

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: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/28/2013 3:42 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2013 Time: 3:42 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 BROMENN REGIONAL MEDICAL CENTER (140127) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-66,263	32,609	-66,878	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	44,142	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	-22,121	32,609	-66,878	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: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:41 pm
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	1.00	2.00	3.00	4.00		
Hospital and Hospital Health Care Complex Address:						
1.00	Street: 1304 VIRGINIA		PO Box:			1.00
2.00	City: NORMAL		State: IL	Zip Code: 61761-	County: MCLEAN	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	BROMENN REGIONAL MEDICAL CENTER	140127	14060	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	BROMENN REHABILITATION	14T127	14060	5	07/01/1990	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:	
						1.00	2.00	

20.00	Cost Reporting Period (mm/dd/yyyy)	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 days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,232	441	0	0	1	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	228	1	0	0	0	0	25.00

	Urban/Rural Status	Date of Geographic	
	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: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:41 pm		
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.				39.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	Y			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.	N			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)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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: 140127

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2013 3:41 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0	71.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140127		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:41 pm	
		1.00	2.00	3.00			
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.	Y					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)	Y	N	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.	Y		Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N			92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00			97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Occupational		Speech	
		1.00		2.00		3.00	
						Respiratory	
						4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		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.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0				118.01

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		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
DO NOT USE THIS LINE					
119.00	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		119.00
120.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			120.00
Transplant Center Information					
121.00	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			121.00
122.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				122.00
123.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				123.00
124.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				124.00
125.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				125.00
126.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				130.00
All Providers					
131.00	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	14H036		131.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 00130	
142.00	Street: 3075 HIGHLAND PKWY SUITE 600	PO Box:			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
1.00					
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
1.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140127		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:41 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.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							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)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 3:41 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	03/09/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			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.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		05/01/2012	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140127

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2013 3:41 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	2.00	N	3.00	21.00
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N 1.00
						Date 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.		Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N			40.00
						1.00
						2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID		STRIEPLING		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTHCARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-990-5193		DAVE.STRIEPLING@ADVOCATEHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 3:41 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/01/2015		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.		SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140127

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 3:41 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	156	57,096	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)		156	57,096	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,614	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		185	67,710	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,490		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		200				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	9,632	2,654	22,913			1.00
2.00 HMO	1,509	1,250				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,632	2,654	22,913			7.00
8.00 INTENSIVE CARE UNIT	4,745	670	8,765			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		1,100	3,818			13.00
14.00 Total (see instructions)	14,377	4,424	35,496	11.19	992.61	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,644	229	2,650	0.00	15.39	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140127

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 3:41 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	
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				11.19	1,008.00	27.00
28.00	Observation Bed Days		143	1,181			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			677			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	3,237	1,139	8,791	1.00
2.00	HMO			364			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	3,237	1,139	8,791	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	158	12	254	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	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: 140127		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/28/2013 3:41 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	54,568,678	0	54,568,678	2,089,215.84	26.12	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		178,314	0	178,314	1,040.00	171.46	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	1,064,395	0	1,064,395	41,122.00	25.88	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,555,111	177,365	2,732,476	139,692.00	19.56	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		958,241	0	958,241	14,806.00	64.72	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,680,346	0	1,680,346	24,597.00	68.32	13.00
14.00	Home office salaries & wage-related costs		6,105,224	0	6,105,224	101,434.00	60.19	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		14,097,914	0	14,097,914			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		754,418	0	754,418			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		49,664	0	49,664			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		296,455	0	296,455			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	1,003,753	0	1,003,753	8,528.00	117.70	26.00
27.00	Administrative & General	5.00	6,413,074	133,691	6,546,765	240,647.00	27.20	27.00
28.00	Administrative & General under contract (see inst.)		1,101,692	0	1,101,692	30,816.00	35.75	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,419,969	-12,257	1,407,712	50,931.00	27.64	30.00
31.00	Laundry & Linen Service	8.00	275,067	-20,291	254,776	24,624.00	10.35	31.00
32.00	Housekeeping	9.00	1,257,638	-140,326	1,117,312	96,535.00	11.57	32.00
33.00	Housekeeping under contract (see instructions)		439	0	439	7.00	62.71	33.00
34.00	Dietary	10.00	958,089	-616,644	341,445	25,922.00	13.17	34.00
35.00	Dietary under contract (see instructions)		1,178	0	1,178	12.00	98.17	35.00
36.00	Cafeteria	11.00	0	529,853	529,853	40,226.00	13.17	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,171,487	0	2,171,487	62,795.00	34.58	38.00
39.00	Central Services and Supply	14.00	365,350	0	365,350	23,754.00	15.38	39.00
40.00	Pharmacy	15.00	1,971,520	-6,041	1,965,479	50,564.00	38.87	40.00
41.00	Medical Records & Medical Records Library	16.00	1,280,954	0	1,280,954	55,037.00	23.27	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140127

