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	378,178	63,300	5,017	74,391	0	50.00
51.00	05100	RECOVERY ROOM	52,249	25	186	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	675	326	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7	7	19,225	0	54.00
60.00	06000	LABORATORY	0	11	0	23,404	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3	10,708	65,196	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,344	0	4,179	0	65.00
65.01	06501	SLEEP DISORDERS	0	0	0	52,659	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	0	4,179	0	65.02
66.00	06600	PHYSICAL THERAPY	0	2	3,459	6,687	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,659,201	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,020	0	49,315	0	90.00
91.00	09100	EMERGENCY	392,302	80	2,917	73,555	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,641,917	67,502	7,689,919	439,658	40,499	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	1,641,917	67,502	7,689,919	439,658	40,499	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B Part I | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	5,970,205	0	5,970,205		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	3,921,740	0	3,921,740		50.00
51.00	05100	RECOVERY ROOM	0	422,180	0	422,180		51.00
53.00	05300	ANESTHESIOLOGY	0	92,513	0	92,513		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,059,883	0	3,059,883		54.00
60.00	06000	LABORATORY	0	3,620,843	0	3,620,843		60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,144,223	0	2,144,223		64.00
65.00	06500	RESPIRATORY THERAPY	0	832,150	0	832,150		65.00
65.01	06501	SLEEP DISORDERS	0	3,147,471	0	3,147,471		65.01
65.02	06502	GERIATRIC PSYCH	0	627,689	0	627,689		65.02
66.00	06600	PHYSICAL THERAPY	0	701,813	0	701,813		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	850,105	0	850,105		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	249,210	0	249,210		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,938,977	0	7,938,977		73.00
76.97	07697	CARDIAC REHABILITATION	0	622,626	0	622,626		76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	864,814	0	864,814		90.00
91.00	09100	EMERGENCY	0	3,000,503	0	3,000,503		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	38,066,945	0	38,066,945		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,433	0	30,433		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	78,783	0	78,783		192.00
192.01	19201	UNUSED SPACE	0	10,027	0	10,027		192.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	38,186,188	0	38,186,188		202.00

COST ALLOCATION STATISTICS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet Non-CMS W | Date/Time Prepared: 8/23/2013 10:42 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS	2	GROSS SALARIES	4.00
5.01	DATA PROCESSING	3	# OF PCS	5.01
5.02	PURCHASING, RECEIVING, AND STORES	4	PURCHASED SUPPLIES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	5	GROSS REVENUE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.04
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	7	HOURS OF SERVICE	9.00
10.00	DIETARY	8	MEALS SERVED	10.00
11.00	CAFETERIA	9	# OF FTES	11.00
13.00	NURSING ADMINISTRATION	10	DIRECT NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	11	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	12	TIME SPENT	16.00
17.00	SOCIAL SERVICE	13	PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	14	ASSIGNED TIME	19.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B Part II | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	5,200	6,967	12,167	12,167	4.00
5.01	00510	DATA PROCESSING	0	4,362	5,843	10,205	0	5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES	0	4,346	5,823	10,169	27	5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	0	14,854	19,899	34,753	419	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	305,046	408,645	713,691	1,134	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	59,127	79,208	138,335	328	6.00
7.00	00700	OPERATION OF PLANT	0	76,650	102,682	179,332	82	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	12,079	16,181	28,260	0	8.00
9.00	00900	HOUSEKEEPING	0	2,166	2,901	5,067	242	9.00
10.00	01000	DIETARY	0	47,231	63,272	110,503	63	10.00
11.00	01100	CAFETERIA	0	32,423	43,435	75,858	251	11.00
13.00	01300	NURSING ADMINISTRATION	0	37,730	50,544	88,274	710	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,394	12,585	21,979	0	14.00
15.00	01500	PHARMACY	0	14,717	19,715	34,432	350	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	66,478	89,055	155,533	59	16.00
17.00	01700	SOCIAL SERVICE	0	7,198	9,643	16,841	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	169,557	227,143	396,700	1,840	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	114,273	153,084	267,357	1,044	50.00
51.00	05100	RECOVERY ROOM	0	12,079	16,181	28,260	145	51.00
53.00	05300	ANESTHESIOLOGY	0	1,190	1,594	2,784	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,658	82,599	144,257	838	54.00
60.00	06000	LABORATORY	0	38,294	51,300	89,594	702	60.00
64.00	06400	INTRAVENOUS THERAPY	0	16,989	22,759	39,748	832	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,248	13,729	23,977	377	65.00
65.01	06501	SLEEP DISORDERS	0	65,303	87,482	152,785	1,170	65.01
65.02	06502	GERIATRIC PSYCH	0	18,743	25,109	43,852	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	275	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	27,039	36,223	63,262	273	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	41,253	55,264	96,517	9	90.00
91.00	09100	EMERGENCY	0	62,650	83,927	146,577	997	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,338,277	1,792,792	3,131,069	12,167	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,573	8,805	15,378	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,558	18,162	31,720	0	192.00
192.01	19201	UNUSED SPACE	0	2,166	2,901	5,067	0	192.01
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	1,360,574	1,822,660	3,183,234	12,167	202.00

