

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/28/2013 4:24 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2013 Time: 4:24 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ALTON MEMORIAL HOSPITAL (140002) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-435,331	104,862	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-435,331	104,862	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.

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Encryption Information
 ECR: Date: 5/28/2013 Time: 4:24 pm
 EbSGBQfuXaenJI Yuj N5ty8Y8eW: T10
 JYczB0: 4j EK22xb0s. l X8kUKfnxpr
 OvMP1WRRNM08TI kJ
 PI: Date: 5/28/2013 Time: 4:24 pm
 KStMRM7BY1PMI F: oOGv: 86B1aqx. a0
 0. 52c04RLL1ZX0TQLxC6hmc8uSQI z4
 n58b05dn9Q0JyJvf

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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1.00 Hospital	0	-435,331	104,862	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
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8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-435,331	104,862	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: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 4:20 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: ONE MEMORIAL DRIVE	PO Box:		Zip Code: 62002-		County: MADISON			
2.00	City: ALTON	State: IL							

	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	ALTON MEMORIAL HOSPITAL	140002	41180	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	ALTON MEMORIAL HOSPITAL PSYCH	14S002	41180	4	01/01/2008	N	P	N	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	ALTON MEMORIAL HOSPITAL SNF	145566	41180		10/15/1986	N	P	N	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 - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012		12/31/2012		20.00
21.00	Type of Control (see instructions)					1				21.00

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					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	
24.00	3,512	432	25	17	9	0	24.00
25.00	0	0	0	0	0	0	25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 4:20 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N		39.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140002

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

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

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

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

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

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				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)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	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.			Y		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	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.		2			118.00

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	395,333	241,840
		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	
119.00	DO NOT USE THIS LINE			
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
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
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.			
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.			
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.			
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	269026
		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: BJC HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05301
142.00	Street: 4901 FOREST PARK AVENUE	PO Box:		
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
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.		Y	
				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	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	
		Part A	Part B	Title V
		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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 4:20 pm	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						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: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 4:20 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/03/2013	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.	Y		Y	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: 140002

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2013 4:20 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			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.			Y	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
				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.	PAUL		BRADSHAW	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-653-5366		PJB1541@BJC.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/03/2013		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 MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140002

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

Worksheet S-2
Part V
Date/Time Prepared:
5/28/2013 4:20 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTH CARE	4.00
5.00	Phone Number	(314)653-5366	5.00
6.00	E-mail Address	PJB1541@BJC.ORG	6.00
7.00	Department	REIMBURSEMENT	7.00
8.00	Mailing Address 1	11133 DUNN ROAD	8.00
9.00	Mailing Address 2		9.00
10.00	City	ST. LOUIS	10.00
11.00	State		MO 11.00
12.00	Zip	63123	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/28/2013 4:20 pm
		Title V 1.00	Title XIX 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 1.00	Outpatient 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 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	N	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	120	43,920	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		120	43,920	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		132	48,312	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,320		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,784		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		176				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
Component	I/P Days / O/P Visi ts / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	11,653	3,395	21,926			1.00
2.00 HMO	2,056	9				2.00
3.00 HMO IPF Subprovider	45	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,653	3,395	21,926			7.00
8.00 INTENSIVE CARE UNIT	1,507	591	2,920			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)	13,160	3,986	24,846	0.00	648.15	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,226	0	2,535	0.00	18.92	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	3,444	0	5,377	0.00	25.90	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

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	
27.00	Total (sum of lines 14-26)				0.00	692.97	27.00
28.00	Observation Bed Days		0	825			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
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	2,969	1,247	6,714	1.00
2.00	HMO			493			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,969	1,247	6,714	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	183	0	215	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2013 4:20 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	37,854,737	0	37,854,737	1,446,931.00	26.16
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,386,175	0	1,386,175	54,084.00	25.63
10.00	Excluded area salaries (see instructions)		3,563,283	19,430	3,582,713	155,938.00	22.98
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		398,044	0	398,044	5,025.00	79.21
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		334,250	0	334,250	1,241.00	269.34
14.00	Home office salaries & wage-related costs		5,926,689	0	5,926,689	139,034.00	42.63
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		8,554,217	0	8,554,217		
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		1,291,425	0	1,291,425		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		27,646	0	27,646		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,043,340	246,402	1,289,742	69,808.00	18.48
27.00	Administrative & General	5.00	3,201,861	-555,716	2,646,145	73,941.00	35.79
28.00	Administrative & General under contract (see inst.)		511,028	0	511,028	4,579.00	111.60
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	782,025	0	782,025	229,862.00	3.40
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	815,873	0	815,873	69,272.00	11.78
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	700,292	0	700,292	19,895.00	35.20
39.00	Central Services and Supply	14.00	210,852	0	210,852	14,256.00	14.79
40.00	Pharmacy	15.00	1,525,852	0	1,525,852	40,027.00	38.12
41.00	Medical Records & Medical Records Library	16.00	629,355	309,314	938,669	41,648.00	22.54

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2013 4:20 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	530,408	0	530,408	17,978.00	29.50	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part III Date/Time Prepared: 5/28/2013 4:20 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	38,365,765	0	38,365,765	1,451,510.00	26.43	1.00
2.00	Excluded area salaries (see instructions)	4,949,458	19,430	4,968,888	210,022.00	23.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,416,307	-19,430	33,396,877	1,241,488.00	26.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,658,983	0	6,658,983	145,300.00	45.83	4.00
5.00	Subtotal wage-related costs (see inst.)	8,554,217	0	8,554,217	0.00	25.61	5.00
6.00	Total (sum of lines 3 thru 5)	48,629,507	-19,430	48,610,077	1,386,788.00	35.05	6.00
7.00	Total overhead cost (see instructions)	9,950,886	0	9,950,886	581,266.00	17.12	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2013 4:20 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		413,409	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,251,672	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		4,300,703	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		171,752	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		4,345	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		51,826	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		730,296	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,652,229	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		71,766	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		225,290	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		9,873,288	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/28/2013 4:20 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140002

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

Worksheet S-7

Date/Time Prepared:
5/28/2013 4:20 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	85	0	85	15.00
16.00		RVB	219	0	219	16.00
17.00		RVA	408	0	408	17.00
18.00		RHC	148	0	148	18.00
19.00		RHB	254	0	254	19.00
20.00		RHA	813	0	813	20.00
21.00		RMC	166	0	166	21.00
22.00		RMB	186	0	186	22.00
23.00		RMA	403	0	403	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	6	0	6	30.00
31.00		HD2	14	0	14	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	56	0	56	33.00
34.00		HC1	1	0	1	34.00
35.00		HB2	4	0	4	35.00
36.00		HB1	188	0	188	36.00
37.00		LE2	12	0	12	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	25	0	25	39.00
40.00		LD1	5	0	5	40.00
41.00		LC2	8	0	8	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	8	0	8	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	10	0	10	47.00
48.00		CD1	14	0	14	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	11	0	11	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	114	0	114	52.00
53.00		CA2	12	0	12	53.00
54.00		CA1	140	0	140	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140002

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

Worksheet S-7

Date/Time Prepared:
5/28/2013 4:20 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	12	0	12	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	4	0	4	78.00
199.00		AAA	118	0	118	199.00
200.00	TOTAL		3,444	0	3,444	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 41180 41180 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	1,398,997	43.43	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,221,553			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/28/2013 4:20 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.253543		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,478,343		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		1,606,172		5.00
6.00	Medicaid charges		53,751,561		6.00
7.00	Medicaid cost (line 1 times line 6)		13,628,332		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)		5,543,817		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,543,817		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	12,614,356	6,404,513	19,018,869	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,198,282	1,623,819	4,822,101	21.00
22.00	Partial payment by patients approved for charity care	1,696,281	1,319,330	3,015,611	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,502,001	304,489	1,806,490	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)		665,107		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		253,957		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		411,150		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		104,244		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,910,734		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,454,551		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140002		Period: From 01/01/2012 To 12/31/2012		Worksheet A		
Date/Time Prepared: 5/28/2013 4:20 pm								
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,206,771	5,206,771	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,781,837	4,781,837	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	415,324	735,594	1,150,918	-343	1,150,575	4.00
4.03	00401	ADMINISTRATIVE	628,016	262,494	890,510	248,841	1,139,351	4.03
5.00	00500	ADMINISTRATIVE & GENERAL	3,201,861	27,051,565	30,253,426	-8,778,620	21,474,806	5.00
7.00	00700	OPERATION OF PLANT	782,025	2,044,781	2,826,806	-20,236	2,806,570	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	398,828	398,828	0	398,828	8.00
9.00	00900	HOUSEKEEPING	815,873	522,488	1,338,361	-2,962	1,335,399	9.00
10.00	01000	DIETARY	0	1,030,356	1,030,356	-4,755	1,025,601	10.00
11.00	01100	CAFETERIA	0	1,249,128	1,249,128	-10,078	1,239,050	11.00
13.00	01300	NURSING ADMINISTRATION	700,292	300,680	1,000,972	-106,465	894,507	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	210,852	935,155	1,146,007	-889,824	256,183	14.00
15.00	01500	PHARMACY	1,525,852	11,409,947	12,935,799	-253,849	12,681,950	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	629,355	363,728	993,083	372,655	1,365,738	16.00
17.00	01700	SOCIAL SERVICE	530,408	424,086	954,494	-107	954,387	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,034,468	4,015,812	12,050,280	-344,540	11,705,740	30.00
31.00	03100	INTENSIVE CARE UNIT	1,927,712	1,017,765	2,945,477	-166,025	2,779,452	31.00
40.00	04000	SUBPROVIDER - IPF	1,090,893	358,614	1,449,507	-3,871	1,445,636	40.00
44.00	04400	SKILLED NURSING FACILITY	1,386,175	485,277	1,871,452	-33,251	1,838,201	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,763,133	6,860,836	8,623,969	-4,656,361	3,967,608	50.00
51.00	05100	RECOVERY ROOM	391,893	155,894	547,787	-9,268	538,519	51.00
53.00	05300	ANESTHESIOLOGY	28,516	325,979	354,495	-110,432	244,063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,074,277	2,267,387	4,341,664	-520,716	3,820,948	54.00
56.00	05600	RADIOISOTOPE	202,364	313,094	515,458	-73,347	442,111	56.00
59.00	05900	CARDIAC CATHETERIZATION	548,284	2,338,706	2,886,990	-2,023,974	863,016	59.00
60.00	06000	LABORATORY	1,412,704	2,656,839	4,069,543	-778,832	3,290,711	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	223,795	1,040,029	1,263,824	298,187	1,562,011	63.00
65.00	06500	RESPIRATORY THERAPY	679,530	416,987	1,096,517	-83,596	1,012,921	65.00
66.00	06600	PHYSICAL THERAPY	997,504	385,832	1,383,336	-26,895	1,356,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	163,989	50,540	214,529	9,348	223,877	67.00
68.00	06800	SPEECH PATHOLOGY	132,880	30,616	163,496	5,862	169,358	68.00
69.00	06900	ELECTROCARDIOLOGY	783,910	712,041	1,495,951	39,516	1,535,467	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,454,457	3,454,457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,824,464	4,824,464	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	385,243	385,243	-6,466	378,777	74.00
76.00	03020	ONCOLOGY	757,448	1,805,505	2,562,953	-3,465	2,559,488	76.00
76.01	03021	DIAGNOSTIC HEALTH	583,849	519,125	1,102,974	-208,341	894,633	76.01
76.02	03550	OP PSYCH	0	496,907	496,907	-132	496,775	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	286,949	286,949	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,759,165	2,481,398	5,240,563	-266,082	4,974,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,649,383	1,157,268	2,806,651	-146,054	2,660,597	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,031,730	77,006,524	114,038,254	0	114,038,254	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,879	9,136	27,015	0	27,015	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	8,938	20,629	29,567	0	29,567	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	134,403	922,012	1,056,415	0	1,056,415	193.01
193.02	19302	MEDICAL OFFICE BUILDING	70,132	626,125	696,257	0	696,257	193.02
193.03	19303	HOME CARE PHARMACY	360,017	2,824,062	3,184,079	0	3,184,079	193.03
193.04	19304	MANAGEMENT SERVICES	221,456	76,767	298,223	0	298,223	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	POB 2	10,182	465,754	475,936	0	475,936	193.07
200.00		TOTAL (SUM OF LINES 118-199)	37,854,737	81,951,009	119,805,746	0	119,805,746	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140002

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

Worksheet A
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	0	5,206,771	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	4,781,837	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS	57,169	1,207,744	4.00
4.03	00401 ADMINITTING	0	1,139,351	4.03
5.00	00500 ADMINISTRATIVE & GENERAL	-5,222,897	16,251,909	5.00
7.00	00700 OPERATION OF PLANT	-21,089	2,785,481	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	398,828	8.00
9.00	00900 HOUSEKEEPING	0	1,335,399	9.00
10.00	01000 DIETARY	143,966	1,169,567	10.00
11.00	01100 CAFETERIA	-772,141	466,909	11.00
13.00	01300 NURSING ADMINISTRATION	0	894,507	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	256,183	14.00
15.00	01500 PHARMACY	0	12,681,950	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-103,933	1,261,805	16.00
17.00	01700 SOCIAL SERVICE	0	954,387	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-1,170,304	10,535,436	30.00
31.00	03100 INTENSIVE CARE UNIT	-200,225	2,579,227	31.00
40.00	04000 SUBPROVIDER - IPF	-56,383	1,389,253	40.00
44.00	04400 SKILLED NURSING FACILITY	0	1,838,201	44.00
46.00	04600 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-183,701	3,783,907	50.00
51.00	05100 RECOVERY ROOM	0	538,519	51.00
53.00	05300 ANESTHESIOLOGY	-16,422	227,641	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-174,441	3,646,507	54.00
56.00	05600 RADIOISOTOPE	0	442,111	56.00
59.00	05900 CARDIAC CATHETERIZATION	-24,132	838,884	59.00
60.00	06000 LABORATORY	-98,600	3,192,111	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,562,011	63.00
65.00	06500 RESPIRATORY THERAPY	-1,013	1,011,908	65.00
66.00	06600 PHYSICAL THERAPY	-22,978	1,333,463	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	223,877	67.00
68.00	06800 SPEECH PATHOLOGY	0	169,358	68.00
69.00	06900 ELECTROCARDIOLOGY	-37,433	1,498,034	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,454,457	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,824,464	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	378,777	74.00
76.00	03020 ONCOLOGY	-1,432,280	1,127,208	76.00
76.01	03021 DIGESTIVE HEALTH	0	894,633	76.01
76.02	03550 OP PSYCH	0	496,775	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	286,949	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	-1,205,142	3,769,339	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	-12,738	2,647,859	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-10,554,717	103,483,537	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,015	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 TWIN RIVERS MRI	0	0	192.01
193.00	19300 NONPAID WORKERS	0	29,567	193.00
193.01	19301 PHYSICIAN/PUBLIC RELATIONS	0	1,056,415	193.01
193.02	19302 MEDICAL OFFICE BUILDING	0	696,257	193.02
193.03	19303 HOME CARE PHARMACY	0	3,184,079	193.03
193.04	19304 MANAGEMENT SERVICES	0	298,223	193.04
193.05	19305 EUNICE SMITH NURSING HOME	0	0	193.05
193.06	19306 VACANT SPACE	0	0	193.06
193.07	19307 POB 2	0	475,936	193.07
200.00	TOTAL (SUM OF LINES 118-199)	-10,554,717	109,251,029	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140002