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2013 3:41 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,064,461	0	1,064,461	30,493.00	34.91	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: 140127

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2013 3:41 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	54,607,592	0	54,607,592	2,078,928.84	26.27	1.00
2.00	Excluded area salaries (see instructions)	2,555,111	177,365	2,732,476	139,692.00	19.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,052,481	-177,365	51,875,116	1,939,236.84	26.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,743,811	0	8,743,811	140,837.00	62.08	4.00
5.00	Subtotal wage-related costs (see inst.)	14,147,578	0	14,147,578	0.00	27.27	5.00
6.00	Total (sum of lines 3 thru 5)	74,943,870	-177,365	74,766,505	2,080,073.84	35.94	6.00
7.00	Total overhead cost (see instructions)	19,284,671	-132,015	19,152,656	740,891.00	25.85	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2013 3:41 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,039,551 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,154,000 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			189,890 6.00
7.00	Employee Managed Care Program Administration Fees			805,901 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,694,781 8.00
9.00	Prescription Drug Plan			1,177,497 9.00
10.00	Dental, Hearing and Vision Plan			324,101 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			101,087 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)			483,230 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			834,952 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,949,828 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			98,107 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))			175,018 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			170,508 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			15,198,451 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			37,416 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/28/2013 3:41 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		958,241	15,198,451
2.00	Hospital		958,241	14,952,417
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	246,034
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice		0	0
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/28/2013 3:41 pm	
				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)		0.312623		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		9,883,034		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		44,237,965		6.00
7.00	Medicaid cost (line 1 times line 6)		13,829,805		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)		3,946,771		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)		8,394,771		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	12,819,206	4,294,635	17,113,841	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,007,579	1,342,602	5,350,181	21.00
22.00	Partial payment by patients approved for charity care	32,748	84,412	117,160	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,974,831	1,258,190	5,233,021	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			9,389,840	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			608,911	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			8,780,929	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			2,745,120	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			7,978,141	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,924,912	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140127