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		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING	10,205					5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES	82	10,278				5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	490	88	35,750			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	735	0	0	715,560		5.04
6.00	00600	MAINTENANCE & REPAIRS	41	0	0	25,017	163,721	6.00
7.00	00700	OPERATION OF PLANT	41	0	0	6,571	12,969	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,205	2,044	8.00
9.00	00900	HOUSEKEEPING	122	2	0	9,153	366	9.00
10.00	01000	DIETARY	122	3	0	5,099	7,991	10.00
11.00	01100	CAFETERIA	0	13	0	9,036	5,486	11.00
13.00	01300	NURSING ADMINISTRATION	1,184	3	0	28,985	6,384	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26	0	932	1,589	14.00
15.00	01500	PHARMACY	204	69	0	141,414	2,490	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	286	0	0	5,756	11,248	16.00
17.00	01700	SOCIAL SERVICE	41	0	0	489	1,218	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,305	1,208	1,204	75,941	28,689	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	857	2,882	4,149	56,826	19,335	50.00
51.00	05100	RECOVERY ROOM	0	29	1,112	6,087	2,044	51.00
53.00	05300	ANESTHESIOLOGY	122	352	234	1,641	201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	776	274	6,480	53,506	10,432	54.00
60.00	06000	LABORATORY	735	485	7,808	65,063	6,479	60.00
64.00	06400	INTRAVENOUS THERAPY	449	3,092	965	36,920	2,875	64.00
65.00	06500	RESPIRATORY THERAPY	327	91	690	14,587	1,734	65.00
65.01	06501	SLEEP DISORDERS	735	217	3,028	53,116	11,049	65.01
65.02	06502	GERIATRIC PSYCH	204	0	162	10,925	3,171	65.02
66.00	06600	PHYSICAL THERAPY	408	45	513	12,647	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,440	15,930	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	201	4,670	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,939	5,243	0	73.00
76.97	07697	CARDIAC REHABILITATION	163	35	221	10,235	4,575	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	41	223	395	13,287	6,980	90.00
91.00	09100	EMERGENCY	735	1,141	2,209	42,835	10,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,205	10,278	35,750	714,116	159,949	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	337	1,112	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	996	2,294	192.00
192.01	19201	UNUSED SPACE	0	0	0	111	366	192.01
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)	10,205	10,278	35,750	715,560	163,721	202.00

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		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	198,995					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,698	35,207				8.00
9.00	00900	HOUSEKEEPING	484	55	15,491			9.00
10.00	01000	DIETARY	10,549	72	57	134,459		10.00
11.00	01100	CAFETERIA	7,241	0	268	0	98,153	11.00
13.00	01300	NURSING ADMINISTRATION	8,427	0	9	0	4,164	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,098	0	0	0	0	14.00
15.00	01500	PHARMACY	3,287	0	196	0	2,379	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,847	0	0	0	1,190	16.00
17.00	01700	SOCIAL SERVICE	1,608	0	24	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,867	10,487	7,728	134,459	19,036	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,522	7,433	1,848	0	11,302	50.00
51.00	05100	RECOVERY ROOM	2,698	2,558	161	0	1,190	51.00
53.00	05300	ANESTHESIOLOGY	266	0	54	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,771	2,475	583	0	7,138	54.00
60.00	06000	LABORATORY	8,553	0	503	0	6,544	60.00
64.00	06400	INTRAVENOUS THERAPY	3,794	0	179	0	10,708	64.00
65.00	06500	RESPIRATORY THERAPY	2,289	78	232	0	3,569	65.00
65.01	06501	SLEEP DISORDERS	14,585	3,204	1,369	0	14,277	65.01
65.02	06502	GERIATRIC PSYCH	4,186	0	158	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,974	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	6,039	118	253	0	2,974	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,214	676	670	0	595	90.00
91.00	09100	EMERGENCY	13,992	8,051	1,199	0	10,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	194,015	35,207	15,491	134,459	98,153	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,468	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,028	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	484	0	0	0	0	192.01
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)	198,995	35,207	15,491	134,459	98,153	202.00

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		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	138,140					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,624				14.00
15.00	01500	PHARMACY	8,109	6	192,936			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	188,919		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	20,221	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,812	8	203	28,733	20,221	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,817	24,966	126	31,964	0	50.00
51.00	05100	RECOVERY ROOM	4,396	10	5	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	266	8	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3	0	8,261	0	54.00
60.00	06000	LABORATORY	0	4	0	10,057	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1	269	28,015	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	925	0	1,796	0	65.00
65.01	06501	SLEEP DISORDERS	0	0	0	22,627	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	0	1,796	0	65.02
66.00	06600	PHYSICAL THERAPY	0	1	87	2,873	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	192,165	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	402	0	21,191	0	90.00
91.00	09100	EMERGENCY	33,006	32	73	31,606	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	138,140	26,624	192,936	188,919	20,221	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	138,140	26,624	192,936	188,919	20,221	202.00

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		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		826,441	0	826,441		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		487,428	0	487,428		50.00
51.00	05100	RECOVERY ROOM		48,695	0	48,695		51.00
53.00	05300	ANESTHESIOLOGY		5,928	0	5,928		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		248,794	0	248,794		54.00