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS	00400		4.00
4.03 ADMIN TTING	00401		4.03
5.00 ADMINI STRATIVE & GENERAL	00500		5.00
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 ADMINI STRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - I PF	04000		40.00
44.00 SKILLED NURSING FACILITY	04400		44.00
46.00 OTHER LONG TERM CARE	04600		46.00
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
56.00 RADIOISOTOPE	05600		56.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 ONCOLOGY	03020		76.00
76.01 DIGESTIVE HEALTH	03021		76.01
76.02 OP PSYCH	03550		76.02
76.98 HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	09500		95.00
SPECIAL PURPOSE COST CENTERS			
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 TWIN RIVERS MRI	19201		192.01
193.00 NONPAID WORKERS	19300		193.00
193.01 PHYSICIAN/PUBLIC RELATIONS	19301		193.01
193.02 MEDICAL OFFICE BUILDING	19302		193.02
193.03 HOME CARE PHARMACY	19303		193.03
193.04 MANAGEMENT SERVICES	19304		193.04
193.05 EUNICE SMITH NURSING HOME	19305		193.05
193.06 VACANT SPACE	19306		193.06
193.07 POB 2	19307		193.07
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6

Date/Time Prepared:
5/28/2013 4:20 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,206,771	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,781,837	2.00
	TOTALS		0	9,988,608	
B - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,278,921	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	8,278,921	
C - RECLASS LAB ADMINISTRATION					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	203,546	124,932	1.00
	TOTALS		203,546	124,932	
D - RECLASS DIRECTORS EXPENSES					
1.00	RECOVERY ROOM	51.00	11,406	873	1.00
2.00	ANESTHESIOLOGY	53.00	18,533	1,418	2.00
3.00	RADIOISOTOPE	56.00	4,664	357	3.00
4.00	OCCUPATIONAL THERAPY	67.00	13,428	1,027	4.00
5.00	SPEECH PATHOLOGY	68.00	5,625	430	5.00
6.00	ELECTROCARDIOLOGY	69.00	82,365	6,301	6.00
7.00	ONCOLOGY	76.00	36,761	2,812	7.00
8.00	DIGESTIVE HEALTH	76.01	31,404	2,402	8.00
9.00	AMBULANCE SERVICES	95.00	19,430	1,486	9.00
	TOTALS		223,616	17,106	
E - RECLASS HYPERBARIC OXYGEN EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	286,949	1.00
	TOTALS		0	286,949	
F - RECLASS DEPARTMENTAL DEPREC EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,831,590	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6

Date/Time Prepared:
5/28/2013 4:20 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
TOTALS			0	1,831,590		
G - TO RECLASS NORTH REGION SPLIT						
1.00	ADMITTING	4.03	246,402	2,439	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	309,314	63,447	2.00	
TOTALS			555,716	65,886		
H - TO RECLASS IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,824,464	1.00	
TOTALS			0	4,824,464		
500.00	Grand Total: Increases		982,878	25,418,456	500.00	

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 4:20 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,988,608	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	9,988,608			
B - RECLASS MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	869,374	0		1.00
2.00	PHARMACY	15.00	0	253,195	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	280,245	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	102,215	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	3,871	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	31,286	0		6.00
7.00	OPERATING ROOM	50.00	0	4,129,461	0		7.00
8.00	RECOVERY ROOM	51.00	0	14,947	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	57,643	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	71,876	0		10.00
11.00	RADIOISOTOPE	56.00	0	1,975	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,826,458	0		12.00
13.00	LABORATORY	60.00	0	96,162	0		13.00
14.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	28,983	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	2,926	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	2,494	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	4,939	0		17.00
18.00	SPEECH PATHOLOGY	68.00	0	193	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	5,678	0		19.00
20.00	RENAL DIALYSIS	74.00	0	6,466	0		20.00
21.00	ONCOLOGY	76.00	0	40,453	0		21.00
22.00	DIGESTIVE HEALTH	76.01	0	224,328	0		22.00
23.00	OP PSYCH	76.02	0	132	0		23.00
24.00	EMERGENCY	91.00	0	187,207	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	36,414	0		25.00
	TOTALS		0	8,278,921			
C - RECLASS LAB ADMINISTRATION							
1.00	LABORATORY	60.00	203,546	124,932	0		1.00
	TOTALS		203,546	124,932			
D - RECLASS DIRECTORS EXPENSES							
1.00	OPERATING ROOM	50.00	61,343	4,693	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	41,425	3,169	0		2.00
3.00	RESPIRATORY THERAPY	65.00	42,408	3,245	0		3.00
4.00	PHYSICAL THERAPY	66.00	19,053	1,457	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	39,957	3,056	0		5.00
6.00	EMERGENCY	91.00	19,430	1,486	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		223,616	17,106			
E - RECLASS HYPERBARIC OXYGEN EXPENSE							
1.00	OPERATING ROOM	50.00	0	286,949	0		1.00
	TOTALS		0	286,949			
F - RECLASS DEPARTMENTAL DEPREC EXPENSE							
1.00	EMPLOYEE BENEFITS	4.00	0	343	0		1.00
2.00	OPERATION OF PLANT	7.00	0	20,236	0		2.00
3.00	HOUSEKEEPING	9.00	0	2,962	0		3.00
4.00	DIETARY	10.00	0	4,755	0		4.00
5.00	CAFETERIA	11.00	0	10,078	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	106,465	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,450	0		7.00
8.00	PHARMACY	15.00	0	654	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	106	0		9.00
10.00	SOCIAL SERVICE	17.00	0	107	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	64,295	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	63,810	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	1,965	0		13.00
14.00	OPERATING ROOM	50.00	0	173,915	0		14.00
15.00	RECOVERY ROOM	51.00	0	6,600	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	72,740	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	404,246	0		17.00
18.00	RADIOISOTOPE	56.00	0	76,393	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	154,503	0		19.00
20.00	LABORATORY	60.00	0	354,192	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,308	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	35,017	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	3,891	0		23.00

Provider CCN: 140002

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 4:20 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
24.00	OCCUPATIONAL THERAPY	67.00	0	168	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	43,472	0		25.00
26.00	ONCOLOGY	76.00	0	2,585	0		26.00
27.00	DIGESTIVE HEALTH	76.01	0	17,819	0		27.00
28.00	EMERGENCY	91.00	0	57,959	0		28.00
29.00	AMBULANCE SERVICES	95.00	0	130,556	0		29.00
	TOTALS		0	1,831,590			
G - TO RECLASS NORTH REGION SPLIT							
1.00	ADMINISTRATIVE & GENERAL	5.00	555,716	65,886	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		555,716	65,886			
H - TO RECLASS IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,824,464	0		1.00
	TOTALS		0	4,824,464			
500.00	Grand Total: Decreases		982,878	25,418,456			500.00

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2013 4:20 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - RECLASS DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	2.00
	TOTALS		TOTALS		0	
B - RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
2.00		0.00	PHARMACY	15.00	0	2.00
3.00		0.00	ADULTS & PEDIATRICS	30.00	0	3.00
4.00		0.00	INTENSIVE CARE UNIT	31.00	0	4.00
5.00		0.00	SUBPROVIDER - IPF	40.00	0	5.00
6.00		0.00	SKILLED NURSING FACILITY	44.00	0	6.00
7.00		0.00	OPERATING ROOM	50.00	0	7.00
8.00		0.00	RECOVERY ROOM	51.00	0	8.00
9.00		0.00	ANESTHESIOLOGY	53.00	0	9.00
10.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10.00
11.00		0.00	RADIOISOTOPE	56.00	0	11.00
12.00		0.00	CARDIAC CATHETERIZATION	59.00	0	12.00
13.00		0.00	LABORATORY	60.00	0	13.00
14.00		0.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	14.00
15.00		0.00	RESPIRATORY THERAPY	65.00	0	15.00
16.00		0.00	PHYSICAL THERAPY	66.00	0	16.00
17.00		0.00	OCCUPATIONAL THERAPY	67.00	0	17.00
18.00		0.00	SPEECH PATHOLOGY	68.00	0	18.00
19.00		0.00	ELECTROCARDIOLOGY	69.00	0	19.00
20.00		0.00	RENAL DIALYSIS	74.00	0	20.00
21.00		0.00	ONCOLOGY	76.00	0	21.00
22.00		0.00	DIGESTIVE HEALTH	76.01	0	22.00
23.00		0.00	OP PSYCH	76.02	0	23.00
24.00		0.00	EMERGENCY	91.00	0	24.00
25.00		0.00	AMBULANCE SERVICES	95.00	0	25.00
	TOTALS		TOTALS		0	
C - RECLASS LAB ADMINISTRATION						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	203,546	LABORATORY	60.00	203,546
	TOTALS		203,546	TOTALS		203,546
D - RECLASS DIRECTORS EXPENSES						
1.00	RECOVERY ROOM	51.00	11,406	OPERATING ROOM	50.00	61,343
2.00	ANESTHESIOLOGY	53.00	18,533	RADIOLOGY-DIAGNOSTIC	54.00	41,425
3.00	RADIOISOTOPE	56.00	4,664	RESPIRATORY THERAPY	65.00	42,408
4.00	OCCUPATIONAL THERAPY	67.00	13,428	PHYSICAL THERAPY	66.00	19,053
5.00	SPEECH PATHOLOGY	68.00	5,625	CARDIAC CATHETERIZATION	59.00	39,957
6.00	ELECTROCARDIOLOGY	69.00	82,365	EMERGENCY	91.00	19,430
7.00	ONCOLOGY	76.00	36,761		0.00	0
8.00	DIGESTIVE HEALTH	76.01	31,404		0.00	0
9.00	AMBULANCE SERVICES	95.00	19,430		0.00	0
	TOTALS		223,616	TOTALS		223,616
E - RECLASS HYPERBARIC OXYGEN EXPENSE						
1.00	HYPERBARIC OXYGEN THERAPY	76.98		OPERATING ROOM	50.00	0
	TOTALS			TOTALS		0
F - RECLASS DEPARTMENTAL DEPREC EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00		EMPLOYEE BENEFITS	4.00	0
2.00		0.00		OPERATION OF PLANT	7.00	0
3.00		0.00		HOUSEKEEPING	9.00	0
4.00		0.00		DIETARY	10.00	0
5.00		0.00		CAFETERIA	11.00	0
6.00		0.00		NURSING ADMINISTRATION	13.00	0
7.00		0.00		CENTRAL SERVICES & SUPPLY	14.00	0
8.00		0.00		PHARMACY	15.00	0
9.00		0.00		MEDICAL RECORDS & LIBRARY	16.00	0
10.00		0.00		SOCIAL SERVICE	17.00	0
11.00		0.00		ADULTS & PEDIATRICS	30.00	0
12.00		0.00		INTENSIVE CARE UNIT	31.00	0
13.00		0.00		SKILLED NURSING FACILITY	44.00	0
14.00		0.00		OPERATING ROOM	50.00	0
15.00		0.00		RECOVERY ROOM	51.00	0
16.00		0.00		ANESTHESIOLOGY	53.00	0
17.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00	0
18.00		0.00		RADIOISOTOPE	56.00	0
19.00		0.00		CARDIAC CATHETERIZATION	59.00	0
20.00		0.00		LABORATORY	60.00	0

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2013 4:20 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
21.00		0.00		0 BLOOD STORING, PROCESSING & TRANS.	63.00	0	21.00
22.00		0.00		0 RESPIRATORY THERAPY	65.00	0	22.00
23.00		0.00		0 PHYSICAL THERAPY	66.00	0	23.00
24.00		0.00		0 OCCUPATIONAL THERAPY	67.00	0	24.00
25.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	25.00
26.00		0.00		0 ONCOLOGY	76.00	0	26.00
27.00		0.00		0 DIGESTIVE HEALTH	76.01	0	27.00
28.00		0.00		0 EMERGENCY	91.00	0	28.00
29.00		0.00		0 AMBULANCE SERVICES	95.00	0	29.00
	TOTALS			0 TOTALS		0	
G - TO RECLASS NORTH REGION SPLIT							
1.00	ADMINISTRATIVE	4.03	246,402	ADMINISTRATIVE & GENERAL	5.00	555,716	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	309,314		0.00		2.00
	TOTALS		555,716	TOTALS		555,716	
H - TO RECLASS IMPLANTS							
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1.00
	TOTALS			0 TOTALS		0	
500.00	Grand Total: Increases		982,878	Grand Total: Decreases		982,878	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140002

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	177,168	0	0	0	1.00
2.00	Land Improvements	4,326,694	0	0	0	2.00
3.00	Buildings and Fixtures	90,913,900	0	0	0	3.00
4.00	Building Improvements	15,373,321	0	0	0	4.00
5.00	Fixed Equipment	1,415,551	0	0	0	5.00
6.00	Movable Equipment	36,655,292	550,753	0	550,753	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	148,861,926	550,753	0	550,753	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	148,861,926	550,753	0	550,753	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	177,168	0			1.00
2.00	Land Improvements	4,326,694	0			2.00
3.00	Buildings and Fixtures	90,913,900	0			3.00
4.00	Building Improvements	15,373,321	0			4.00
5.00	Fixed Equipment	1,415,551	0			5.00
6.00	Movable Equipment	37,143,051	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	149,349,685	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	149,349,685	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140002

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2013 4:20 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140002

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,206,771	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,781,837	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,988,608	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,206,771	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,781,837	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	9,988,608	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140002

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	A	-576	OPERATION OF PLANT	7.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,575,488				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	-3,066,642				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-772,141	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00 ASSOCIATION DUES	A	-37,974	ADMINISTRATIVE & GENERAL	5.00		0	33.00
33.01 ESH DIETARY COST	A	143,966	DIETARY	10.00		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140002