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

Worksheet A
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		4,238,832	4,238,832	0	4,238,832	1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,151,598	8,151,598	2.00	
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS	1,003,753	11,375,915	12,379,668	-140,454	12,239,214	4.00	
5.00 00500 ADMIN STRATIVE & GENERAL	6,413,074	33,532,121	39,945,195	-3,435,002	36,510,193	5.00	
7.00 00700 OPERATION OF PLANT	1,419,969	4,352,210	5,772,179	-335,345	5,436,834	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	275,067	364,520	639,587	-113,453	526,134	8.00	
9.00 00900 HOUSEKEEPING	1,257,638	956,989	2,214,627	-262,156	1,952,471	9.00	
10.00 01000 DIETARY	958,089	1,109,170	2,067,259	-1,396,612	670,647	10.00	
11.00 01100 CAFETERIA	0	0	0	1,143,258	1,143,258	11.00	
13.00 01300 NURSING ADMINISTRATION	2,171,487	301,490	2,472,977	-19,177	2,453,800	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	365,350	1,226,601	1,591,951	-745,396	846,555	14.00	
15.00 01500 PHARMACY	1,971,520	6,000,255	7,971,775	-260,523	7,711,252	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,280,954	786,007	2,066,961	-56,529	2,010,432	16.00	
17.00 01700 SOCIAL SERVICE	1,064,461	349,712	1,414,173	0	1,414,173	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,064,395	0	1,064,395	0	1,064,395	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	230,565	230,565	-5,956	224,609	22.00	
23.00 02300 CLINICAL PASTORAL EDUCATION	266,661	61,046	327,707	-45,095	282,612	23.00	
23.01 02301 EMS PROGRAM	0	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	11,262,262	6,908,610	18,170,872	-2,548,780	15,622,092	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,592,002	1,034,802	4,626,804	-466,999	4,159,805	31.00	
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I/RF	894,614	163,245	1,057,859	80,112	1,137,971	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	0	0	0	1,460,921	1,460,921	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,220,191	15,344,703	18,564,894	-13,629,091	4,935,803	50.00	
51.00 05100 RECOVERY ROOM	573,423	93,482	666,905	-41,376	625,529	51.00	
53.00 05300 ANESTHESIOLOGY	58,066	414,300	472,366	162,624	634,990	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,836,665	2,443,749	5,280,414	-1,037,170	4,243,244	54.00	
57.00 05700 CT SCAN	340,339	222,299	562,638	-177,265	385,373	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	2,096,394	3,602,207	5,698,601	-2,050,598	3,648,003	60.00	
65.00 06500 RESPIRATORY THERAPY	798,099	295,650	1,093,749	-223,215	870,534	65.00	
66.00 06600 PHYSICAL THERAPY	1,169,692	215,515	1,385,207	-61,867	1,323,340	66.00	
67.00 06700 OCCUPATIONAL THERAPY	356,034	38,161	394,195	-9,798	384,397	67.00	
68.00 06800 SPEECH PATHOLOGY	232,603	27,224	259,827	-5,785	254,042	68.00	
69.00 06900 ELECTROCARDIOLOGY	1,587,020	3,827,771	5,414,791	-3,469,535	1,945,256	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	90,985	26,222	117,207	-16,709	100,498	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,343,554	10,343,554	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,997,449	9,997,449	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.97 07697 CARDIAC REHABILITATION	331,330	58,972	390,302	-23,990	366,312	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	398,084	64,555	462,639	-7,411	455,228	90.00	
90.01 09001 BASIC DIAGNOSTIC TESTING	361,413	25,613	387,026	-387,026	0	90.01	
90.03 09002 PSYCH OUTPATIENT	0	0	0	0	0	90.03	
90.04 09003 WOUND CARE CLINIC	472,322	623,781	1,096,103	-167,293	928,810	90.04	
91.00 09100 EMERGENCY	2,983,425	1,103,106	4,086,531	-470,344	3,616,187	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04040 OTHER OUTPATIENT SERVICES	7,461	480,035	487,496	0	487,496	93.00	
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	99.10	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE		4,886,444	4,886,444	0	4,886,444	113.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	53,174,842	106,785,879	159,960,721	-270,434	159,690,287	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	376,243	747,986	1,124,229	15,483	1,139,712	190.00	
190.01 19001 OTHER NONREIMBURSABLE	1,017,593	1,722,909	2,740,502	254,951	2,995,453	190.01	
190.13 19007 EUREKA	0	0	0	0	0	190.13	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
200.00	TOTAL (SUM OF LINES 118-199)	54,568,678	109,256,774	163,825,452	0	163,825,452	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140127

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

Worksheet A
Date/Time Prepared:
5/28/2013 3:41 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	670,893	4,909,725	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-2,355,542	5,796,056	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-1,815,865	10,423,349	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,931,775	20,578,418	5.00
7.00	00700	OPERATION OF PLANT	154,153	5,590,987	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-170,362	355,772	8.00
9.00	00900	HOUSEKEEPING	-24,394	1,928,077	9.00
10.00	01000	DIETARY	-434	670,213	10.00
11.00	01100	CAFETERIA	-560,367	582,891	11.00
13.00	01300	NURSING ADMINISTRATION	-47,664	2,406,136	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	846,555	14.00
15.00	01500	PHARMACY	-48,668	7,662,584	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,154	2,005,278	16.00
17.00	01700	SOCIAL SERVICE	0	1,414,173	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,064,395	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-11,576	213,033	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	-9,725	272,887	23.00
23.01	02301	EMS PROGRAM	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,045,940	13,576,152	30.00
31.00	03100	INTENSIVE CARE UNIT	-117,330	4,042,475	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-63	1,137,908	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-5,488	1,455,433	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-147,606	4,788,197	50.00
51.00	05100	RECOVERY ROOM	0	625,529	51.00
53.00	05300	ANESTHESIOLOGY	-542,198	92,792	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-91,014	4,152,230	54.00
57.00	05700	CT SCAN	0	385,373	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-235,077	3,412,926	60.00
65.00	06500	RESPIRATORY THERAPY	-1,675	868,859	65.00
66.00	06600	PHYSICAL THERAPY	-57,717	1,265,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	384,397	67.00
68.00	06800	SPEECH PATHOLOGY	-11	254,031	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,500	1,942,756	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,934	97,564	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,343,554	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,997,449	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	366,312	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-38,542	416,686	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	90.03
90.04	09003	WOUND CARE CLINIC	-5,860	922,950	90.04
91.00	09100	EMERGENCY	-249,598	3,366,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	487,496	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-4,886,444	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,586,477	131,103,810	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,139,712	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	2,995,453	190.01
190.13	19007	EUREKA	0	0	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-28,586,477	135,238,975	200.00