60.00	06000	LABORATORY		196,527	0	196,527		60.00
64.00	06400	INTRAVENOUS THERAPY		127,847	0	127,847		64.00
65.00	06500	RESPIRATORY THERAPY		50,672	0	50,672		65.00
65.01	06501	SLEEP DISORDERS		278,162	0	278,162		65.01
65.02	06502	GERIATRIC PSYCH		64,454	0	64,454		65.02
66.00	06600	PHYSICAL THERAPY		19,823	0	19,823		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		17,370	0	17,370		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		4,871	0	4,871		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		202,347	0	202,347		73.00
76.97	07697	CARDIAC REHABILITATION		88,148	0	88,148		76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		150,200	0	150,200		90.00
91.00	09100	EMERGENCY		303,166	0	303,166		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,120,873	0	3,120,873		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,295	0	18,295		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		38,038	0	38,038		192.00
192.01	19201	UNUSED SPACE		6,028	0	6,028		192.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	3,183,234	0	3,183,234		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B-1 | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (# OF PCS)	PURCHASING, RECEIVING, AND STORES (PURCHASED SUPPLIES)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	89,214					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		89,214				2.00
4.00	00400	EMPLOYEE BENEFITS	341	341	12,726,643			4.00
5.01	00510	DATA PROCESSING	286	286	0	250		5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES	285	285	28,608	2	971,562	5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	974	974	438,305	12	8,332	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	20,002	20,002	1,185,744	18	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,877	3,877	342,988	1	7	6.00
7.00	00700	OPERATION OF PLANT	5,026	5,026	85,951	1	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	792	792	0	0	0	8.00
9.00	00900	HOUSEKEEPING	142	142	253,635	3	150	9.00
10.00	01000	DIETARY	3,097	3,097	65,661	3	305	10.00
11.00	01100	CAFETERIA	2,126	2,126	262,918	0	1,223	11.00
13.00	01300	NURSING ADMINISTRATION	2,474	2,474	742,531	29	321	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	616	616	0	0	2,502	14.00
15.00	01500	PHARMACY	965	965	366,092	5	6,535	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,359	4,359	61,506	7	0	16.00
17.00	01700	SOCIAL SERVICE	472	472	131	1	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,118	11,118	1,924,590	32	114,218	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,493	7,493	1,091,696	21	272,393	50.00
51.00	05100	RECOVERY ROOM	792	792	151,425	0	2,746	51.00
53.00	05300	ANESTHESIOLOGY	78	78	0	3	33,241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,043	4,043	876,121	19	25,862	54.00
60.00	06000	LABORATORY	2,511	2,511	734,704	18	45,859	60.00
64.00	06400	INTRAVENOUS THERAPY	1,114	1,114	870,246	11	292,279	64.00
65.00	06500	RESPIRATORY THERAPY	672	672	394,335	8	8,605	65.00
65.01	06501	SLEEP DISORDERS	4,282	4,282	1,223,942	18	20,498	65.01
65.02	06502	GERIATRIC PSYCH	1,229	1,229	0	5	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	287,361	10	4,290	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	1,773	1,773	285,666	4	3,262	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,705	2,705	9,716	1	21,037	90.00
91.00	09100	EMERGENCY	4,108	4,108	1,042,771	18	107,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	87,752	87,752	12,726,643	250	971,562	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	431	431	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	889	889	0	0	0	192.00
192.01	19201	UNUSED SPACE	142	142	0	0	0	192.01
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)	1,360,574	1,822,660	4,345,054	1,325,799	96,192	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.250678	20.430202	0.341414	5,303.196000	0.099008	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			12,167	10,205	10,278	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000956	40.820000	0.010579	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B-1 | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	121,994,844					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-5,557,520	32,628,668			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,140,770	63,449		6.00
7.00	00700	OPERATION OF PLANT	0	0	299,643	5,026	58,423	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	100,560	792	792	8.00
9.00	00900	HOUSEKEEPING	0	0	417,395	142	142	9.00
10.00	01000	DIETARY	0	0	232,509	3,097	3,097	10.00
11.00	01100	CAFETERIA	0	0	412,059	2,126	2,126	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,321,704	2,474	2,474	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	42,490	616	616	14.00
15.00	01500	PHARMACY	0	0	6,447,804	965	965	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	262,482	4,359	4,359	16.00
17.00	01700	SOCIAL SERVICE	0	0	22,320	472	472	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,110,457	0	3,462,878	11,118	11,118	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,160,667	0	2,591,257	7,493	7,493	50.00
51.00	05100	RECOVERY ROOM	3,794,952	0	277,576	792	792	51.00
53.00	05300	ANESTHESIOLOGY	798,929	0	74,815	78	78	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,116,996	0	2,439,833	4,043	4,043	54.00
60.00	06000	LABORATORY	26,620,830	0	2,966,840	2,511	2,511	60.00
64.00	06400	INTRAVENOUS THERAPY	3,293,423	0	1,683,516	1,114	1,114	64.00
65.00	06500	RESPIRATORY THERAPY	2,356,106	0	665,168	672	672	65.00
65.01	06501	SLEEP DISORDERS	10,335,004	0	2,422,075	4,282	4,282	65.01
65.02	06502	GERIATRIC PSYCH	553,803	0	498,178	1,229	1,229	65.02
66.00	06600	PHYSICAL THERAPY	1,751,010	0	576,706	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,915,490	0	726,383	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	686,964	0	212,941	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,858,204	0	239,058	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	754,925	0	466,725	1,773	1,773	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,349,211	0	605,885	2,705	2,705	90.00