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.02 ELIMINATE FINANCING COSTS	A	-28,269	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 MEDICAID TAX ASSESSMENT	A	9,626	ADMINISTRATIVE & GENERAL		5.00	0 33.03
33.04 ELIMINATE BAD DEBT EXPENSE	A	-1,998	ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.05 ELIMINATE MALPRACTICE EXPENSE	A	-241,840	ADMINISTRATIVE & GENERAL		5.00	0 33.05
33.06 OTHER REVENUE - ADMIN	B	-834,229	ADMINISTRATIVE & GENERAL		5.00	0 33.06
33.07 OTHER REVENUE - PLANT OPERATIONS	B	-20,513	OPERATION OF PLANT		7.00	0 33.07
33.08 OTHER REVENUE - MEDICAL RECORDS	B	-103,933	MEDICAL RECORDS & LIBRARY		16.00	0 33.08
33.09 OTHER REVENUE - HUMAN RESOURCES	B	11,117	EMPLOYEE BENEFITS		4.00	0 33.09
33.10 OTHER REVENUE - ADULTS & PEDS	B	50	ADULTS & PEDIATRICS		30.00	0 33.10
33.11 OTHER REVENUE - SURGERY	B	-5,592	OPERATING ROOM		50.00	0 33.11
33.12 OTHER REVENUE - RADIOLOGY	B	-3,523	RADIOLOGY-DIAGNOSTIC		54.00	0 33.12
33.13 OTHER REVENUE - LAB	B	-165	LABORATORY		60.00	0 33.13
33.14 OTHER REVENUE - RESPIRATORY THERAPY	B	-1,013	RESPIRATORY THERAPY		65.00	0 33.14
33.15 OTHER REVENUE - PHYSICAL THERAPY	B	-4,468	PHYSICAL THERAPY		66.00	0 33.15
33.16 OTHER REVENUE - EKG	B	-23,785	ELECTROCARDIOLOGY		69.00	0 33.16
33.17 OTHER REVENUE - AMBULANCE	B	-12,738	AMBULANCE SERVICES		95.00	0 33.17
33.18 RCE DISALLOWANCE A&G	A	-30,298	ADMINISTRATIVE & GENERAL		5.00	0 33.18
33.19 PENSION EXPENSE	A	46,052	EMPLOYEE BENEFITS		4.00	0 33.19
33.20 OTHER REVENUE - EMERGENCY ROOM	B	-18,046	EMERGENCY		91.00	0 33.20
33.21 DISALLOWED INTEREST EXPENSE	A	-804,330	ADMINISTRATIVE & GENERAL		5.00	0 33.21
33.22 COUNTRY CLUB DUES	A	-8,709	ADMINISTRATIVE & GENERAL		5.00	0 33.22
33.23 ASBESTOS REMOVAL	A	-978	ADMINISTRATIVE & GENERAL		5.00	0 33.23
33.24 OTHER REVENUE - ONCOLOGY	B	-1,280	ONCOLOGY		76.00	0 33.24
33.25 TOWER GROVE RAMP ALLOCATION	A	-167,000	ADMINISTRATIVE & GENERAL		5.00	0 33.25
33.26		0			0.00	0 33.26
34.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 34.00
35.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 35.00
36.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 36.00
37.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 37.00
38.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 38.00
39.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 39.00
40.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 41.00
42.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 42.00
43.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 43.00
44.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 44.00
45.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,554,717				50.00

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

Provider CCN: 140002

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2013 4:20 pm

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	5.00	ADMINISTRATIVE & GENERAL	BJC HEALTH SYSTEM	9,372,520	12,503,859 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	CHRISTIAN HEALTH SERVICES	54,132	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELEPHONE FACILITIES CORP	67,311	67,002 3.00
4.00	60.00	LABORATORY	BARNES JEWISH LAB	39,289	25,795 4.00
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	1,772	3,475 4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	4,310	5,845 4.02
5.00	0		0	9,539,334	12,605,976 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	G	BJC HEALTHCARE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE			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: 140002

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2013 4:20 pm

	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	107,157	107,157	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,063,197	1,063,197	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	209,000	192,000	17,000	177,200	103	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	58,161	55,161	3,000	154,100	24	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	176,574	176,574	0	0	0	5.00
6.00	53.00	DR. A	30,000	0	30,000	200,300	141	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	170,918	170,918	0	0	0	7.00
8.00	60.00	DR. B	137,500	0	137,500	215,700	263	8.00
9.00	66.00	DR. C	20,640	0	20,640	177,200	25	9.00
10.00	59.00	DR. D	38,700	0	38,700	177,200	171	10.00
11.00	69.00	DR. E	38,950	250	38,700	177,200	297	11.00
12.00	76.00	AGGREGATE-ONCOLOGY	1,431,000	1,431,000	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	1,187,096	1,187,096	0	0	0	13.00
200.00			4,668,893	4,383,353	285,540		1,024	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	8,775	439	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	1,778	89	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	DR. A	13,578	679	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	DR. B	27,274	1,364	0	0	0	8.00
9.00	66.00	DR. C	2,130	107	0	0	0	9.00
10.00	59.00	DR. D	14,568	728	0	0	0	10.00
11.00	69.00	DR. E	25,302	1,265	0	0	0	11.00
12.00	76.00	AGGREGATE-ONCOLOGY	0	0	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	13.00
200.00			93,405	4,671	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	107,157		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,063,197		2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	8,775	8,225	200,225		3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	1,778	1,222	56,383		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	176,574		5.00
6.00	53.00	DR. A	0	13,578	16,422	16,422		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	170,918		7.00
8.00	60.00	DR. B	0	27,274	110,226	110,226		8.00
9.00	66.00	DR. C	0	2,130	18,510	18,510		9.00
10.00	59.00	DR. D	0	14,568	24,132	24,132		10.00
11.00	69.00	DR. E	0	25,302	13,398	13,648		11.00
12.00	76.00	AGGREGATE-ONCOLOGY	0	0	0	1,431,000		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,187,096		13.00
200.00			0	93,405	192,135	4,575,488		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 4: 20 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,206,771	5,206,771			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,781,837		4,781,837		2.00
4.00 00400	EMPLOYEE BENEFITS	1,207,744	28,360	343	1,236,447	4.00
4.03 00401	ADMITTING	1,139,351	62,588	0	28,878	1,230,817 4.03
5.00 00500	ADMINISTRATIVE & GENERAL	16,251,909	293,355	2,950,209	87,389	0 5.00
7.00 00700	OPERATION OF PLANT	2,785,481	2,025,635	20,236	25,826	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	398,828	12,681	0	0	0 8.00
9.00 00900	HOUSEKEEPING	1,335,399	29,986	2,962	26,944	0 9.00
10.00 01000	DIETARY	1,169,567	124,451	4,755	0	0 10.00
11.00 01100	CAFETERIA	466,909	55,913	10,078	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	894,507	5,707	106,467	23,127	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	256,183	51,371	20,450	6,963	0 14.00
15.00 01500	PHARMACY	12,681,950	31,934	654	50,391	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,261,805	61,228	106	31,000	0 16.00
17.00 01700	SOCIAL SERVICE	954,387	6,041	107	17,517	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,535,436	632,605	64,296	265,348	96,429 30.00
31.00 03100	INTENSIVE CARE UNIT	2,579,227	63,269	63,811	63,663	22,527 31.00
40.00 04000	SUBPROVIDER - IPF	1,389,253	84,712	0	36,027	7,773 40.00
44.00 04400	SKILLED NURSING FACILITY	1,838,201	44,569	1,965	45,778	10,090 44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,783,907	238,698	173,919	56,202	40,433 50.00
51.00 05100	RECOVERY ROOM	538,519	38,978	6,600	13,319	10,461 51.00
53.00 05300	ANESTHESIOLOGY	227,641	2,813	72,742	1,554	16,998 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,646,507	187,857	404,255	67,135	181,232 54.00
56.00 05600	RADIOISOTOPE	442,111	11,540	76,395	6,837	12,290 56.00
59.00 05900	CARDIAC CATHETERIZATION	838,884	20,302	154,506	16,787	17,978 59.00
60.00 06000	LABORATORY	3,192,111	165,792	354,200	39,932	167,485 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,562,011	4,196	1,308	14,113	16,388 63.00
65.00 06500	RESPIRATORY THERAPY	1,011,908	17,777	35,018	21,041	25,902 65.00
66.00 06600	PHYSICAL THERAPY	1,333,463	62,542	3,891	32,313	24,413 66.00
67.00 06700	OCCUPATIONAL THERAPY	223,877	16,843	168	5,859	5,256 67.00
68.00 06800	SPEECH PATHOLOGY	169,358	5,764	0	4,574	2,202 68.00
69.00 06900	ELECTROCARDIOLOGY	1,498,034	58,242	43,473	28,609	56,352 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,454,457	0	0	0	55,739 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	4,824,464	0	0	0	51,396 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	215,001 73.00
74.00 07400	RENAL DIALYSIS	378,777	3,228	0	0	3,625 74.00
76.00 03020	ONCOLOGY	1,127,208	20,486	2,585	26,229	6,761 76.00
76.01 03021	DIGESTIVE HEALTH	894,633	39,451	17,819	20,319	28,803 76.01
76.02 03550	OP PSYCH	496,775	44,754	0	0	9,000 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	286,949	0	0	0	4,577 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	3,769,339	191,673	57,960	90,480	110,030 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	2,647,859	11,252	130,559	55,113	31,676 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	103,483,537	4,756,593	4,781,837	1,209,267	1,230,817 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,015	11,944	0	590	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	TWIN RIVERS MRI	0	0	0	0	0 192.01
193.00 19300	NONPAID WORKERS	29,567	18,400	0	295	0 193.00
193.01 19301	PHYSICIAN/PUBLIC RELATIONS	1,056,415	12,001	0	4,439	0 193.01
193.02 19302	MEDICAL OFFICE BUILDING	696,257	0	0	2,316	0 193.02
193.03 19303	HOME CARE PHARMACY	3,184,079	5,545	0	11,890	0 193.03
193.04 19304	MANAGEMENT SERVICES	298,223	0	0	7,314	0 193.04
193.05 19305	EUNICE SMITH NURSING HOME	0	0	0	0	0 193.05
193.06 19306	VACANT SPACE	0	402,288	0	0	0 193.06
193.07 19307	POB 2	475,936	0	0	336	0 193.07
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)	109,251,029	5,206,771	4,781,837	1,236,447	1,230,817 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A.03	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.03	00401						4.03
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						30.00
31.00	03100						31.00
40.00	04000						40.00
44.00	04400						44.00
46.00	04600						46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
51.00	05100						51.00
53.00	05300						53.00
54.00	05400						54.00
56.00	05600						56.00
59.00	05900						59.00
60.00	06000						60.00
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
67.00	06700						67.00
68.00	06800						68.00
69.00	06900						69.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
76.00	03020						76.00
76.01	03021						76.01
76.02	03550						76.02
76.98	07698						76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100						91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500						95.00
SPECIAL PURPOSE COST CENTERS							
118.00							118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
192.00	19200						192.00
192.01	19201						192.01
193.00	19300						193.00
193.01	19301						193.01
193.02	19302						193.02
193.03	19303						193.03
193.04	19304						193.04
193.05	19305						193.05
193.06	19306						193.06
193.07	19307						193.07
200.00							200.00
201.00							201.00
202.00							202.00
SUBTOTALS (SUM OF LINES 1-117)		103,006,179	18,219,032	4,965,401	527,016	1,475,218	
TOTAL (sum lines 118-201)		109,251,029	19,582,862	5,917,952	528,213	1,763,461	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.03	00401						4.03
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,925,431					10.00
11.00	01100		803,393				11.00
13.00	01300		12,216	1,282,656			13.00
14.00	01400		7,653		559,191		14.00
15.00	01500		24,574			15,665,340	15.00
16.00	01600		18,715				16.00
17.00	01700		11,037				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	811,499	175,797	742,826			30.00
31.00	03100	114,914	38,149	161,892			31.00
40.00	04000	99,760	24,253	102,900			40.00
44.00	04400	211,615	33,201	140,906			44.00
46.00	04600						46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		35,393				50.00
51.00	05100		6,397				51.00
53.00	05300		1,564				53.00
54.00	05400		51,339				54.00
56.00	05600		4,153				56.00
59.00	05900		9,332				59.00
60.00	06000		37,123				60.00
63.00	06300		12,742				63.00
65.00	06500		16,177				65.00
66.00	06600		20,138				66.00
67.00	06700		4,140				67.00
68.00	06800		2,077				68.00
69.00	06900		21,343				69.00
71.00	07100				559,191		71.00
72.00	07200						72.00
73.00	07300					15,665,340	73.00
74.00	07400						74.00
76.00	03020		20,959	87,252			76.00
76.01	03021		11,447	46,880			76.01
76.02	03550						76.02
76.98	07698						76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100		59,954				91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		56,377				95.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,237,788	716,250	1,282,656	559,191	15,665,340	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	17,978					190.00
192.00	19200						192.00
192.01	19201						192.01
193.00	19300		449				193.00
193.01	19301		3,179				193.01
193.02	19302		2,205				193.02
193.03	19303		8,140				193.03
193.04	19304						193.04
193.05	19305	669,665	72,606				193.05
193.06	19306						193.06
193.07	19307		564				193.07
200.00							200.00
201.00							201.00
202.00		1,925,431	803,393	1,282,656	559,191	15,665,340	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
4.03	00401	ADMITTING					4.03
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,837,347				16.00
17.00	01700	SOCIAL SERVICE	0	1,219,339			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	143,966	816,144	18,787,563	0	18,787,563
31.00	03100	INTENSIVE CARE UNIT	33,632	108,690	4,061,404	0	4,061,404
40.00	04000	SUBPROVIDER - IPF	11,604	94,359	2,428,274	0	2,428,274
44.00	04400	SKILLED NURSING FACILITY	15,064	200,146	3,118,228	0	3,118,228
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,366	0	6,023,240	0	6,023,240
51.00	05100	RECOVERY ROOM	15,618	0	876,994	0	876,994
53.00	05300	ANESTHESIOLOGY	25,377	0	426,710	0	426,710
54.00	05400	RADIOLOGY-DIAGNOSTIC	270,576	0	6,342,819	0	6,342,819
56.00	05600	RADIOISOTOPE	18,349	0	725,839	0	725,839
59.00	05900	CARDIAC CATHETERIZATION	26,841	0	1,369,562	0	1,369,562
60.00	06000	LABORATORY	250,052	0	5,519,653	0	5,519,653
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,467	0	1,995,787	0	1,995,787
65.00	06500	RESPIRATORY THERAPY	38,671	0	1,460,820	0	1,460,820
66.00	06600	PHYSICAL THERAPY	36,447	0	2,013,059	0	2,013,059
67.00	06700	OCCUPATIONAL THERAPY	7,847	0	365,449	0	365,449
68.00	06800	SPEECH PATHOLOGY	3,287	0	242,875	0	242,875
69.00	06900	ELECTROCARDIOLOGY	84,133	0	2,325,266	0	2,325,266
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	83,217	0	4,919,206	0	4,919,206
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	76,733	0	6,017,447	0	6,017,447
73.00	07300	DRUGS CHARGED TO PATIENTS	320,758	0	16,248,054	0	16,248,054
74.00	07400	RENAL DIALYSIS	5,411	0	484,157	0	484,157
76.00	03020	ONCOLOGY	10,095	0	1,616,458	0	1,616,458
76.01	03021	DIGESTIVE HEALTH	43,002	0	1,452,654	0	1,452,654
76.02	03550	OP PSYCH	13,437	0	807,557	0	807,557
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,834	0	368,667	0	368,667
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	164,272	0	5,969,175	0	5,969,175
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	47,291	0	3,658,655	0	3,658,655
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,837,347	1,219,339	99,625,572	0	99,625,572
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	99,083	0	99,083
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	1,197	0	1,197
193.00	19300	NONPAID WORKERS	0	0	109,964	0	109,964
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	0	1,343,416	0	1,343,416
193.02	19302	MEDICAL OFFICE BUILDING	0	0	853,341	0	853,341
193.03	19303	HOME CARE PHARMACY	0	0	3,924,126	0	3,924,126
193.04	19304	MANAGEMENT SERVICES	0	0	372,264	0	372,264
193.05	19305	EUNICE SMITH NURSING HOME	0	0	742,271	0	742,271
193.06	19306	VACANT SPACE	0	0	1,598,945	0	1,598,945
193.07	19307	POB 2	0	0	580,850	0	580,850
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,837,347	1,219,339	109,251,029	0	109,251,029