RECLASSIFICATIONS

Provider CCN: 140127

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

Worksheet A-6

Date/Time Prepared:
5/28/2013 3:41 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY EXPENSE					
1.00	NURSERY	43.00	1,652,164	155,861	1.00
	TOTALS		1,652,164	155,861	
B - CAFETERIA EXPENSES					
1.00	CAFETERIA	11.00	529,853	613,405	1.00
2.00	OTHER NONREIMBURSABLE	190.01	58,872	68,155	2.00
3.00	SUBPROVIDER - IRF	41.00	27,919	32,321	3.00
	TOTALS		616,644	713,881	
C - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,341,003	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
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	20,341,003	
D - HOUSEKEEPING RECLASS					
1.00	CLINICAL PASTORAL EDUCATION	23.00	4,120	3,080	1.00
2.00	SUBPROVIDER - IRF	41.00	17,496	13,078	2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	18,741	14,008	3.00
4.00	OTHER NONREIMBURSABLE	190.01	99,969	74,724	4.00
	TOTALS		140,326	104,890	
E - IMPLANTS RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,997,449	1.00
	TOTALS		0	9,997,449	
F - DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,151,598	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
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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	8,151,598	
G - BASIC DIAGNOSTIC TESTING					
1.00	OPERATING ROOM	50.00	69,545	4,929	1.00
2.00	LABORATORY	60.00	285,877	20,260	2.00
3.00	ELECTROCARDIOLOGY	69.00	5,991	424	3.00
	TOTALS		361,413	25,613	
H - RECLASS EUREKA ALLOCATED COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	83,939	133,531	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
	TOTALS		83,939	133,531	
I - A & G IN PASTORAL ED					
1.00	ADMINISTRATIVE & GENERAL	5.00	49,752	0	1.00
	TOTALS		49,752	0	
J - CONTRACTED MEDICAL DIRECTORS					
1.00	ELECTROCARDIOLOGY	69.00	0	6,875	1.00
2.00	RESPIRATORY THERAPY	65.00	0	2,499	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	117,319	3.00
4.00	WOUND CARE CLINIC	90.04	0	15,666	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	237,867	5.00
6.00	SUBPROVIDER - IRF	41.00	0	46,705	6.00
7.00	ANESTHESIOLOGY	53.00	0	542,198	7.00
	TOTALS		0	969,129	
500.00	Grand Total: Increases		2,904,238	40,592,955	500.00