91.00	09100	EMERGENCY	7,537,873	0	1,953,254	4,108	4,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	121,994,844	-5,557,520	32,562,824	61,987	56,961	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	15,378	431	431	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	45,399	889	889	192.00
192.01	19201	UNUSED SPACE	0	0	5,067	142	142	192.01
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)	1,368,378		5,557,520	1,335,073	456,435	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.011217		0.170326	21.041671	7.812591	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	35,750		715,560	163,721	198,995	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000293		0.021930	2.580356	3.406107	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B-1 | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (# OF FTES)	NURSING ADMINISTRATION (DIRECT NURSING HOURS)	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	79,017					8.00
9.00	00900	HOUSEKEEPING	124	5,206				9.00
10.00	01000	DIETARY	161	19	13,198			10.00
11.00	01100	CAFETERIA	0	90	0	165		11.00
13.00	01300	NURSING ADMINISTRATION	0	3	0	7	150,777	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	66	0	4	8,851	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2	0	16.00
17.00	01700	SOCIAL SERVICE	0	8	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,535	2,598	13,198	32	66,375	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,683	621	0	19	34,728	50.00
51.00	05100	RECOVERY ROOM	5,740	54	0	2	4,798	51.00
53.00	05300	ANESTHESIOLOGY	0	18	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,555	196	0	12	0	54.00
60.00	06000	LABORATORY	0	169	0	11	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	60	0	18	0	64.00
65.00	06500	RESPIRATORY THERAPY	176	78	0	6	0	65.00
65.01	06501	SLEEP DISORDERS	7,191	460	0	24	0	65.01
65.02	06502	GERIATRIC PSYCH	0	53	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	5	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	264	85	0	5	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,518	225	0	1	0	90.00
91.00	09100	EMERGENCY	18,070	403	0	17	36,025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	79,017	5,206	13,198	165	150,777	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	140,541	492,806	363,558	552,108	1,641,917	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.778617	94.661160	27.546446	3,346.109091	10.889705	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	35,207	15,491	134,459	98,153	138,140	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.445562	2.975605	10.187831	594.866667	0.916187	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet B-1 | Date/Time Prepared: 8/23/2013 10:42 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00511	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	875,232					14.00
15.00	01500	PHARMACY	191	5,819,924				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	526			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,084		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	264	6,129	80	2,084		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	820,754	3,797	89	0	0	50.00
51.00	05100	RECOVERY ROOM	320	141	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	8,755	247	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86	5	23	0	0	54.00
60.00	06000	LABORATORY	137	0	28	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	44	8,104	78	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30,396	0	5	0	0	65.00
65.01	06501	SLEEP DISORDERS	0	0	63	0	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	5	0	0	65.02
66.00	06600	PHYSICAL THERAPY	23	2,618	8	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,796,675	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,224	0	59	0	0	90.00
91.00	09100	EMERGENCY	1,038	2,208	88	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	875,232	5,819,924	526	2,084	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
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)	67,502	7,689,919	439,658	40,499	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.077125	1.321309	835.851711	19.433301	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	26,624	192,936	188,919	20,221	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.030419	0.033151	359.161597	9.702975	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet C Part I Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,970,205		5,970,205	0	0	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,921,740		3,921,740	0	0	50.00
51.00	05100	RECOVERY ROOM	422,180		422,180	0	0	51.00
53.00	05300	ANESTHESIOLOGY	92,513		92,513	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,059,883		3,059,883	0	0	54.00
60.00	06000	LABORATORY	3,620,843		3,620,843	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,144,223		2,144,223	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	832,150	0	832,150	0	0	65.00
65.01	06501	SLEEP DISORDERS	3,147,471	0	3,147,471	0	0	65.01
65.02	06502	GERIATRIC PSYCH	627,689	0	627,689	0	0	65.02
66.00	06600	PHYSICAL THERAPY	701,813	0	701,813	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	850,105		850,105	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	249,210		249,210	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,938,977		7,938,977	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	622,626		622,626	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	864,814		864,814	0	0	90.00
91.00	09100	EMERGENCY	3,000,503		3,000,503	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,742,576		1,742,576		0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	39,809,521	0	39,809,521	0	0	200.00
201.00		Less Observation Beds	1,742,576		1,742,576		0	201.00
202.00		Total (see instructions)	38,066,945	0	38,066,945	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet C Part I Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,713,944		2,713,944			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	340,949	13,622,514	13,963,463	0.280857	0.000000	50.00