COST ALLOCATION STATISTICS

Provider CCN: 140002

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	5	GROSS SALARIES	4.00
4.03	ADMINISTRATIVE	7	GROSS REVENUE	4.03
5.00	ADMINISTRATIVE & GENERAL	-21	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	14	MEALS SERVED	10.00
11.00	CAFETERIA	15	FTE'S	11.00
13.00	NURSING ADMINISTRATION	16	HOURS OF SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIONS	14.00
15.00	PHARMACY	18	COSTED REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	20	PATIENT DAYS	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
	0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS	7,206	28,360	343	35,909
4.03	00401	ADMINISTRATIVE	9,351	62,588	0	71,939
5.00	00500	ADMINISTRATIVE & GENERAL	530,830	293,355	2,950,209	3,774,394
7.00	00700	OPERATION OF PLANT	3,454	2,025,635	20,236	2,049,325
8.00	00800	LAUNDRY & LINEN SERVICE	0	12,681	0	12,681
9.00	00900	HOUSEKEEPING	480	29,986	2,962	33,428
10.00	01000	DIETARY	7,073	124,451	4,755	136,279
11.00	01100	CAFETERIA	0	55,913	10,078	65,991
13.00	01300	NURSING ADMINISTRATION	0	5,707	106,467	112,174
14.00	01400	CENTRAL SERVICES & SUPPLY	495,462	51,371	20,450	567,283
15.00	01500	PHARMACY	213,672	31,934	654	246,260
16.00	01600	MEDICAL RECORDS & LIBRARY	6,170	61,228	106	67,504
17.00	01700	SOCIAL SERVICE	4,690	6,041	107	10,838
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,019	632,605	64,296	725,920
31.00	03100	INTENSIVE CARE UNIT	4,340	63,269	63,811	131,420
40.00	04000	SUBPROVIDER - IPF	2,671	84,712	0	87,383
44.00	04400	SKILLED NURSING FACILITY	3,902	44,569	1,965	50,436
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,034	238,698	173,919	496,651
51.00	05100	RECOVERY ROOM	399	38,978	6,600	45,977
53.00	05300	ANESTHESIOLOGY	0	2,813	72,742	75,555
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,691	187,857	404,255	598,803
56.00	05600	RADIOISOTOPE	0	11,540	76,395	87,935
59.00	05900	CARDIAC CATHETERIZATION	0	20,302	154,506	174,808
60.00	06000	LABORATORY	6,767	165,792	354,200	526,759
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,196	1,308	5,504
65.00	06500	RESPIRATORY THERAPY	12,861	17,777	35,018	65,656
66.00	06600	PHYSICAL THERAPY	3,623	62,542	3,891	70,056
67.00	06700	OCCUPATIONAL THERAPY	0	16,843	168	17,011
68.00	06800	SPEECH PATHOLOGY	0	5,764	0	5,764
69.00	06900	ELECTROCARDIOLOGY	6,439	58,242	43,473	108,154
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	3,228	0	3,228
76.00	03020	ONCOLOGY	6,256	20,486	2,585	29,327
76.01	03021	DIGESTIVE HEALTH	1,007	39,451	17,819	58,277
76.02	03550	OP PSYCH	3,013	44,754	0	47,767
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,703	191,673	57,960	258,336
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,346	11,252	130,559	151,157
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,467,459	4,756,593	4,781,837	11,005,889
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,944	0	11,944
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	TWIN RIVERS MRI	0	0	0	0
193.00	19300	NONPAID WORKERS	0	18,400	0	18,400
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	12,001	0	12,001
193.02	19302	MEDICAL OFFICE BUILDING	0	0	0	0
193.03	19303	HOME CARE PHARMACY	675	5,545	0	6,220
193.04	19304	MANAGEMENT SERVICES	0	0	0	0
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0
193.06	19306	VACANT SPACE	0	402,288	0	402,288
193.07	19307	POB 2	0	0	0	0
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers				0
202.00		TOTAL (sum lines 118-201)	1,468,134	5,206,771	4,781,837	11,456,742

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		ADMINISTRATIVE	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.03	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
4.03	00401	ADMINISTRATIVE	72,778				4.03
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,776,932			5.00
7.00	00700	OPERATION OF PLANT	0	204,589	2,254,664		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	17,333	10,223	40,237	8.00
9.00	00900	HOUSEKEEPING	0	58,771	24,173	0	117,154
10.00	01000	DIETARY	0	54,706	100,326	0	5,294
11.00	01100	CAFETERIA	0	22,446	45,075	0	2,378
13.00	01300	NURSING ADMINISTRATION	0	43,377	4,600	0	243
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,109	41,413	139	2,185
15.00	01500	PHARMACY	0	537,689	25,744	7	1,358
16.00	01600	MEDICAL RECORDS & LIBRARY	0	57,038	49,359	0	2,604
17.00	01700	SOCIAL SERVICE	0	41,197	4,870	0	257
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,696	488,356	509,974	17,332	26,911
31.00	03100	INTENSIVE CARE UNIT	1,331	117,623	51,004	2,086	2,691
40.00	04000	SUBPROVIDER - IPF	459	63,930	68,290	966	3,603
44.00	04400	SKILLED NURSING FACILITY	596	81,740	35,929	2,288	1,896
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,388	180,832	192,426	2,957	10,154
51.00	05100	RECOVERY ROOM	618	25,604	31,422	527	1,658
53.00	05300	ANESTHESIOLOGY	1,004	13,552	2,268	0	120
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,705	188,996	151,441	2,759	7,991
56.00	05600	RADIOISOTOPE	726	23,132	9,303	184	491
59.00	05900	CARDIAC CATHETERIZATION	1,062	44,162	16,366	0	864
60.00	06000	LABORATORY	9,893	165,094	133,653	0	7,052
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	968	67,310	3,383	0	179
65.00	06500	RESPIRATORY THERAPY	1,530	46,824	14,331	194	756
66.00	06600	PHYSICAL THERAPY	1,442	61,354	50,418	713	2,660
67.00	06700	OCCUPATIONAL THERAPY	310	10,615	13,578	0	716
68.00	06800	SPEECH PATHOLOGY	130	7,662	4,647	0	245
69.00	06900	ELECTROCARDIOLOGY	3,329	70,962	46,952	504	2,477
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,292	147,853	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,036	205,376	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,777	9,056	0	0	0
74.00	07400	RENAL DIALYSIS	214	16,243	2,602	0	137
76.00	03020	ONCOLOGY	399	49,840	16,515	0	871
76.01	03021	DIGESTIVE HEALTH	1,701	42,164	31,803	1,748	1,678
76.02	03550	OP PSYCH	532	23,189	36,078	1	1,904
76.98	07698	HYPERBARIC OXYGEN THERAPY	270	12,279	0	506	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	6,499	177,729	154,517	5,764	8,153
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,871	121,159	9,071	1,471	479
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,778	3,513,891	1,891,754	40,146	98,005
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,666	9,628	0	508
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	TWIN RIVERS MRI	0	0	0	91	0
193.00	19300	NONPAID WORKERS	0	2,033	14,833	0	783
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	45,190	9,675	0	510
193.02	19302	MEDICAL OFFICE BUILDING	0	29,425	0	0	0
193.03	19303	HOME CARE PHARMACY	0	134,851	4,470	0	236
193.04	19304	MANAGEMENT SERVICES	0	12,870	0	0	0
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0
193.06	19306	VACANT SPACE	0	16,945	324,304	0	17,112
193.07	19307	POB 2	0	20,061	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	72,778	3,776,932	2,254,664	40,237	117,154

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.03	00401						4.03
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	296,605					10.00
11.00	01100	0	135,890				11.00
13.00	01300	0	2,066	163,132			13.00
14.00	01400	0	1,294	0	626,625		14.00
15.00	01500	0	4,157	0	0	816,678	15.00
16.00	01600	0	3,166	0	0	0	16.00
17.00	01700	0	1,867	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	125,009	29,735	94,475	0	0	30.00
31.00	03100	17,702	6,453	20,590	0	0	31.00
40.00	04000	15,368	4,102	13,087	0	0	40.00
44.00	04400	32,598	5,616	17,921	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	5,987	0	0	0	50.00
51.00	05100	0	1,082	0	0	0	51.00
53.00	05300	0	265	0	0	0	53.00
54.00	05400	0	8,684	0	0	0	54.00
56.00	05600	0	703	0	0	0	56.00
59.00	05900	0	1,578	0	0	0	59.00
60.00	06000	0	6,279	0	0	0	60.00
63.00	06300	0	2,155	0	0	0	63.00
65.00	06500	0	2,736	0	0	0	65.00
66.00	06600	0	3,406	0	0	0	66.00
67.00	06700	0	700	0	0	0	67.00
68.00	06800	0	351	0	0	0	68.00
69.00	06900	0	3,610	0	0	0	69.00
71.00	07100	0	0	0	626,625	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	816,678	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	3,545	11,097	0	0	76.00
76.01	03021	0	1,936	5,962	0	0	76.01
76.02	03550	0	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	10,141	0	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	9,536	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		190,677	121,150	163,132	626,625	816,678	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,769	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	76	0	0	0	193.00
193.01	19301	0	538	0	0	0	193.01
193.02	19302	0	373	0	0	0	193.02
193.03	19303	0	1,377	0	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19305	103,159	12,281	0	0	0	193.05
193.06	19306	0	0	0	0	0	193.06
193.07	19307	0	95	0	0	0	193.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		296,605	135,890	163,132	626,625	816,678	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
4.03	00401	ADMITTING					4.03
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	180,571				16.00
17.00	01700	SOCIAL SERVICE	0	59,538			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,163	39,851	2,085,131	0	2,085,131
31.00	03100	INTENSIVE CARE UNIT	3,309	5,307	361,365	0	361,365
40.00	04000	SUBPROVIDER - IPF	1,142	4,607	263,983	0	263,983
44.00	04400	SKILLED NURSING FACILITY	1,482	9,773	241,604	0	241,604
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,938	0	898,965	0	898,965
51.00	05100	RECOVERY ROOM	1,536	0	108,811	0	108,811
53.00	05300	ANESTHESIOLOGY	2,496	0	95,305	0	95,305
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,618	0	997,947	0	997,947
56.00	05600	RADIOISOTOPE	1,805	0	124,478	0	124,478
59.00	05900	CARDIAC CATHETERIZATION	2,640	0	241,967	0	241,967
60.00	06000	LABORATORY	24,599	0	874,489	0	874,489
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,407	0	82,316	0	82,316
65.00	06500	RESPIRATORY THERAPY	3,804	0	136,442	0	136,442
66.00	06600	PHYSICAL THERAPY	3,585	0	194,572	0	194,572
67.00	06700	OCCUPATIONAL THERAPY	772	0	43,872	0	43,872
68.00	06800	SPEECH PATHOLOGY	323	0	19,255	0	19,255
69.00	06900	ELECTROCARDIOLOGY	8,277	0	245,096	0	245,096
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,186	0	785,956	0	785,956
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,549	0	215,961	0	215,961
73.00	07300	DRUGS CHARGED TO PATIENTS	31,379	0	869,890	0	869,890
74.00	07400	RENAL DIALYSIS	532	0	22,956	0	22,956
76.00	03020	ONCOLOGY	993	0	113,349	0	113,349
76.01	03021	DIGESTIVE HEALTH	4,230	0	150,089	0	150,089
76.02	03550	OP PSYCH	1,322	0	110,793	0	110,793
76.98	07698	HYPERBARIC OXYGEN THERAPY	672	0	13,727	0	13,727
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	16,160	0	639,926	0	639,926
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4,652	0	300,996	0	300,996
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	180,571	59,538	10,239,241	0	10,239,241
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	26,532	0	26,532
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	TWIN RIVERS MRI	0	0	91	0	91
193.00	19300	NONPAID WORKERS	0	0	36,134	0	36,134
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	0	68,043	0	68,043
193.02	19302	MEDICAL OFFICE BUILDING	0	0	29,865	0	29,865
193.03	19303	HOME CARE PHARMACY	0	0	147,499	0	147,499
193.04	19304	MANAGEMENT SERVICES	0	0	13,082	0	13,082
193.05	19305	EUNICE SMITH NURSING HOME	0	0	115,440	0	115,440
193.06	19306	VACANT SPACE	0	0	760,649	0	760,649
193.07	19307	POB 2	0	0	20,166	0	20,166
200.00		Cross Foot Adjustments			0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	180,571	59,538	11,456,742	0	11,456,742