RECLASSIFICATIONS

Provider CCN: 140127

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 3:41 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - NURSERY EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	1,652,164	155,861	0		1.00
	TOTALS		1,652,164	155,861			
B - CAFETERIA EXPENSES							
1.00	DIETARY	10.00	616,644	713,881	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		616,644	713,881			
C - MEDICAL SUPPLY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	30,897	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	20,857	0		2.00
3.00	OPERATION OF PLANT	7.00	0	145,698	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	22,579	0		4.00
5.00	HOUSEKEEPING	9.00	0	12,178	0		5.00
6.00	DIETARY	10.00	0	10,275	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,227	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	639,655	0		8.00
9.00	PHARMACY	15.00	0	87,384	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	44	0		10.00
12.00	CLINICAL PASTORAL EDUCATION	23.00	0	43	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	533,912	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	332,412	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	39,311	0		15.00
16.00	NURSERY	43.00	0	184,099	0		16.00
17.00	OPERATING ROOM	50.00	0	12,310,572	0		17.00
18.00	RECOVERY ROOM	51.00	0	22,279	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	292,771	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	91,716	0		20.00
21.00	CT SCAN	57.00	0	71,469	0		21.00
22.00	LABORATORY	60.00	0	2,109,850	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	138,793	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	15,372	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	9,798	0		25.00
26.00	SPEECH PATHOLOGY	68.00	0	2,078	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	2,694,022	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,899	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	2,067	0		29.00
30.00	CLINIC	90.00	0	4,401	0		30.00
31.00	WOUND CARE CLINIC	90.04	0	177,353	0		31.00
32.00	EMERGENCY	91.00	0	319,615	0		32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,540	0		33.00
34.00	OTHER NONREIMBURSABLE	190.01	0	14,837	0		34.00
	TOTALS		0	20,341,003			
D - HOUSEKEEPING RECLASS							
1.00	HOUSEKEEPING	9.00	140,326	104,890	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		140,326	104,890			
E - IMPLANTS RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,997,449	0		1.00
	TOTALS		0	9,997,449			
F - DEPRECIATION RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	2,916	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,712,238	9		2.00
3.00	OPERATION OF PLANT	7.00	0	177,390	9		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	43,693	9		4.00
5.00	HOUSEKEEPING	9.00	0	4,762	9		5.00
6.00	DIETARY	10.00	0	55,812	9		6.00
7.00	NURSING ADMINISTRATION	13.00	0	17,950	9		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	105,741	9		8.00
9.00	PHARMACY	15.00	0	167,098	9		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	56,485	9		10.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,956	9		12.00
13.00	CLINICAL PASTORAL EDUCATION	23.00	0	2,500	9		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	444,710	9		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	251,906	9		15.00
16.00	SUBPROVIDER - IRF	41.00	0	18,096	9		16.00
17.00	NURSERY	43.00	0	163,005	9		17.00
18.00	OPERATING ROOM	50.00	0	1,392,993	9		18.00
19.00	RECOVERY ROOM	51.00	0	19,097	9		19.00

RECLASSIFICATIONS

Provider CCN: 140127

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

Worksheet A-6

Date/Time Prepared:
5/28/2013 3:41 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
20.00	ANESTHESIOLOGY	53.00	0	86,803		9	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	911,198		9	21.00	
22.00	CT SCAN	57.00	0	105,796		9	22.00	
23.00	LABORATORY	60.00	0	235,791		9	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	86,921		9	24.00	
25.00	PHYSICAL THERAPY	66.00	0	46,495		9	25.00	
26.00	SPEECH PATHOLOGY	68.00	0	3,707		9	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	788,803		9	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,810		9	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	21,923		9	29.00	
30.00	CLINIC	90.00	0	3,010		9	30.00	
31.00	WOUND CARE CLINIC	90.04	0	5,606		9	31.00	
32.00	EMERGENCY	91.00	0	150,729		9	32.00	
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	15,726		9	33.00	
34.00	OTHER NONREIMBURSABLE	190.01	0	31,932		9	34.00	
	TOTALS		0	8,151,598				
G - BASIC DIAGNOSTIC TESTING								
1.00	BASIC DIAGNOSTIC TESTING	90.01	361,413	25,613		0	1.00	
2.00		0.00	0	0		0	2.00	
3.00		0.00	0	0		0	3.00	
	TOTALS		361,413	25,613				
H - RECLASS EUREKA ALLOCATED COSTS								
1.00	LAUNDRY & LINEN SERVICE	8.00	20,291	26,890		0	1.00	
2.00	OPERATION OF PLANT	7.00	12,257	0		0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	34,256	0		0	3.00	
4.00	LABORATORY	60.00	11,094	0		0	4.00	
5.00	PHARMACY	15.00	6,041	0		0	5.00	
6.00	EMPLOYEE BENEFITS	4.00	0	106,641		0	6.00	
	TOTALS		83,939	133,531				
I - A & G IN PASTORAL ED								
1.00	CLINICAL PASTORAL EDUCATION	23.00	49,752	0		0	1.00	
	TOTALS		49,752	0				
J - CONTRACTED MEDICAL DIRECTORS								
1.00		0.00	0	0		0	1.00	
2.00		0.00	0	0		0	2.00	
3.00		0.00	0	0		0	3.00	
4.00		0.00	0	0		0	4.00	
5.00		0.00	0	0		0	5.00	
6.00		0.00	0	0		0	6.00	
7.00	ADMINISTRATIVE & GENERAL	5.00	0	969,129		0	7.00	
	TOTALS		0	969,129				
500.00	Grand Total: Decreases		2,904,238	40,592,955			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2013 3:41 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,844,000	0	0	0	0	1.00
2.00	Land Improvements	7,067,253	2,285,347	0	2,285,347	0	2.00
3.00	Buildings and Fixtures	185,619,566	43,460,174	0	43,460,174	7,847	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	84,057,755	15,611,597	0	15,611,597	6,720,150	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	284,588,574	61,357,118	0	61,357,118	6,727,997	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	284,588,574	61,357,118	0	61,357,118	6,727,997	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,844,000	0				1.00
2.00	Land Improvements	9,352,600	4,320,774				2.00
3.00	Buildings and Fixtures	229,071,893	111,623,554				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	92,949,202	48,796,960				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	339,217,695	164,741,288				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	339,217,695	164,741,288				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2013 3:41 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	4,238,832	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)	4,238,832	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	4,238,832				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,238,832				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2013 3:41 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	246,268,513	0	246,268,513	0.725990	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	92,949,203	0	92,949,203	0.274010	0	2.00
3.00	Total (sum of lines 1-2)	339,217,716	0	339,217,716	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	4,909,725	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,796,056	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,705,781	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	4,909,725	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,796,056	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,705,781	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140127