51.00	05100	RECOVERY ROOM	87,684	3,630,014	3,717,698	0.113560	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	44,112	745,383	789,495	0.117180	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,305,078	20,542,105	21,847,183	0.140058	0.000000	54.00
60.00	06000	LABORATORY	1,510,446	24,562,735	26,073,181	0.138872	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	41,397	3,252,026	3,293,423	0.651062	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	567,016	1,552,952	2,119,968	0.392530	0.000000	65.00
65.01	06501	SLEEP DISORDERS	895	9,860,740	9,861,635	0.319163	0.000000	65.01
65.02	06502	GERIATRIC PSYCH	0	553,803	553,803	1.133416	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	110,214	1,612,911	1,723,125	0.407291	0.000000	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	126,609	3,740,742	3,867,351	0.219816	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,749	661,173	683,922	0.364384	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,550,090	16,204,933	17,755,023	0.447140	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	745,409	745,409	0.835281	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,349,211	1,349,211	0.640978	0.000000	90.00
91.00	09100	EMERGENCY	317,826	7,136,684	7,454,510	0.402508	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	68,682	1,316,294	1,384,976	1.258199	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	8,807,691	111,089,629	119,897,320			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	8,807,691	111,089,629	119,897,320			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet C Part I Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	SLEEP DISORDERS	0.000000		65.01
65.02	06502	GERIATRIC PSYCH	0.000000		65.02
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet C Part I Date/Time Prepared: 8/23/2013 10:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,970,205		5,970,205	0	0	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,921,740		3,921,740	0	0	50.00
51.00	05100	RECOVERY ROOM	422,180		422,180	0	0	51.00
53.00	05300	ANESTHESIOLOGY	92,513		92,513	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,059,883		3,059,883	0	0	54.00
60.00	06000	LABORATORY	3,620,843		3,620,843	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,144,223		2,144,223	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	832,150	0	832,150	0	0	65.00
65.01	06501	SLEEP DISORDERS	3,147,471	0	3,147,471	0	0	65.01
65.02	06502	GERIATRIC PSYCH	627,689	0	627,689	0	0	65.02
66.00	06600	PHYSICAL THERAPY	701,813	0	701,813	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	850,105		850,105	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	249,210		249,210	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,938,977		7,938,977	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	622,626		622,626	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	864,814		864,814	0	0	90.00
91.00	09100	EMERGENCY	3,000,503		3,000,503	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,742,576		1,742,576		0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	39,809,521	0	39,809,521	0	0	200.00
201.00		Less Observation Beds	1,742,576		1,742,576		0	201.00
202.00		Total (see instructions)	38,066,945	0	38,066,945	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet C Part I Date/Time Prepared: 8/23/2013 10:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,713,944		2,713,944			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	340,949	13,622,514	13,963,463	0.280857	0.000000	50.00
51.00	05100	RECOVERY ROOM	87,684	3,630,014	3,717,698	0.113560	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	44,112	745,383	789,495	0.117180	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,305,078	20,542,105	21,847,183	0.140058	0.000000	54.00
60.00	06000	LABORATORY	1,510,446	24,562,735	26,073,181	0.138872	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	41,397	3,252,026	3,293,423	0.651062	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	567,016	1,552,952	2,119,968	0.392530	0.000000	65.00
65.01	06501	SLEEP DISORDERS	895	9,860,740	9,861,635	0.319163	0.000000	65.01
65.02	06502	GERIATRIC PSYCH	0	553,803	553,803	1.133416	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	110,214	1,612,911	1,723,125	0.407291	0.000000	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	126,609	3,740,742	3,867,351	0.219816	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,749	661,173	683,922	0.364384	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,550,090	16,204,933	17,755,023	0.447140	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	745,409	745,409	0.835281	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,349,211	1,349,211	0.640978	0.000000	90.00
91.00	09100	EMERGENCY	317,826	7,136,684	7,454,510	0.402508	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	68,682	1,316,294	1,384,976	1.258199	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	8,807,691	111,089,629	119,897,320			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	8,807,691	111,089,629	119,897,320			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet C Part I Date/Time Prepared: 8/23/2013 10:42 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	SLEEP DISORDERS	0.000000		65.01
65.02	06502	GERIATRIC PSYCH	0.000000		65.02
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D Part II Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		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	487,428	13,963,463	0.034907	215,429	7,520	50.00
51.00	05100	RECOVERY ROOM	48,695	3,717,698	0.013098	49,321	646	51.00
53.00	05300	ANESTHESIOLOGY	5,928	789,495	0.007509	25,213	189	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	248,794	21,847,183	0.011388	1,094,028	12,459	54.00
60.00	06000	LABORATORY	196,527	26,073,181	0.007538	1,200,297	9,048	60.00
64.00	06400	INTRAVENOUS THERAPY	127,847	3,293,423	0.038819	29,148	1,131	64.00
65.00	06500	RESPIRATORY THERAPY	50,672	2,119,968	0.023902	524,350	12,533	65.00