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	Reconciliation		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	451,642					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		4,781,732				2.00	
4.00 00400 EMPLOYEE BENEFITS	2,460	343	37,439,413			4.00	
4.03 00401 ADMITTING	5,429	0	874,418	392,933,599		4.03	
5.00 00500 ADMINISTRATIVE & GENERAL	25,446	2,950,142	2,646,145	0	-19,582,862	5.00	
7.00 00700 OPERATION OF PLANT	175,706	20,236	782,025	0	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	1,100	0	0	0	0	8.00	
9.00 00900 HOUSEKEEPING	2,601	2,962	815,873	0	0	9.00	
10.00 01000 DIETARY	10,795	4,755	0	0	0	10.00	
11.00 01100 CAFETERIA	4,850	10,078	0	0	0	11.00	
13.00 01300 NURSING ADMINISTRATION	495	106,465	700,292	0	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	4,456	20,450	210,852	0	0	14.00	
15.00 01500 PHARMACY	2,770	654	1,525,852	0	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	5,311	106	938,669	0	0	16.00	
17.00 01700 SOCIAL SERVICE	524	107	530,408	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	54,873	64,295	8,034,468	30,788,281	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	5,488	63,810	1,927,712	7,192,428	0	31.00	
40.00 04000 SUBPROVIDER - IPF	7,348	0	1,090,893	2,481,672	0	40.00	
44.00 04400 SKILLED NURSING FACILITY	3,866	1,965	1,386,175	3,221,553	0	44.00	
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	20,705	173,915	1,701,790	12,909,739	0	50.00	
51.00 05100 RECOVERY ROOM	3,381	6,600	403,299	3,340,123	0	51.00	
53.00 05300 ANESTHESIOLOGY	244	72,740	47,049	5,427,126	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,295	404,246	2,032,852	57,864,771	0	54.00	
56.00 05600 RADIOISOTOPE	1,001	76,393	207,028	3,924,022	0	56.00	
59.00 05900 CARDIAC CATHETERIZATION	1,761	154,503	508,327	5,740,123	0	59.00	
60.00 06000 LABORATORY	14,381	354,192	1,209,158	53,475,516	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	364	1,308	427,341	5,232,400	0	63.00	
65.00 06500 RESPIRATORY THERAPY	1,542	35,017	637,122	8,269,999	0	65.00	
66.00 06600 PHYSICAL THERAPY	5,425	3,891	978,451	7,794,558	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	1,461	168	177,417	1,678,120	0	67.00	
68.00 06800 SPEECH PATHOLOGY	500	0	138,505	702,943	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	5,052	43,472	866,275	17,992,447	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,796,681	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,409,979	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	68,599,233	0	73.00	
74.00 07400 RENAL DIALYSIS	280	0	0	1,157,250	0	74.00	
76.00 03020 ONCOLOGY	1,777	2,585	794,209	2,158,814	0	76.00	
76.01 03021 DIGESTIVE HEALTH	3,422	17,819	615,253	9,196,255	0	76.01	
76.02 03550 OP PSYCH	3,882	0	0	2,873,662	0	76.02	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	1,461,420	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	16,626	57,959	2,739,735	35,130,922	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	976	130,556	1,668,813	10,113,562	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	412,593	4,781,732	36,616,406	392,933,599	-19,582,862	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,036	0	17,879	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 TWIN RIVERS MRI	0	0	0	0	0	192.01	
193.00 19300 NONPAID WORKERS	1,596	0	8,938	0	0	193.00	
193.01 19301 PHYSICIAN/PUBLIC RELATIONS	1,041	0	134,403	0	0	193.01	
193.02 19302 MEDICAL OFFICE BUILDING	0	0	70,132	0	0	193.02	
193.03 19303 HOME CARE PHARMACY	481	0	360,017	0	0	193.03	
193.04 19304 MANAGEMENT SERVICES	0	0	221,456	0	0	193.04	
193.05 19305 EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05	
193.06 19306 VACANT SPACE	34,895	0	0	0	0	193.06	
193.07 19307 POB 2	0	0	10,182	0	0	193.07	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	5,206,771	4,781,837	1,236,447	1,230,817	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	11.528536	1.000022	0.033025	0.003132	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			35,909	72,778	204.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part 11)			0.000959	0.000185	5A	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
4.03	00401	ADMITTING					4.03
5.00	00500	ADMINISTRATIVE & GENERAL	89,668,167				5.00
7.00	00700	OPERATION OF PLANT	4,857,178	242,601			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	411,509	1,100	640,488		8.00
9.00	00900	HOUSEKEEPING	1,395,291	2,601	0	238,900	9.00
10.00	01000	DIETARY	1,298,773	10,795	0	10,795	205,204
11.00	01100	CAFETERIA	532,900	4,850	0	4,850	0
13.00	01300	NURSING ADMINISTRATION	1,029,808	495	0	495	0
14.00	01400	CENTRAL SERVICES & SUPPLY	334,967	4,456	2,214	4,456	0
15.00	01500	PHARMACY	12,764,929	2,770	107	2,770	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,354,139	5,311	0	5,311	0
17.00	01700	SOCIAL SERVICE	978,052	524	0	524	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,594,114	54,873	275,893	54,873	86,486
31.00	03100	INTENSIVE CARE UNIT	2,792,497	5,488	33,206	5,488	12,247
40.00	04000	SUBPROVIDER - IPF	1,517,765	7,348	15,374	7,348	10,632
44.00	04400	SKILLED NURSING FACILITY	1,940,603	3,866	36,420	3,866	22,553
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,293,159	20,705	47,068	20,705	0
51.00	05100	RECOVERY ROOM	607,877	3,381	8,384	3,381	0
53.00	05300	ANESTHESIOLOGY	321,748	244	0	244	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,486,986	16,295	43,910	16,295	0
56.00	05600	RADIOISOTOPE	549,173	1,001	2,936	1,001	0
59.00	05900	CARDIAC CATHETERIZATION	1,048,457	1,761	0	1,761	0
60.00	06000	LABORATORY	3,919,520	14,381	0	14,381	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,598,016	364	0	364	0
65.00	06500	RESPIRATORY THERAPY	1,111,646	1,542	3,096	1,542	0
66.00	06600	PHYSICAL THERAPY	1,456,622	5,425	11,343	5,425	0
67.00	06700	OCCUPATIONAL THERAPY	252,003	1,461	0	1,461	0
68.00	06800	SPEECH PATHOLOGY	181,898	500	0	500	0
69.00	06900	ELECTROCARDIOLOGY	1,684,710	5,052	8,030	5,052	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,510,196	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,875,860	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	215,001	0	0	0	0
74.00	07400	RENAL DIALYSIS	385,630	280	0	280	0
76.00	03020	ONCOLOGY	1,183,269	1,777	0	1,777	0
76.01	03021	DIGESTIVE HEALTH	1,001,025	3,422	27,826	3,422	0
76.02	03550	OP PSYCH	550,529	3,882	8	3,882	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	291,526	0	8,051	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,219,482	16,626	91,748	16,626	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,876,459	976	23,423	976	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	83,423,317	203,552	639,037	199,851	131,918
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,549	1,036	0	1,036	1,916
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	TWIN RIVERS MRI	0	0	1,451	0	0
193.00	19300	NONPAID WORKERS	48,262	1,596	0	1,596	0
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	1,072,855	1,041	0	1,041	0
193.02	19302	MEDICAL OFFICE BUILDING	698,573	0	0	0	0
193.03	19303	HOME CARE PHARMACY	3,201,514	481	0	481	0
193.04	19304	MANAGEMENT SERVICES	305,537	0	0	0	0
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	71,370
193.06	19306	VACANT SPACE	402,288	34,895	0	34,895	0
193.07	19307	POB 2	476,272	0	0	0	0
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)	19,582,862	5,917,952	528,213	1,763,461	1,925,431
203.00		Unit cost multiplier (Wkst. B, Part I)	0.218393	24.393766	0.824704	7.381586	9.383009
204.00		Cost to be allocated (per Wkst. B, Part II)	3,776,932	2,254,664	40,237	117,154	296,605
205.00		Unit cost multiplier (Wkst. B, Part II)	0.042121	9.293713	0.062822	0.490389	1.445415

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.03	00401						4.03
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	62,673					11.00
13.00	01300		492,321				13.00
14.00	01400			10,000			14.00
15.00	01500				10,000		15.00
16.00	01600					392,933,599	16.00
17.00	01700						17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,714	285,118	0	0	30,788,281	30.00
31.00	03100	2,976	62,139	0	0	7,192,428	31.00
40.00	04000	1,892	39,496	0	0	2,481,672	40.00
44.00	04400	2,590	54,084	0	0	3,221,553	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,761	0	0	0	12,909,739	50.00
51.00	05100	499	0	0	0	3,340,123	51.00
53.00	05300	122	0	0	0	5,427,126	53.00
54.00	05400	4,005	0	0	0	57,864,771	54.00
56.00	05600	324	0	0	0	3,924,022	56.00
59.00	05900	728	0	0	0	5,740,123	59.00
60.00	06000	2,896	0	0	0	53,475,516	60.00
63.00	06300	994	0	0	0	5,232,400	63.00
65.00	06500	1,262	0	0	0	8,269,999	65.00
66.00	06600	1,571	0	0	0	7,794,558	66.00
67.00	06700	323	0	0	0	1,678,120	67.00
68.00	06800	162	0	0	0	702,943	68.00
69.00	06900	1,665	0	0	0	17,992,447	69.00
71.00	07100	0	0	10,000	0	17,796,681	71.00
72.00	07200	0	0	0	0	16,409,979	72.00
73.00	07300	0	0	0	10,000	68,599,233	73.00
74.00	07400	0	0	0	0	1,157,250	74.00
76.00	03020	1,635	33,490	0	0	2,158,814	76.00
76.01	03021	893	17,994	0	0	9,196,255	76.01
76.02	03550	0	0	0	0	2,873,662	76.02
76.98	07698	0	0	0	0	1,461,420	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	4,677	0	0	0	35,130,922	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	4,398	0	0	0	10,113,562	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		55,875	492,321	10,000	10,000	392,933,599	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	35	0	0	0	0	193.00
193.01	19301	248	0	0	0	0	193.01
193.02	19302	172	0	0	0	0	193.02
193.03	19303	635	0	0	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19305	5,664	0	0	0	0	193.05
193.06	19306	0	0	0	0	0	193.06
193.07	19307	44	0	0	0	0	193.07
200.00							200.00
201.00							201.00
202.00		803,393	1,282,656	559,191	15,665,340	1,837,347	202.00
203.00		12.818806	2.605325	55.919100	1,566.534000	0.004676	203.00
204.00		135,890	163,132	626,625	816,678	180,571	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	2.168238	0.331353	62.662500	81.667800	0.000460	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS) 17.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
4.03	00401 ADMITTING		4.03
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE	32,758	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	21,926	30.00
31.00	03100 INTENSIVE CARE UNIT	2,920	31.00
40.00	04000 SUBPROVIDER - IPF	2,535	40.00
44.00	04400 SKILLED NURSING FACILITY	5,377	44.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	05600 RADIOISOTOPE	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
76.00	03020 ONCOLOGY	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	76.01
76.02	03550 OP PSYCH	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,758	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 TWIN RIVERS MRI	0	192.01
193.00	19300 NONPAID WORKERS	0	193.00
193.01	19301 PHYSICIAN/PUBLIC RELATIONS	0	193.01
193.02	19302 MEDICAL OFFICE BUILDING	0	193.02
193.03	19303 HOME CARE PHARMACY	0	193.03
193.04	19304 MANAGEMENT SERVICES	0	193.04
193.05	19305 EUNICE SMITH NURSING HOME	0	193.05
193.06	19306 VACANT SPACE	0	193.06
193.07	19307 POB 2	0	193.07
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)	1,219,339	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	37.222633	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	59,538	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.817510	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	18,787,563		18,787,563	0	18,787,563	29,901,289	30.00
31.00	03100	INTENSIVE CARE UNIT	4,061,404		4,061,404	8,225	4,069,629	7,192,428	31.00
40.00	04000	SUBPROVIDER - I/PF	2,428,274		2,428,274	1,222	2,429,496	2,481,672	40.00
44.00	04400	SKILLED NURSING FACILITY	3,118,228		3,118,228	0	3,118,228	3,221,553	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,023,240		6,023,240	0	6,023,240	3,282,354	50.00
51.00	05100	RECOVERY ROOM	876,994		876,994	0	876,994	599,674	51.00
53.00	05300	ANESTHESIOLOGY	426,710		426,710	16,422	443,132	1,484,889	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,342,819		6,342,819	0	6,342,819	14,652,953	54.00
56.00	05600	RADIOISOTOPE	725,839		725,839	0	725,839	1,013,133	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,369,562		1,369,562	24,132	1,393,694	2,908,773	59.00
60.00	06000	LABORATORY	5,519,653		5,519,653	110,226	5,629,879	23,939,260	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,995,787		1,995,787	0	1,995,787	3,196,853	63.00
65.00	06500	RESPIRATORY THERAPY	1,460,820	0	1,460,820	0	1,460,820	7,418,620	65.00
66.00	06600	PHYSICAL THERAPY	2,013,059	0	2,013,059	18,510	2,031,569	2,767,672	66.00
67.00	06700	OCCUPATIONAL THERAPY	365,449	0	365,449	0	365,449	1,202,148	67.00
68.00	06800	SPEECH PATHOLOGY	242,875	0	242,875	0	242,875	230,668	68.00
69.00	06900	ELECTROCARDIOLOGY	2,325,266	0	2,325,266	13,398	2,338,664	6,087,653	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,919,206	0	4,919,206	0	4,919,206	8,399,821	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,017,447	0	6,017,447	0	6,017,447	7,648,296	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,248,054	0	16,248,054	0	16,248,054	25,833,329	73.00
74.00	07400	RENAL DIALYSIS	484,157	0	484,157	0	484,157	1,149,474	74.00
76.00	03020	ONCOLOGY	1,616,458	0	1,616,458	0	1,616,458	11,276	76.00
76.01	03021	DIGESTIVE HEALTH	1,452,654	0	1,452,654	0	1,452,654	991,136	76.01
76.02	03550	OP PSYCH	807,557	0	807,557	0	807,557	4,626	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	368,667	0	368,667	0	368,667	6,080	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	5,969,175	0	5,969,175	0	5,969,175	8,743,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	681,277	0	681,277	0	681,277	195,635	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	3,658,655	0	3,658,655	0	3,658,655	58,098	95.00
200.00		Subtotal (see instructions)	100,306,849	0	100,306,849	192,135	100,498,984	164,623,298	200.00
201.00		Less Observation Beds	681,277	0	681,277	0	681,277		201.00
202.00		Total (see instructions)	99,625,572	0	99,625,572	192,135	99,817,707	164,623,298	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		29,901,289					30.00
31.00	03100	INTENSIVE CARE UNIT		7,192,428					31.00
40.00	04000	SUBPROVIDER - I/PF		2,481,672					40.00
44.00	04400	SKILLED NURSING FACILITY		3,221,553					44.00
46.00	04600	OTHER LONG TERM CARE		0					46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,627,385	12,909,739	0.466566	0.000000	0.466566		50.00
51.00	05100	RECOVERY ROOM	2,740,449	3,340,123	0.262563	0.000000	0.262563		51.00
53.00	05300	ANESTHESIOLOGY	3,942,237	5,427,126	0.078625	0.000000	0.081651		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,211,818	57,864,771	0.109615	0.000000	0.109615		54.00
56.00	05600	RADIOISOTOPE	2,910,889	3,924,022	0.184973	0.000000	0.184973		56.00
59.00	05900	CARDIAC CATHETERIZATION	2,831,350	5,740,123	0.238595	0.000000	0.242799		59.00
60.00	06000	LABORATORY	29,536,256	53,475,516	0.103218	0.000000	0.105280		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,035,547	5,232,400	0.381429	0.000000	0.381429		63.00
65.00	06500	RESPIRATORY THERAPY	851,379	8,269,999	0.176641	0.000000	0.176641		65.00
66.00	06600	PHYSICAL THERAPY	5,026,886	7,794,558	0.258265	0.000000	0.260639		66.00
67.00	06700	OCCUPATIONAL THERAPY	475,972	1,678,120	0.217773	0.000000	0.217773		67.00
68.00	06800	SPEECH PATHOLOGY	472,275	702,943	0.345512	0.000000	0.345512		68.00
69.00	06900	ELECTROCARDIOLOGY	11,904,794	17,992,447	0.129236	0.000000	0.129980		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,396,860	17,796,681	0.276411	0.000000	0.276411	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,761,683	16,409,979	0.366694	0.000000	0.366694	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,765,904	68,599,233	0.236855	0.000000	0.236855	73.00
74.00	07400	RENAL DIALYSIS	7,776	1,157,250	0.418369	0.000000	0.418369	74.00
76.00	03020	ONCOLOGY	2,147,538	2,158,814	0.748771	0.000000	0.748771	76.00
76.01	03021	DIGESTIVE HEALTH	8,205,119	9,196,255	0.157961	0.000000	0.157961	76.01
76.02	03550	OP PSYCH	2,869,036	2,873,662	0.281020	0.000000	0.281020	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,455,340	1,461,420	0.252266	0.000000	0.252266	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	26,386,987	35,130,922	0.169912	0.000000	0.169912	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	691,357	886,992	0.768076	0.000000	0.768076	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,055,464	10,113,562	0.361757	0.000000	0.361757	95.00
200.00		Subtotal (see instructions)	228,310,301	392,933,599				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	228,310,301	392,933,599				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