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 3:41 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,876,129				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	-2,662,866				0	12.00
13.00 Laundry and linen service	B	-170,362	LAUNDRY & LINEN SERVICE	8.00		0	13.00
14.00 Cafeteria-employees and guests	B	-560,367	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	B	-48,422	PHARMACY	15.00		0	17.00
18.00 Sale of medical records and abstracts	B	-5,092	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW 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		0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 MISCELLANEOUS INCOME	B	-98,908	EMPLOYEE BENEFITS	4.00		0	33.00
33.03 MISCELLANEOUS INCOME	B	-2,561,090	ADMINISTRATIVE & GENERAL	5.00		0	33.03
33.04 MISCELLANEOUS INCOME	B	-17,010	OPERATION OF PLANT	7.00		0	33.04
33.08 MISCELLANEOUS INCOME	B	-24,105	HOUSEKEEPING	9.00		0	33.08
33.09 MISCELLANEOUS INCOME	B	-47,642	NURSING ADMINISTRATION	13.00		0	33.09

ADJUSTMENTS TO EXPENSES

Provider CCN: 140127

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 3:41 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	4.00
33.10	MI SCCELLANEOUS INCOME	B	-6,672	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.10
33.19	MI SCCELLANEOUS INCOME	B	-8,444	CLINICAL PASTORAL EDUCATION	23.00	0	33.19
33.20	MI SCCELLANEOUS INCOME	B	-229,846	EMERGENCY	91.00	0	33.20
33.21	MI SCCELLANEOUS INCOME	B	-5,488	NURSERY	43.00	0	33.21
33.22	MI SCCELLANEOUS INCOME	B	-2,500	ELECTROCARDIOLOGY	69.00	0	33.22
33.24	MI SCCELLANEOUS INCOME	B	-9,379	RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25	MI SCCELLANEOUS INCOME	B	-235,077	LABORATORY	60.00	0	33.25
33.28	MI SCCELLANEOUS INCOME	B	-57,625	PHYSICAL THERAPY	66.00	0	33.28
34.00			0		0.00	0	34.00
35.00			0		0.00	0	35.00
35.01	MI SCCELLANEOUS INCOME	B	-26,542	CLINIC	90.00	0	35.01
35.02			0		0.00	0	35.02
35.03			0		0.00	0	35.03
35.04			0		0.00	0	35.04
35.05			0		0.00	0	35.05
35.06			0		0.00	0	35.06
35.07			0		0.00	0	35.07
35.08	NON ALLOWABLE EXPENSES	A	-1,332,340	ADMINISTRATIVE & GENERAL	5.00	0	35.08
35.09	NON ALLOWABLE EXPENSES	A	-858	OPERATION OF PLANT	7.00	0	35.09
36.00	NON ALLOWABLE EXPENSES	A	-434	DIETARY	10.00	0	36.00
36.01	NON ALLOWABLE EXPENSES	A	-246	PHARMACY	15.00	0	36.01
36.02	NON ALLOWABLE EXPENSES	A	-22	NURSING ADMINISTRATION	13.00	0	36.02
36.03	NON ALLOWABLE EXPENSES	A	-6	OPERATING ROOM	50.00	0	36.03
36.04	NON ALLOWABLE EXPENSES	A	-62	MEDICAL RECORDS & LIBRARY	16.00	0	36.04
36.05	NON ALLOWABLE EXPENSES	A	-4,904	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	36.05
36.06	NON ALLOWABLE EXPENSES	A	-18,897	ADULTS & PEDIATRICS	30.00	0	36.06