65.01	06501	SLEEP DISORDERS	278,162	9,861,635	0.028206	0	0	65.01
65.02	06502	GERIATRIC PSYCH	64,454	553,803	0.116384	0	0	65.02
66.00	06600	PHYSICAL THERAPY	19,823	1,723,125	0.011504	77,193	888	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,370	3,867,351	0.004491	76,235	342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,871	683,922	0.007122	10,364	74	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,347	17,755,023	0.011397	1,108,768	12,637	73.00
76.97	07697	CARDIAC REHABILITATION	88,148	745,409	0.118255	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	150,200	1,349,211	0.111324	0	0	90.00
91.00	09100	EMERGENCY	303,166	7,454,510	0.040669	44,190	1,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,384,976	0.000000	9,475	0	92.00
200.00		Total (lines 50-199)	2,294,432	117,183,376		4,464,011	59,264	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D Part IV | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP DISORDERS	0	0	0	0	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D Part IV | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	13,963,463	0.000000	0.000000	215,429	50.00
51.00	05100	RECOVERY ROOM	0	3,717,698	0.000000	0.000000	49,321	51.00
53.00	05300	ANESTHESIOLOGY	0	789,495	0.000000	0.000000	25,213	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,847,183	0.000000	0.000000	1,094,028	54.00
60.00	06000	LABORATORY	0	26,073,181	0.000000	0.000000	1,200,297	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,293,423	0.000000	0.000000	29,148	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,119,968	0.000000	0.000000	524,350	65.00
65.01	06501	SLEEP DISORDERS	0	9,861,635	0.000000	0.000000	0	65.01
65.02	06502	GERIATRIC PSYCH	0	553,803	0.000000	0.000000	0	65.02
66.00	06600	PHYSICAL THERAPY	0	1,723,125	0.000000	0.000000	77,193	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,867,351	0.000000	0.000000	76,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	683,922	0.000000	0.000000	10,364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,755,023	0.000000	0.000000	1,108,768	73.00
76.97	07697	CARDIAC REHABILITATION	0	745,409	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,349,211	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	7,454,510	0.000000	0.000000	44,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,384,976	0.000000	0.000000	9,475	92.00
200.00		Total (lines 50-199)	0	117,183,376			4,464,011	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D Part IV | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP DISORDERS	0	0	0	0	0	65.01
65.02	06502	GERIATRIC PSYCH	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D Part IV | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	SLEEP DISORDERS	0	0		65.01
65.02	06502	GERIATRIC PSYCH	0	0		65.02
66.00	06600	PHYSICAL THERAPY	0	0		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D Part V Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.280857	0	5,693,506	0	0	50.00
51.00	05100	RECOVERY ROOM	0.113560	0	2,094,322	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.117180	0	303,136	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140058	0	6,635,709	0	0	54.00
60.00	06000	LABORATORY	0.138872	0	9,367,413	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.651062	0	1,766,618	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.392530	0	819,657	0	0	65.00
65.01	06501	SLEEP DISORDERS	0.319163	0	2,602,516	0	0	65.01
65.02	06502	GERIATRIC PSYCH	1.133416	0	552,079	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.407291	0	566,800	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.219816	0	1,519,748	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.364384	0	323,305	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.447140	0	8,447,831	8,281	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.835281	0	335,772	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.640978	0	952,787	0	0	90.00
91.00	09100	EMERGENCY	0.402508	0	2,086,663	5,022	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.258199	0	671,042	0	0	92.00
200.00		Subtotal (see instructions)		0	44,738,904	13,303	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	44,738,904	13,303	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D Part V Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,599,061	0		50.00
51.00	05100	RECOVERY ROOM	237,831	0		51.00
53.00	05300	ANESTHESIOLOGY	35,521	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	929,384	0		54.00
60.00	06000	LABORATORY	1,300,871	0		60.00
64.00	06400	INTRAVENOUS THERAPY	1,150,178	0		64.00
65.00	06500	RESPIRATORY THERAPY	321,740	0		65.00
65.01	06501	SLEEP DISORDERS	830,627	0		65.01
65.02	06502	GERIATRIC PSYCH	625,735	0		65.02
66.00	06600	PHYSICAL THERAPY	230,853	0		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	334,065	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	117,807	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,777,363	3,703		73.00
76.97	07697	CARDIAC REHABILITATION	280,464	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	610,716	0		90.00
91.00	09100	EMERGENCY	839,899	2,021		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	844,304	0		92.00