			Title XIX		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	18,787,563		18,787,563	0	18,787,563	29,901,289	30.00
31.00	03100	INTENSIVE CARE UNIT	4,061,404		4,061,404	8,225	4,069,629	7,192,428	31.00
40.00	04000	SUBPROVIDER - I/PF	2,428,274		2,428,274	1,222	2,429,496	2,481,672	40.00
44.00	04400	SKILLED NURSING FACILITY	3,118,228		3,118,228	0	3,118,228	3,221,553	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,023,240		6,023,240	0	6,023,240	3,282,354	50.00
51.00	05100	RECOVERY ROOM	876,994		876,994	0	876,994	599,674	51.00
53.00	05300	ANESTHESIOLOGY	426,710		426,710	16,422	443,132	1,484,889	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,342,819		6,342,819	0	6,342,819	14,652,953	54.00
56.00	05600	RADIOISOTOPE	725,839		725,839	0	725,839	1,013,133	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,369,562		1,369,562	24,132	1,393,694	2,908,773	59.00
60.00	06000	LABORATORY	5,519,653		5,519,653	110,226	5,629,879	23,939,260	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,995,787		1,995,787	0	1,995,787	3,196,853	63.00
65.00	06500	RESPIRATORY THERAPY	1,460,820	0	1,460,820	0	1,460,820	7,418,620	65.00
66.00	06600	PHYSICAL THERAPY	2,013,059	0	2,013,059	18,510	2,031,569	2,767,672	66.00
67.00	06700	OCCUPATIONAL THERAPY	365,449	0	365,449	0	365,449	1,202,148	67.00
68.00	06800	SPEECH PATHOLOGY	242,875	0	242,875	0	242,875	230,668	68.00
69.00	06900	ELECTROCARDIOLOGY	2,325,266		2,325,266	13,398	2,338,664	6,087,653	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,919,206		4,919,206	0	4,919,206	8,399,821	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,017,447		6,017,447	0	6,017,447	7,648,296	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,248,054		16,248,054	0	16,248,054	25,833,329	73.00
74.00	07400	RENAL DIALYSIS	484,157		484,157	0	484,157	1,149,474	74.00
76.00	03020	ONCOLOGY	1,616,458		1,616,458	0	1,616,458	11,276	76.00
76.01	03021	DIGESTIVE HEALTH	1,452,654		1,452,654	0	1,452,654	991,136	76.01
76.02	03550	OP PSYCH	807,557		807,557	0	807,557	4,626	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	368,667		368,667	0	368,667	6,080	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	5,969,175		5,969,175	0	5,969,175	8,743,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	681,277		681,277		681,277	195,635	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	3,658,655		3,658,655	0	3,658,655	58,098	95.00
200.00		Subtotal (see instructions)	100,306,849	0	100,306,849	192,135	100,498,984	164,623,298	200.00
201.00		Less Observation Beds	681,277		681,277		681,277		201.00
202.00		Total (see instructions)	99,625,572	0	99,625,572	192,135	99,817,707	164,623,298	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		29,901,289					30.00
31.00	03100	INTENSIVE CARE UNIT		7,192,428					31.00
40.00	04000	SUBPROVIDER - I/PF		2,481,672					40.00
44.00	04400	SKILLED NURSING FACILITY		3,221,553					44.00
46.00	04600	OTHER LONG TERM CARE		0					46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,627,385	12,909,739	0.466566	0.000000	0.466566		50.00
51.00	05100	RECOVERY ROOM	2,740,449	3,340,123	0.262563	0.000000	0.262563		51.00
53.00	05300	ANESTHESIOLOGY	3,942,237	5,427,126	0.078625	0.000000	0.081651		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,211,818	57,864,771	0.109615	0.000000	0.109615		54.00
56.00	05600	RADIOISOTOPE	2,910,889	3,924,022	0.184973	0.000000	0.184973		56.00
59.00	05900	CARDIAC CATHETERIZATION	2,831,350	5,740,123	0.238595	0.000000	0.242799		59.00
60.00	06000	LABORATORY	29,536,256	53,475,516	0.103218	0.000000	0.105280		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,035,547	5,232,400	0.381429	0.000000	0.381429		63.00
65.00	06500	RESPIRATORY THERAPY	851,379	8,269,999	0.176641	0.000000	0.176641		65.00
66.00	06600	PHYSICAL THERAPY	5,026,886	7,794,558	0.258265	0.000000	0.260639		66.00
67.00	06700	OCCUPATIONAL THERAPY	475,972	1,678,120	0.217773	0.000000	0.217773		67.00
68.00	06800	SPEECH PATHOLOGY	472,275	702,943	0.345512	0.000000	0.345512		68.00
69.00	06900	ELECTROCARDIOLOGY	11,904,794	17,992,447	0.129236	0.000000	0.129980		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,396,860	17,796,681	0.276411	0.000000	0.276411	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,761,683	16,409,979	0.366694	0.000000	0.366694	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,765,904	68,599,233	0.236855	0.000000	0.236855	73.00
74.00	07400	RENAL DIALYSIS	7,776	1,157,250	0.418369	0.000000	0.418369	74.00
76.00	03020	ONCOLOGY	2,147,538	2,158,814	0.748771	0.000000	0.748771	76.00
76.01	03021	DIGESTIVE HEALTH	8,205,119	9,196,255	0.157961	0.000000	0.157961	76.01
76.02	03550	OP PSYCH	2,869,036	2,873,662	0.281020	0.000000	0.281020	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,455,340	1,461,420	0.252266	0.000000	0.252266	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	26,386,987	35,130,922	0.169912	0.000000	0.169912	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	691,357	886,992	0.768076	0.000000	0.768076	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,055,464	10,113,562	0.361757	0.000000	0.361757	95.00
200.00		Subtotal (see instructions)	228,310,301	392,933,599				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	228,310,301	392,933,599				202.00

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

Provider CCN: 140002

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

Worksheet C Part II Date/Time Prepared: 5/28/2013 4:20 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,023,240	898,965	5,124,275	0	0	50.00
51.00	05100	RECOVERY ROOM	876,994	108,811	768,183	0	0	51.00
53.00	05300	ANESTHESIOLOGY	426,710	95,305	331,405	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,342,819	997,947	5,344,872	0	0	54.00
56.00	05600	RADIOISOTOPE	725,839	124,478	601,361	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,369,562	241,967	1,127,595	0	0	59.00
60.00	06000	LABORATORY	5,519,653	874,489	4,645,164	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,995,787	82,316	1,913,471	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,460,820	136,442	1,324,378	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,013,059	194,572	1,818,487	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	365,449	43,872	321,577	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	242,875	19,255	223,620	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,325,266	245,096	2,080,170	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,919,206	785,956	4,133,250	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,017,447	215,961	5,801,486	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,248,054	869,890	15,378,164	0	0	73.00
74.00	07400	RENAL DIALYSIS	484,157	22,956	461,201	0	0	74.00
76.00	03020	ONCOLOGY	1,616,458	113,349	1,503,109	0	0	76.00
76.01	03021	DIGESTIVE HEALTH	1,452,654	150,089	1,302,565	0	0	76.01
76.02	03550	OP PSYCH	807,557	110,793	696,764	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	368,667	13,727	354,940	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,969,175	639,926	5,329,249	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	681,277	75,612	605,665	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,658,655	300,996	3,357,659	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	71,911,380	7,362,770	64,548,610	0	0	200.00
201.00		Less Observation Beds	681,277	75,612	605,665	0	0	201.00
202.00		Total (line 200 minus line 201)	71,230,103	7,287,158	63,942,945	0	0	202.00