36.07	NON ALLOWABLE EXPENSES	A	-11	INTENSIVE CARE UNIT	31.00	0	36.07
36.09	NON ALLOWABLE EXPENSES	A	-63	SUBPROVIDER - IRF	41.00	0	36.09
36.10	NON ALLOWABLE EXPENSES	A	-9,746	RADIOLOGY-DIAGNOSTIC	54.00	0	36.10
36.11	NON ALLOWABLE EXPENSES	A	-11	SPEECH PATHOLOGY	68.00	0	36.11
36.13	NON ALLOWABLE EXPENSES	A	-92	PHYSICAL THERAPY	66.00	0	36.13
36.14	NON ALLOWABLE EXPENSES	A	-252	EMERGENCY	91.00	0	36.14
36.15	MARKETING OFFSET	A	-123,534	ADMINISTRATIVE & GENERAL	5.00	0	36.15
36.16	EMPLOYED PHYSICIAN	A	-1,612,265	ADMINISTRATIVE & GENERAL	5.00	0	36.16
36.17	HOSPITAL SPONSORSHIPS	A	-1,480	ADMINISTRATIVE & GENERAL	5.00	0	36.17
36.18	CONTRIBUTIONS	A	-15,500	ADMINISTRATIVE & GENERAL	5.00	0	36.18
36.19	PA ASSESSMENT EXPENSE	A	-5,588,340	ADMINISTRATIVE & GENERAL	5.00	0	36.19
37.00	NON ALLOWABLE EXPENSES	A	-289	HOUSEKEEPING	9.00	0	37.00
38.00	SELF INSURANCE EXPENSE	A	-3,534,126	EMPLOYEE BENEFITS	4.00	0	38.00
39.00			0		0.00	0	39.00
40.00			0		0.00	0	40.00
41.00	IHA / AHA LOBBYING FEES	A	-32,158	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	NON ALLOWABLE EXPENSES	A	-1,281	CLINICAL PASTORAL EDUCATION	23.00	0	42.00
43.00	INTEREST EXPENSE	A	-4,886,444	INTEREST EXPENSE	113.00	11	43.00
44.00	MOB/POB ADD-ON	A	172,021	OPERATION OF PLANT	7.00	0	44.00
44.01	MOB/POB ADD-ON	A	264,898	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.01
44.02	MOB/POB ADD-ON	A	186,660	ADMINISTRATIVE & GENERAL	5.00	0	44.02
44.03	EUREKA OVERALLOCATION	A	577,196	ADMINISTRATIVE & GENERAL	5.00	0	44.03
44.04	ADJ BOOK TO MC DEPR	A	308,667	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.04
44.05	ADJ BOOK TO MC DEPR	A	-3,153,567	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.05
45.00	BNA SETTLEMENT LEGAL FEES	A	-125,425	ADMINISTRATIVE & GENERAL	5.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,586,477				50.00

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

Provider CCN: 140127

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2013 3:41 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	54.00	RADIOLOGY-DIAGNOSTIC	ADVANCED MRI	156,178	228,067 1.00
2.00	0.00			0	0 2.00
3.00	0.00			0	0 3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXTURE	HOME OFFICE	97,328	0 4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIPMENT	HOME OFFICE	798,025	0 4.01
4.02	4.00	EMPLOYEE BENEFITS	HOME OFFICE	1,817,169	0 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4,663,985	9,967,484 4.03
4.04	0.00			0	0 4.04
4.05	0.00			0	0 4.05
5.00	0			7,532,685	10,195,551 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	C		0.00	ADVANCED MRI	42.80	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00	B		0.00	ADVOCATE HEALTH CARE	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140127