200.00		Subtotal (see instructions)	14,066,419	5,724		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	14,066,419	5,724		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D-1 | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,943	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,943	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,084	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)	1,472	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		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		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)	5,970,205	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)	5,970,205	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	1,639,566	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,639,566	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	3.641333	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)	786.74	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)	5,970,205	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)	2,028.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,986,114	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)	2,986,114	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D-1 | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,191,232	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,177,346	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	859	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,028.61	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,742,576	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D-1 | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

	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: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet D-3 | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,124,230		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.280857	215,429	60,505	50.00
51.00	05100	RECOVERY ROOM	0.113560	49,321	5,601	51.00
53.00	05300	ANESTHESIOLOGY	0.117180	25,213	2,954	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140058	1,094,028	153,227	54.00
60.00	06000	LABORATORY	0.138872	1,200,297	166,688	60.00
64.00	06400	INTRAVENOUS THERAPY	0.651062	29,148	18,977	64.00
65.00	06500	RESPIRATORY THERAPY	0.392530	524,350	205,823	65.00
65.01	06501	SLEEP DISORDERS	0.319163	0	0	65.01
65.02	06502	GERIATRIC PSYCH	1.133416	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.407291	77,193	31,440	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.219816	76,235	16,758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.364384	10,364	3,776	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.447140	1,108,768	495,775	73.00
76.97	07697	CARDIAC REHABILITATION	0.835281	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.640978	0	0	90.00
91.00	09100	EMERGENCY	0.402508	44,190	17,787	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.258199	9,475	11,921	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,464,011	1,191,232	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		4,464,011		202.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet DSH | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	0.00	0.00			0.00	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	0.00	0.00			0.00	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Rural				Rural	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	22.65	0.00			22.65	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	No				No	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	0	0			0	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	0	0			0	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	0	0			0	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	2,084	0			2,084	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	2,084	0			2,084	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	0.00	0.00			0.00	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet DSH | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	12.25		0.00	True	29.00
30.00	Line 28 or 29 as applicable		12.25		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet DSH | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		Revised Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	12.25		29.00
30.00	Line 28 or 29 as applicable	12.25		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 141334	Period: From 04/01/2012 To 03/31/2013	Worksheet E Part B Date/Time Prepared: 8/23/2013 10:42 am
	Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	14,072,143	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	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)	14,072,143	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	14,212,864	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)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	71,707	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	7,077,987	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)	7,063,170	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)	7,063,170	30.00
31.00	Primary payer payments	704	31.00
32.00	Subtotal (line 30 minus line 31)	7,062,466	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)	1,760,749	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,760,749	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,507,891	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	8,823,215	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	8,823,215	40.00
41.00	Interim payments	8,664,437	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)	158,778	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

		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet E-1 Part I | Date/Time Prepared: 8/23/2013 10:42 am

Title XVIII | Hospital | Cost

		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		4,594,298		8,095,923	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0	11/16/2012	235,985	3.01
3.02			0	02/20/2013	485,741	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	02/20/2013	29,805	09/14/2012	153,212	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)		-29,805		568,514	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)		4,564,493		8,664,437	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		158,778	6.01
6.02	SETTLEMENT TO PROGRAM		634,107		0	6.02
7.00	Total Medicare program liability (see instructions)		3,930,386		8,823,215	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: 141334	Period: From 04/01/2012 To 03/31/2013	Worksheet E-3 Part V Date/Time Prepared: 8/23/2013 10:42 am
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)		
1.00	Inpatient services	4,177,346	1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)	0	2.00
3.00	Organ acquisition	0	3.00
4.00	Subtotal (sum of lines 1 thru 3)	4,177,346	4.00