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

Provider CCN: 140002

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

Worksheet C
Part II
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,023,240	12,909,739	0.466566		50.00
51.00	05100 RECOVERY ROOM	876,994	3,340,123	0.262563		51.00
53.00	05300 ANESTHESIOLOGY	426,710	5,427,126	0.078625		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,342,819	57,864,771	0.109615		54.00
56.00	05600 RADIOISOTOPE	725,839	3,924,022	0.184973		56.00
59.00	05900 CARDIAC CATHETERIZATION	1,369,562	5,740,123	0.238595		59.00
60.00	06000 LABORATORY	5,519,653	53,475,516	0.103218		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,995,787	5,232,400	0.381429		63.00
65.00	06500 RESPIRATORY THERAPY	1,460,820	8,269,999	0.176641		65.00
66.00	06600 PHYSICAL THERAPY	2,013,059	7,794,558	0.258265		66.00
67.00	06700 OCCUPATIONAL THERAPY	365,449	1,678,120	0.217773		67.00
68.00	06800 SPEECH PATHOLOGY	242,875	702,943	0.345512		68.00
69.00	06900 ELECTROCARDIOLOGY	2,325,266	17,992,447	0.129236		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,919,206	17,796,681	0.276411		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,017,447	16,409,979	0.366694		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,248,054	68,599,233	0.236855		73.00
74.00	07400 RENAL DIALYSIS	484,157	1,157,250	0.418369		74.00
76.00	03020 ONCOLOGY	1,616,458	2,158,814	0.748771		76.00
76.01	03021 DIGESTIVE HEALTH	1,452,654	9,196,255	0.157961		76.01
76.02	03550 OP PSYCH	807,557	2,873,662	0.281020		76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	368,667	1,461,420	0.252266		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	5,969,175	35,130,922	0.169912		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	681,277	886,992	0.768076		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	3,658,655	10,113,562	0.361757		95.00
200.00	Subtotal (sum of lines 50 thru 199)	71,911,380	350,136,657			200.00
201.00	Less Observation Beds	681,277	0			201.00
202.00	Total (line 200 minus line 201)	71,230,103	350,136,657			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/28/2013 4:20 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,085,131	0	2,085,131	22,751	91.65	30.00
31.00	INTENSIVE CARE UNIT	361,365	0	361,365	2,920	123.76	31.00
40.00	SUBPROVIDER - IPF	263,983	0	263,983	2,535	104.14	40.00
44.00	SKILLED NURSING FACILITY	241,604		241,604	5,377	44.93	44.00
200.00	Total (lines 30-199)	2,952,083		2,952,083	33,583		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	11,653	1,067,997				
31.00	INTENSIVE CARE UNIT	1,507	186,506				
40.00	SUBPROVIDER - IPF	2,226	231,816				
44.00	SKILLED NURSING FACILITY	3,444	154,739				
200.00	Total (lines 30-199)	18,830	1,641,058				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140002		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 4:20 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	898,965	12,909,739	0.069635	2,137,708	148,859	50.00
51.00	05100	RECOVERY ROOM	108,811	3,340,123	0.032577	294,585	9,597	51.00
53.00	05300	ANESTHESIOLOGY	95,305	5,427,126	0.017561	660,614	11,601	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	997,947	57,864,771	0.017246	7,239,257	124,848	54.00
56.00	05600	RADIOISOTOPE	124,478	3,924,022	0.031722	536,898	17,031	56.00
59.00	05900	CARDIAC CATHETERIZATION	241,967	5,740,123	0.042154	1,120,571	47,237	59.00
60.00	06000	LABORATORY	874,489	53,475,516	0.016353	13,127,464	214,673	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	82,316	5,232,400	0.015732	1,128,429	17,752	63.00
65.00	06500	RESPIRATORY THERAPY	136,442	8,269,999	0.016498	4,607,388	76,013	65.00
66.00	06600	PHYSICAL THERAPY	194,572	7,794,558	0.024963	881,617	22,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,872	1,678,120	0.026144	245,574	6,420	67.00
68.00	06800	SPEECH PATHOLOGY	19,255	702,943	0.027392	151,697	4,155	68.00
69.00	06900	ELECTROCARDIOLOGY	245,096	17,992,447	0.013622	4,517,755	61,541	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	785,956	17,796,681	0.044163	4,459,824	196,959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	215,961	16,409,979	0.013160	4,293,256	56,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	869,890	68,599,233	0.012681	14,561,209	184,651	73.00
74.00	07400	RENAL DIALYSIS	22,956	1,157,250	0.019837	551,715	10,944	74.00
76.00	03020	ONCOLOGY	113,349	2,158,814	0.052505	6,392	336	76.00
76.01	03021	DIGESTIVE HEALTH	150,089	9,196,255	0.016321	417,942	6,821	76.01
76.02	03550	OP PSYCH	110,793	2,873,662	0.038555	3,384	130	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,727	1,461,420	0.009393	6,080	57	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	639,926	35,130,922	0.018215	3,143,789	57,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	75,612	886,992	0.085245	91,349	7,787	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	7,061,774	340,023,095		64,184,497	1,283,183	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/28/2013 4:20 pm
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Cost Center Description			Title XVIII					Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)				
			1.00	2.00	3.00	4.00	5.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School				
			6.00	7.00	8.00	9.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	22,751	0.00	11,653	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,920	0.00	1,507	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	2,535	0.00	2,226	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	5,377	0.00	3,444	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	33,583		18,830	0	0	0	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost							
			12.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0	0							31.00
40.00	04000	SUBPROVIDER - IPF	0	0							40.00
44.00	04400	SKILLED NURSING FACILITY	0	0							44.00
200.00		Total (lines 30-199)	0	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	0	76.00
76.01	03021	DIGESTIVE HEALTH	0	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,909,739	0.000000	0.000000	2,137,708	50.00
51.00	05100	RECOVERY ROOM	0	3,340,123	0.000000	0.000000	294,585	51.00
53.00	05300	ANESTHESIOLOGY	0	5,427,126	0.000000	0.000000	660,614	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,864,771	0.000000	0.000000	7,239,257	54.00
56.00	05600	RADIOISOTOPE	0	3,924,022	0.000000	0.000000	536,898	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,740,123	0.000000	0.000000	1,120,571	59.00
60.00	06000	LABORATORY	0	53,475,516	0.000000	0.000000	13,127,464	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,232,400	0.000000	0.000000	1,128,429	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,269,999	0.000000	0.000000	4,607,388	65.00
66.00	06600	PHYSICAL THERAPY	0	7,794,558	0.000000	0.000000	881,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,678,120	0.000000	0.000000	245,574	67.00
68.00	06800	SPEECH PATHOLOGY	0	702,943	0.000000	0.000000	151,697	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,992,447	0.000000	0.000000	4,517,755	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,796,681	0.000000	0.000000	4,459,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,409,979	0.000000	0.000000	4,293,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,599,233	0.000000	0.000000	14,561,209	73.00
74.00	07400	RENAL DIALYSIS	0	1,157,250	0.000000	0.000000	551,715	74.00
76.00	03020	ONCOLOGY	0	2,158,814	0.000000	0.000000	6,392	76.00
76.01	03021	DIGESTIVE HEALTH	0	9,196,255	0.000000	0.000000	417,942	76.01
76.02	03550	OP PSYCH	0	2,873,662	0.000000	0.000000	3,384	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,461,420	0.000000	0.000000	6,080	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	35,130,922	0.000000	0.000000	3,143,789	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	886,992	0.000000	0.000000	91,349	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	340,023,095			64,184,497	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	05000 OPERATING ROOM	0	3,602,744	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	832,391	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	939,280	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,366,955	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	1,274,045	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	820,297	0	0	0	59.00
60.00	06000 LABORATORY	0	1,020,709	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	475,616	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	266,122	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	33	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,979,868	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,707,377	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,975,129	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,984,346	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	1,296	0	0	0	74.00
76.00	03020 ONCOLOGY	0	927,744	0	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	2,602,504	0	0	0	76.01
76.02	03550 OP PSYCH	0	2,777,994	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	612,180	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	4,238,815	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	226,446	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	71,631,891	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
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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
56.00	05600 RADIOISOTOPE	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ONCOLOGY	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	76.01
76.02	03550 OP PSYCH	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 4:20 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.466566	3,602,744	0	0	1,680,918	50.00
51.00	05100 RECOVERY ROOM	0.262563	832,391	0	0	218,555	51.00
53.00	05300 ANESTHESIOLOGY	0.078625	939,280	0	0	73,851	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.109615	13,366,955	0	0	1,465,219	54.00
56.00	05600 RADIOISOTOPE	0.184973	1,274,045	0	0	235,664	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.238595	820,297	0	0	195,719	59.00
60.00	06000 LABORATORY	0.103218	1,020,709	0	0	105,356	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.381429	475,616	0	0	181,414	63.00
65.00	06500 RESPIRATORY THERAPY	0.176641	266,122	0	0	47,008	65.00
66.00	06600 PHYSICAL THERAPY	0.258265	33	0	0	9	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.217773	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.345512	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.129236	4,979,868	0	0	643,578	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.276411	2,707,377	0	0	748,349	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.366694	4,975,129	0	0	1,824,350	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.236855	24,984,346	3,669	0	5,917,667	73.00
74.00	07400 RENAL DIALYSIS	0.418369	1,296	0	0	542	74.00
76.00	03020 ONCOLOGY	0.748771	927,744	0	0	694,668	76.00
76.01	03021 DIGESTIVE HEALTH	0.157961	2,602,504	0	0	411,094	76.01
76.02	03550 OP PSYCH	0.281020	2,777,994	0	0	780,672	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.252266	612,180	0	0	154,432	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.169912	4,238,815	0	0	720,226	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.768076	226,446	0	0	173,928	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.361757		0			95.00
200.00	Subtotal (see instructions)		71,631,891	3,669	0	16,273,219	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		71,631,891	3,669	0	16,273,219	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 4:20 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	869	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ONCOLOGY	0	0		76.00
76.01 03021 DIGESTIVE HEALTH	0	0		76.01
76.02 03550 OP PSYCH	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	869	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)	869	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140002		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 4:20 pm	
		Component CCN: 14S002		Title XVIII		Subprovider - IPF	
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	898,965	12,909,739	0.069635	0	50.00
51.00	05100	RECOVERY ROOM	108,811	3,340,123	0.032577	0	51.00
53.00	05300	ANESTHESIOLOGY	95,305	5,427,126	0.017561	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	997,947	57,864,771	0.017246	129,463	54.00
56.00	05600	RADIOISOTOPE	124,478	3,924,022	0.031722	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	241,967	5,740,123	0.042154	0	59.00
60.00	06000	LABORATORY	874,489	53,475,516	0.016353	335,547	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	82,316	5,232,400	0.015732	0	63.00
65.00	06500	RESPIRATORY THERAPY	136,442	8,269,999	0.016498	15,246	65.00
66.00	06600	PHYSICAL THERAPY	194,572	7,794,558	0.024963	28,233	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,872	1,678,120	0.026144	1,413	67.00
68.00	06800	SPEECH PATHOLOGY	19,255	702,943	0.027392	1,067	68.00
69.00	06900	ELECTROCARDIOLOGY	245,096	17,992,447	0.013622	57,013	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	785,956	17,796,681	0.044163	13,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	215,961	16,409,979	0.013160	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	869,890	68,599,233	0.012681	416,064	73.00
74.00	07400	RENAL DIALYSIS	22,956	1,157,250	0.019837	0	74.00
76.00	03020	ONCOLOGY	113,349	2,158,814	0.052505	0	76.00
76.01	03021	DIGESTIVE HEALTH	150,089	9,196,255	0.016321	0	76.01
76.02	03550	OP PSYCH	110,793	2,873,662	0.038555	1,128	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,727	1,461,420	0.009393	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	639,926	35,130,922	0.018215	127,846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	886,992	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	6,986,162	340,023,095		1,126,669	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ONCOLOGY	0	0	0	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550 OP PSYCH	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 140002 Component CCN: 14S002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	12,909,739	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	3,340,123	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	5,427,126	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	57,864,771	0.000000	0.000000	129,463	54.00
56.00	05600 RADIOISOTOPE	0	3,924,022	0.000000	0.000000	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,740,123	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	53,475,516	0.000000	0.000000	335,547	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,232,400	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	8,269,999	0.000000	0.000000	15,246	65.00
66.00	06600 PHYSICAL THERAPY	0	7,794,558	0.000000	0.000000	28,233	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,678,120	0.000000	0.000000	1,413	67.00
68.00	06800 SPEECH PATHOLOGY	0	702,943	0.000000	0.000000	1,067	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,992,447	0.000000	0.000000	57,013	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,796,681	0.000000	0.000000	13,649	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	16,409,979	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	68,599,233	0.000000	0.000000	416,064	73.00
74.00	07400 RENAL DIALYSIS	0	1,157,250	0.000000	0.000000	0	74.00
76.00	03020 ONCOLOGY	0	2,158,814	0.000000	0.000000	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	9,196,255	0.000000	0.000000	0	76.01
76.02	03550 OP PSYCH	0	2,873,662	0.000000	0.000000	1,128	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,461,420	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	35,130,922	0.000000	0.000000	127,846	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	886,992	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	340,023,095			1,126,669	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 ONCOLOGY	0	0	0	0	0	76.00
76.01 03021 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02 03550 OP PSYCH	0	0	0	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
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: 140002 Component CCN: 14S002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ONCOLOGY	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	76.01
76.02	03550 OP PSYCH	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ONCOLOGY	0	0	0	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550 OP PSYCH	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 140002 Component CCN: 145566	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	12,909,739	0.000000	0.000000	5,615	50.00
51.00	05100 RECOVERY ROOM	0	3,340,123	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	5,427,126	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	57,864,771	0.000000	0.000000	100,074	54.00
56.00	05600 RADIOISOTOPE	0	3,924,022	0.000000	0.000000	7,270	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,740,123	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	53,475,516	0.000000	0.000000	557,648	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,232,400	0.000000	0.000000	27,144	63.00
65.00	06500 RESPIRATORY THERAPY	0	8,269,999	0.000000	0.000000	28,666	65.00
66.00	06600 PHYSICAL THERAPY	0	7,794,558	0.000000	0.000000	962,983	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,678,120	0.000000	0.000000	590,358	67.00
68.00	06800 SPEECH PATHOLOGY	0	702,943	0.000000	0.000000	21,968	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,992,447	0.000000	0.000000	54,017	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,796,681	0.000000	0.000000	382,155	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	16,409,979	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	68,599,233	0.000000	0.000000	1,622,722	73.00
74.00	07400 RENAL DIALYSIS	0	1,157,250	0.000000	0.000000	130,896	74.00
76.00	03020 ONCOLOGY	0	2,158,814	0.000000	0.000000	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	9,196,255	0.000000	0.000000	11,091	76.01
76.02	03550 OP PSYCH	0	2,873,662	0.000000	0.000000	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,461,420	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	35,130,922	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	886,992	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	340,023,095			4,502,607	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03021	DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 140002 Component CCN: 145566	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ONCOLOGY	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	76.01
76.02	03550 OP PSYCH	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140002		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/28/2013 4:20 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,085,131	0	2,085,131	22,751	91.65	30.00
31.00	INTENSIVE CARE UNIT	361,365	0	361,365	2,920	123.76	31.00
40.00	SUBPROVIDER - IPF	263,983	0	263,983	2,535	104.14	40.00
44.00	SKILLED NURSING FACILITY	241,604		241,604	5,377	44.93	44.00
200.00	Total (lines 30-199)	2,952,083		2,952,083	33,583		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,395	311,152				
31.00	INTENSIVE CARE UNIT	591	73,142				
40.00	SUBPROVIDER - IPF	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	3,986	384,294				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/28/2013 4:20 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	898,965	12,909,739	0.069635	316,727	22,055	50.00
51.00	05100	RECOVERY ROOM	108,811	3,340,123	0.032577	45,560	1,484	51.00
53.00	05300	ANESTHESIOLOGY	95,305	5,427,126	0.017561	160,815	2,824	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	997,947	57,864,771	0.017246	1,272,185	21,940	54.00
56.00	05600	RADIOISOTOPE	124,478	3,924,022	0.031722	88,635	2,812	56.00
59.00	05900	CARDIAC CATHETERIZATION	241,967	5,740,123	0.042154	229,164	9,660	59.00
60.00	06000	LABORATORY	874,489	53,475,516	0.016353	2,351,134	38,448	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	82,316	5,232,400	0.015732	505,825	7,958	63.00
65.00	06500	RESPIRATORY THERAPY	136,442	8,269,999	0.016498	731,788	12,073	65.00
66.00	06600	PHYSICAL THERAPY	194,572	7,794,558	0.024963	51,784	1,293	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,872	1,678,120	0.026144	14,636	383	67.00
68.00	06800	SPEECH PATHOLOGY	19,255	702,943	0.027392	6,752	185	68.00
69.00	06900	ELECTROCARDIOLOGY	245,096	17,992,447	0.013622	406,927	5,543	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	785,956	17,796,681	0.044163	830,646	36,684	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	215,961	16,409,979	0.013160	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	869,890	68,599,233	0.012681	2,466,096	31,273	73.00
74.00	07400	RENAL DIALYSIS	22,956	1,157,250	0.019837	51,904	1,030	74.00
76.00	03020	ONCOLOGY	113,349	2,158,814	0.052505	0	0	76.00
76.01	03021	DIGESTIVE HEALTH	150,089	9,196,255	0.016321	100,963	1,648	76.01
76.02	03550	OP PSYCH	110,793	2,873,662	0.038555	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,727	1,461,420	0.009393	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	639,926	35,130,922	0.018215	824,268	15,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	75,612	886,992	0.085245	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	7,061,774	340,023,095		10,455,809	212,307	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/28/2013 4:20 pm
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Cost Center Description			Title XIX				Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30-199)	0	0	0	0	0	0	200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	22,751	0.00	3,395	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,920	0.00	591	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	2,535	0.00	0	0	0	0	40.00	
44.00	04400	SKILLED NURSING FACILITY	5,377	0.00	0	0	0	0	44.00	
200.00		Total (lines 30-199)	33,583		3,986	0	0	0	200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0					30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0					31.00	
40.00	04000	SUBPROVIDER - IPF	0	0					40.00	
44.00	04400	SKILLED NURSING FACILITY	0	0					44.00	
200.00		Total (lines 30-199)	0	0					200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03021	DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 4:20 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,909,739	0.000000	0.000000	316,727	50.00
51.00	05100	RECOVERY ROOM	0	3,340,123	0.000000	0.000000	45,560	51.00
53.00	05300	ANESTHESIOLOGY	0	5,427,126	0.000000	0.000000	160,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,864,771	0.000000	0.000000	1,272,185	54.00
56.00	05600	RADIOISOTOPE	0	3,924,022	0.000000	0.000000	88,635	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,740,123	0.000000	0.000000	229,164	59.00
60.00	06000	LABORATORY	0	53,475,516	0.000000	0.000000	2,351,134	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,232,400	0.000000	0.000000	505,825	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,269,999	0.000000	0.000000	731,788	65.00
66.00	06600	PHYSICAL THERAPY	0	7,794,558	0.000000	0.000000	51,784	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,678,120	0.000000	0.000000	14,636	67.00
68.00	06800	SPEECH PATHOLOGY	0	702,943	0.000000	0.000000	6,752	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,992,447	0.000000	0.000000	406,927	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,796,681	0.000000	0.000000	830,646	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,409,979	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,599,233	0.000000	0.000000	2,466,096	73.00
74.00	07400	RENAL DIALYSIS	0	1,157,250	0.000000	0.000000	51,904	74.00
76.00	03020	ONCOLOGY	0	2,158,814	0.000000	0.000000	0	76.00
76.01	03021	DIGESTIVE HEALTH	0	9,196,255	0.000000	0.000000	100,963	76.01
76.02	03550	OP PSYCH	0	2,873,662	0.000000	0.000000	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,461,420	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	35,130,922	0.000000	0.000000	824,268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	886,992	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	0	340,023,095			10,455,809	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ONCOLOGY	0	0	0	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550 OP PSYCH	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 140002

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		Title XIX		Hospital	PPS
		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
56.00	05600 RADIOISOTOPE	0	0		56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
76.00	03020 ONCOLOGY	0	0		76.00
76.01	03021 DIGESTIVE HEALTH	0	0		76.01
76.02	03550 OP PSYCH	0	0		76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 4:20 pm
	Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.466566	0	0	1,458,924	0
51.00 05100 RECOVERY ROOM	0.262563	0	0	415,830	0
53.00 05300 ANESTHESIOLOGY	0.078625	0	0	612,989	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.109615	0	0	8,581,894	0
56.00 05600 RADIOISOTOPE	0.184973	0	0	232,492	0
59.00 05900 CARDIAC CATHETERIZATION	0.238595	0	0	171,249	0
60.00 06000 LABORATORY	0.103218	0	0	4,811,804	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.381429	0	0	356,898	0
65.00 06500 RESPIRATORY THERAPY	0.176641	0	0	168,786	0
66.00 06600 PHYSICAL THERAPY	0.258265	0	0	1,077,578	0
67.00 06700 OCCUPATIONAL THERAPY	0.217773	0	0	149,026	0
68.00 06800 SPEECH PATHOLOGY	0.345512	0	0	99,381	0
69.00 06900 ELECTROCARDIOLOGY	0.129236	0	0	1,574,822	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.276411	0	0	1,033,525	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.366694	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.236855	0	0	4,924,735	0
74.00 07400 RENAL DIALYSIS	0.418369	0	0	0	0
76.00 03020 ONCOLOGY	0.748771	0	0	201,692	0
76.01 03021 DIGESTIVE HEALTH	0.157961	0	0	415,697	0
76.02 03550 OP PSYCH	0.281020	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.252266	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.169912	0	0	9,174,436	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.768076	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.361757	0	1,803,225		
200.00	Subtotal (see instructions)	0	1,803,225	35,461,758	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	1,803,225	35,461,758	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 4:20 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	680,684		50.00
51.00 05100 RECOVERY ROOM	0	109,182		51.00
53.00 05300 ANESTHESIOLOGY	0	48,196		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	940,704		54.00
56.00 05600 RADIOISOTOPE	0	43,005		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	40,859		59.00
60.00 06000 LABORATORY	0	496,665		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	136,131		63.00
65.00 06500 RESPIRATORY THERAPY	0	29,815		65.00
66.00 06600 PHYSICAL THERAPY	0	278,301		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	32,454		67.00
68.00 06800 SPEECH PATHOLOGY	0	34,337		68.00
69.00 06900 ELECTROCARDIOLOGY	0	203,524		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	285,678		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,166,448		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ONCOLOGY	0	151,021		76.00
76.01 03021 DIGESTIVE HEALTH	0	65,664		76.01
76.02 03550 OP PSYCH	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	1,558,847		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	652,329			95.00
200.00	Subtotal (see instructions)	652,329	6,301,515	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	652,329	6,301,515	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2013 4:20 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,751	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,751	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)		21,926	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,653	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,787,563	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)		18,787,563	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		29,901,289	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		29,901,289	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.628320	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,363.74	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)		18,787,563	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)		825.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,622,931	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,622,931	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 4:20 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	4,069,629	2,920	1,393.71	1,507	2,100,321	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)				13,007,199	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				24,730,451	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,254,503	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,283,183	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,537,686	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				22,192,765	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)				825	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				825.79	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				681,277	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 4:20 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,085,131	18,787,563	0.110985	681,277	75,612	90.00
91.00	Nursing School cost	0	18,787,563	0.000000	681,277	0	91.00
92.00	Allied health cost	0	18,787,563	0.000000	681,277	0	92.00
93.00	All other Medical Education	0	18,787,563	0.000000	681,277	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S002		Date/Time Prepared: 5/28/2013 4:20 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,535	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,535	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)		2,535	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)		2,226	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,429,496	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,429,496	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,481,672	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,481,672	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.978975	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)		978.96	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,429,496	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)		958.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,133,354	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)		2,133,354	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1		
		Component CCN: 14S002		Date/Time Prepared: 5/28/2013 4:20 pm		
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	0	0	0.00	0	0	43.00
44.00	INTENSIVE CARE UNIT					44.00
45.00	CORONARY CARE UNIT					45.00
46.00	BURN INTENSIVE CARE UNIT					46.00
47.00	SURGICAL INTENSIVE CARE UNIT					47.00
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)				192,017	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,325,371	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)				231,816	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				17,771	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				249,587	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				2,075,784	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002 Component CCN: 14S002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 4:20 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	263,983	2,429,496	0.108658	0	0	90.00
91.00	Nursing School cost	0	2,429,496	0.000000	0	0	91.00
92.00	Allied health cost	0	2,429,496	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,429,496	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 4:20 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,377	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,377	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)		5,377	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)		3,444	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,118,228	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)		3,118,228	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,221,553	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,221,553	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.967927	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)		599.14	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)		3,118,228	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1	
		Component CCN: 145566		Date/Time Prepared: 5/28/2013 4:20 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				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)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				3,118,228 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				579.92 71.00
72.00	Program routine service cost (line 9 x line 71)				1,997,244 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,997,244 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,997,244 83.00
84.00	Program inpatient ancillary services (see instructions)				1,026,249 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				3,023,493 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002 Component CCN: 145566		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 4:20 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2013 4:20 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,751	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,751	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)		21,926	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)		3,395	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,787,563	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)		18,787,563	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		18,787,563	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)		825.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,803,557	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)		2,803,557	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 4:20 pm
Cost Center Description			Title XIX	Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	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	4,069,629	2,920	1,393.71	591	823,683
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)				2,017,413
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				5,644,653
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				384,294
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				212,307
52.00	Total Program excludable cost (sum of lines 50 and 51)				596,601
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				5,048,052
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				825
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				825.79
89.00	Observation bed cost (line 87 x line 88) (see instructions)				681,277

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 4:20 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,085,131	18,787,563	0.110985	681,277	75,612	90.00
91.00	Nursing School cost	0	18,787,563	0.000000	681,277	0	91.00
92.00	Allied health cost	0	18,787,563	0.000000	681,277	0	92.00
93.00	All other Medical Education	0	18,787,563	0.000000	681,277	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 4:20 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		15,559,292		30.00
31.00	03100 INTENSIVE CARE UNIT		3,771,114		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.466566	2,137,708	997,382	50.00
51.00	05100 RECOVERY ROOM	0.262563	294,585	77,347	51.00
53.00	05300 ANESTHESIOLOGY	0.081651	660,614	53,940	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.109615	7,239,257	793,531	54.00
56.00	05600 RADIOISOTOPE	0.184973	536,898	99,312	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.242799	1,120,571	272,074	59.00
60.00	06000 LABORATORY	0.105280	13,127,464	1,382,059	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.381429	1,128,429	430,416	63.00
65.00	06500 RESPIRATORY THERAPY	0.176641	4,607,388	813,854	65.00
66.00	06600 PHYSICAL THERAPY	0.260639	881,617	229,784	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.217773	245,574	53,479	67.00
68.00	06800 SPEECH PATHOLOGY	0.345512	151,697	52,413	68.00
69.00	06900 ELECTROCARDIOLOGY	0.129980	4,517,755	587,218	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.276411	4,459,824	1,232,744	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.366694	4,293,256	1,574,311	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.236855	14,561,209	3,448,895	73.00
74.00	07400 RENAL DIALYSIS	0.418369	551,715	230,820	74.00
76.00	03020 ONCOLOGY	0.748771	6,392	4,786	76.00
76.01	03021 DIGESTIVE HEALTH	0.157961	417,942	66,019	76.01
76.02	03550 OP PSYCH	0.281020	3,384	951	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.252266	6,080	1,534	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.169912	3,143,789	534,167	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.768076	91,349	70,163	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		64,184,497	13,007,199	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		64,184,497		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S002		Date/Time Prepared: 5/28/2013 4:20 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		2,174,691	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.466566	0	50.00
51.00	05100	RECOVERY ROOM	0.262563	0	51.00
53.00	05300	ANESTHESIOLOGY	0.081651	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109615	129,463	54.00
56.00	05600	RADIOISOTOPE	0.184973	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.242799	0	59.00
60.00	06000	LABORATORY	0.105280	335,547	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.381429	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.176641	15,246	65.00
66.00	06600	PHYSICAL THERAPY	0.260639	28,233	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.217773	1,413	67.00
68.00	06800	SPEECH PATHOLOGY	0.345512	1,067	68.00
69.00	06900	ELECTROCARDIOLOGY	0.129980	57,013	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.276411	13,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.366694	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.236855	416,064	73.00
74.00	07400	RENAL DIALYSIS	0.418369	0	74.00
76.00	03020	ONCOLOGY	0.748771	0	76.00
76.01	03021	DIGESTIVE HEALTH	0.157961	0	76.01
76.02	03550	OP PSYCH	0.281020	1,128	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.252266	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.169912	127,846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768076	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,126,669	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)		1,126,669	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 145566		Date/Time Prepared: 5/28/2013 4:20 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.466566	5,615	50.00
51.00	05100	RECOVERY ROOM	0.262563	0	51.00
53.00	05300	ANESTHESIOLOGY	0.078625	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109615	100,074	54.00
56.00	05600	RADIOISOTOPE	0.184973	7,270	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.238595	0	59.00
60.00	06000	LABORATORY	0.103218	557,648	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.381429	27,144	63.00
65.00	06500	RESPIRATORY THERAPY	0.176641	28,666	65.00
66.00	06600	PHYSICAL THERAPY	0.258265	962,983	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.217773	590,358	67.00
68.00	06800	SPEECH PATHOLOGY	0.345512	21,968	68.00
69.00	06900	ELECTROCARDIOLOGY	0.129236	54,017	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.276411	382,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.366694	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.236855	1,622,722	73.00
74.00	07400	RENAL DIALYSIS	0.418369	130,896	74.00
76.00	03020	ONCOLOGY	0.748771	0	76.00
76.01	03021	DIGESTIVE HEALTH	0.157961	11,091	76.01
76.02	03550	OP PSYCH	0.281020	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.252266	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.169912	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768076	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,502,607	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)		4,502,607	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 4:20 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		4,496,630		30.00
31.00	03100 INTENSIVE CARE UNIT		780,856		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.466566	316,727	147,774	50.00
51.00	05100 RECOVERY ROOM	0.262563	45,560	11,962	51.00
53.00	05300 ANESTHESIOLOGY	0.081651	160,815	13,131	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.109615	1,272,185	139,451	54.00
56.00	05600 RADIOISOTOPE	0.184973	88,635	16,395	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.242799	229,164	55,641	59.00
60.00	06000 LABORATORY	0.105280	2,351,134	247,527	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.381429	505,825	192,936	63.00
65.00	06500 RESPIRATORY THERAPY	0.176641	731,788	129,264	65.00
66.00	06600 PHYSICAL THERAPY	0.260639	51,784	13,497	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.217773	14,636	3,187	67.00
68.00	06800 SPEECH PATHOLOGY	0.345512	6,752	2,333	68.00
69.00	06900 ELECTROCARDIOLOGY	0.129980	406,927	52,892	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.276411	830,646	229,600	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.366694	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.236855	2,466,096	584,107	73.00
74.00	07400 RENAL DIALYSIS	0.418369	51,904	21,715	74.00
76.00	03020 ONCOLOGY	0.748771	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0.157961	100,963	15,948	76.01
76.02	03550 OP PSYCH	0.281020	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.252266	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.169912	824,268	140,053	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.768076	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		10,455,809	2,017,413	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)		10,455,809		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 4:20 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		20,704,305	1.00
2.00	Outlier payments for discharges. (see instructions)		165,688	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		3,323,208	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		129.75	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.52	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.08	31.00
32.00	Sum of lines 30 and 31		20.60	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.21	33.00
34.00	Disproportionate share adjustment (see instructions)		1,285,737	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		22,155,730	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		22,155,730	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,757,933	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 4:20 pm
		Title XVII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			23,913,663 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			23,913,663 61.00
62.00	Deductibles billed to program beneficiaries			2,423,172 62.00
63.00	Coinurance billed to program beneficiaries			40,972 63.00
64.00	Allowable bad debts (see instructions)			210,774 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			147,542 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			99,579 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			21,597,061 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			2,819 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			21,599,880 71.00
72.00	Interim payments			22,035,211 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-435,331 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			136,650 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 4:20 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			869 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			16,273,219 2.00
3.00	PPS payments			15,782,948 3.00
4.00	Outlier payment (see instructions)			11,245 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)			869 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			3,669 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)			3,669 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			3,669 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			2,800 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)			869 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)			15,794,193 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,287,717 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)			12,507,345 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)			12,507,345 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			12,507,345 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)			152,021 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			106,415 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			70,532 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			12,613,760 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)			12,613,760 40.00
41.00	Interim payments			12,508,898 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)			104,862 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: 140002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,035,211		12,508,898	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		22,035,211		12,508,898	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		104,862	6.01	
6.02	SETTLEMENT TO PROGRAM		435,331		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,599,880		12,613,760	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140002
Component CCN: 14S002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,636,710		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,636,710		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,636,710		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140002
Component CCN: 145566

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 4:20 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,019,694		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,019,694		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,019,694		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/28/2013 4:20 pm
		Component CCN: 14S002	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,750,224	1.00
2.00	Net IPF PPS Outlier Payments		37,272	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		6.926230	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,787,496	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,787,496	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,787,496	18.00
19.00	Deductibles		130,580	19.00
20.00	Subtotal (line 18 minus line 19)		1,656,916	20.00
21.00	Coinsurance		20,206	21.00
22.00	Subtotal (line 20 minus line 21)		1,636,710	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,636,710	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,636,710	31.00
32.00	Interim payments		1,636,710	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		37,272	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/28/2013 4:20 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,135,580	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,135,580	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		115,886	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,019,694	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,019,694	15.00
16.00	Interim payments		1,019,694	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 140002

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

Worksheet G

Date/Time Prepared:
5/28/2013 4:20 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,331,014	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	23,927,912	0	0	0	4.00
5.00	Other receivable	593,562	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,550,541	0	0	0	7.00
8.00	Prepaid expenses	321,997	0	0	0	8.00
9.00	Other current assets	195,800	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)	33,920,826	0	0	0	11.00
FIXED ASSETS						
12.00	Land	177,168	0	0	0	12.00
13.00	Land improvements	4,528,230	0	0	0	13.00
14.00	Accumulated depreciation	-4,268,067	0	0	0	14.00
15.00	Buildings	91,636,880	0	0	0	15.00
16.00	Accumulated depreciation	-34,743,155	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	31,072,284	0	0	0	19.00
20.00	Accumulated depreciation	-26,585,150	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	41,266,672	0	0	0	23.00
24.00	Accumulated depreciation	-34,730,335	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	68,354,527	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	519,079	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	519,079	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	102,794,432	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,789,943	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,480,983	0	0	0	38.00
39.00	Payroll taxes payable	764,591	0	0	0	39.00
40.00	Notes and loans payable (short term)	37,126	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,072,408	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,145,051	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	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	280,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	280,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	12,425,051	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	90,369,381				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	90,369,381	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	102,794,432	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140002

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

Worksheet G-1

Date/Time Prepared:
5/28/2013 4:20 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		192,866,983		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-6,102,182				2.00
3.00	Total (sum of line 1 and line 2)		186,764,801		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		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		0		10.00
11.00	Subtotal (line 3 plus line 10)		186,764,801		0		11.00
12.00	TRANSFER TO BJC	95,900,000		0		0	12.00
13.00	CHANGE IN RESTRICTED ASSETS	495,420		0		0	13.00
14.00		0		0		0	14.00
15.00		0		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)		96,395,420		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		90,369,381		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFER TO BJC		0				12.00
13.00	CHANGE IN RESTRICTED ASSETS		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140002

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2013 4:20 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	29,901,289		29,901,289	1.00
2.00	SUBPROVIDER - IPF	2,481,672		2,481,672	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	3,221,553		3,221,553	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	35,604,514		35,604,514	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,192,428		7,192,428	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)	7,192,428		7,192,428	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	42,796,942		42,796,942	17.00
18.00	Ancillary services	121,534,988	219,850,943	341,385,931	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	58,098	10,055,464	10,113,562	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)	164,390,028	229,906,407	394,296,435	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		119,805,746		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)		119,805,746		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140002

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

Worksheet G-3

Date/Time Prepared:
5/28/2013 4:20 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	394,296,435	1.00
2.00	Less contractual allowances and discounts on patients' accounts	283,393,347	2.00
3.00	Net patient revenues (line 1 minus line 2)	110,903,088	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	119,805,746	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,902,658	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	129,189	6.00
7.00	Income from investments	77,780	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,660,704	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TWIN RIVERS AND ESH NET PAT REVENUE	8,198,998	24.00
24.01	PHYSICIAN PRACTICE AND MOB NET LOSS	-6,235,350	24.01
24.02	OTHER INCOME	4,011,171	24.02
25.00	Total other income (sum of lines 6-24)	7,842,492	25.00
26.00	Total (line 5 plus line 25)	-1,060,166	26.00
27.00	TWIN RIVERS AND ESH EXPENSES	5,042,016	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5,042,016	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-6,102,182	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140002	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/28/2013 4:20 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,655,794	1.00
2.00	Capital DRG outlier payments		31,602	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		67.89	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.52	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		16.08	8.00
9.00	Sum of lines 7 and 8		20.60	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.26	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		70,537	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,757,933	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00