5.00	Primary payer payments	0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	4,219,119	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	4,219,119	19.00
20.00	Deductibles (exclude professional component)	373,007	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20)	3,846,112	22.00
23.00	Coinsurance	7,351	23.00
24.00	Subtotal (line 22 minus line 23)	3,838,761	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	91,625	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	91,625	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	73,316	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	3,930,386	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	29.00
29.99	Recovery of Accelerated Depreciation	0	29.99
30.00	Subtotal (line 28, plus or minus lines 29)	3,930,386	30.00
31.00	Interim payments	4,564,493	31.00
32.00	Tentative settlement (for contractor use only)	0	32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)	-634,107	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	34.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet G | Date/Time Prepared: 8/23/2013 10:42 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	740,803	8,190	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	19,689	0	0	0	3.00
4.00	Accounts receivable	30,965,726	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,551,272	0	0	0	6.00
7.00	Inventory	717,064	0	0	0	7.00
8.00	Prepaid expenses	140,752	0	0	0	8.00
9.00	Other current assets	274,137	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	13,306,899	8,190	0	0	11.00
	FIXED ASSETS					
12.00	Land	171,136	0	0	0	12.00
13.00	Land improvements	897,208	0	0	0	13.00
14.00	Accumulated depreciation	-554,262	0	0	0	14.00
15.00	Buildings	19,555,116	0	0	0	15.00
16.00	Accumulated depreciation	-7,688,640	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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	95,944	0	0	0	21.00
22.00	Accumulated depreciation	-42,471	0	0	0	22.00
23.00	Major movable equipment	12,315,017	0	0	0	23.00
24.00	Accumulated depreciation	-8,338,828	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	269,897	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	16,680,117	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	18,657,406	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	315,565	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	18,972,971	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	48,959,987	8,190	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,376,253	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	1,896,164	0	0	0	39.00
40.00	Notes and loans payable (short term)	381,944	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	1,472,900	0	0	0	43.00
44.00	Other current liabilities	317,950	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,445,211	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	10,277,170	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,615,829	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	11,892,999	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	17,338,210	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	31,621,777				52.00
53.00	Specific purpose fund		8,190			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	31,621,777	8,190	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	48,959,987	8,190	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet G-1 | Date/Time Prepared: 8/23/2013 10:42 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		30,993,478		1,953		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		2,058,501				2.00
3.00	Total (sum of line 1 and line 2)		33,051,979		1,953		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	GRANTS	0		212,445		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		212,445		10.00
11.00	Subtotal (line 3 plus line 10)		33,051,979		214,398		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	PHARMACY RENOVATION	0		179,585		0	13.00
14.00	GRANT EXPENDITURES	0		26,623		0	14.00
15.00	TRANSFERS TO AFFILIATES	1,430,202		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,430,202		206,208		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		31,621,777		8,190		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 8/23/2013 10:42 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	4,110,457		4,110,457	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,110,457		4,110,457	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,110,457		4,110,457	17.00
18.00	Ancillary services	6,053,454	111,830,933	117,884,387	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	10,163,911	111,830,933	121,994,844	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		35,613,838		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		35,613,838		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 141334 | Period: From 04/01/2012 To 03/31/2013 | Worksheet G-3 | Date/Time Prepared: 8/23/2013 10:42 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	121,994,844	1.00
2.00	Less contractual allowances and discounts on patients' accounts	74,159,855	2.00
3.00	Net patient revenues (line 1 minus line 2)	47,834,989	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	35,613,838	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,221,151	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,587,760	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	2,926	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	81,972	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	690	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	16,799	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	6,650	21.00
22.00	Rental of hospital space	34,376	22.00
23.00	Governmental appropriations	38,251	23.00
24.00	MISC/MEDICAID MEANINGFUL USE	388,944	24.00
25.00	Total other income (sum of lines 6-24)	2,158,368	25.00
26.00	Total (line 5 plus line 25)	14,379,519	26.00
27.00	CORP ALLOC/DISP ON EQUIP/CONTR	12,321,018	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	12,321,018	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,058,501	29.00