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2013 3:41 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-71,889	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	97,328	9		4.00
4.01	798,025	9		4.01
4.02	1,817,169	0		4.02
4.03	-5,303,499	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
5.00	-2,662,866			5.00

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

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

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

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

6.00	MRI SERVICES		6.00
7.00			7.00
8.00			8.00
9.00	HOME OFFICE		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140127

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2013 3:41 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	69.00 ELECTROCARDIOLOGY	6,875	0	6,875	171,400	161
2.00	65.00 RESPIRATORY THERAPY	2,499	0	2,499	171,400	10
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	171,400	0
4.00	90.04 WOUND CARE CLINIC	15,666	0	15,666	171,400	119
5.00	30.00 ADULTS & PEDIATRICS	57,672	0	57,672	171,400	206
6.00	41.00 SUBPROVIDER - IRF	46,705	0	46,705	171,400	803
7.00	50.00 OPERATING ROOM	147,600	147,600	0	171,400	0
8.00	91.00 EMERGENCY	19,500	19,500	0	171,400	0
9.00	70.00 ELECTROENCEPHALOGRAPHY	2,934	2,934	0	171,400	0
10.00	30.00 ADULTS & PEDIATRICS	1,986,346	1,986,346	0	171,400	0
11.00	90.00 CLINIC	12,000	12,000	0	171,400	0
12.00	31.00 INTENSIVE CARE UNIT	117,319	117,319	0	171,400	0
13.00	53.00 ANESTHESIOLOGY	542,198	542,198	0	171,400	0
200.00		2,957,314	2,827,897	129,417		1,299

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	69.00 ELECTROCARDIOLOGY	13,267	663	0	0	0
2.00	65.00 RESPIRATORY THERAPY	824	41	0	0	0
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
4.00	90.04 WOUND CARE CLINIC	9,806	490	0	0	0
5.00	30.00 ADULTS & PEDIATRICS	16,975	849	0	0	0
6.00	41.00 SUBPROVIDER - IRF	66,170	3,309	0	0	0
7.00	50.00 OPERATING ROOM	0	0	0	0	0
8.00	91.00 EMERGENCY	0	0	0	0	0
9.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
10.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
11.00	90.00 CLINIC	0	0	0	0	0
12.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
13.00	53.00 ANESTHESIOLOGY	0	0	0	0	0
200.00		107,042	5,352	0	0	0

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	69.00 ELECTROCARDIOLOGY	0	13,267	0	0
2.00	65.00 RESPIRATORY THERAPY	0	824	1,675	1,675
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0
4.00	90.04 WOUND CARE CLINIC	0	9,806	5,860	5,860
5.00	30.00 ADULTS & PEDIATRICS	0	16,975	40,697	40,697
6.00	41.00 SUBPROVIDER - IRF	0	66,170	0	0
7.00	50.00 OPERATING ROOM	0	0	0	147,600
8.00	91.00 EMERGENCY	0	0	0	19,500
9.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	2,934
10.00	30.00 ADULTS & PEDIATRICS	0	0	0	1,986,346
11.00	90.00 CLINIC	0	0	0	12,000
12.00	31.00 INTENSIVE CARE UNIT	0	0	0	117,319
13.00	53.00 ANESTHESIOLOGY	0	0	0	542,198
200.00		0	107,042	48,232	2,876,129

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	4,909,725	4,909,725			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	5,796,056		5,796,056		2.00
4.00 00400	EMPLOYEE BENEFITS	10,423,349	4,850	2,073	10,430,272	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,578,418	488,598	1,928,494	1,526,418	24,521,928
7.00 00700	OPERATION OF PLANT	5,590,987	1,342,916	126,130	256,794	7,316,827
8.00 00800	LAUNDRY & LINEN SERVICE	355,772	75,399	31,067	49,526	511,764
9.00 00900	HOUSEKEEPING	1,928,077	37,554	3,386	224,552	2,193,569
10.00 01000	DIETARY	670,213	101,239	39,684	67,647	878,783
11.00 01100	CAFETERIA	582,891	0	0	102,457	685,348
13.00 01300	NURSING ADMINISTRATION	2,406,136	52,313	12,763	454,308	2,925,520
14.00 01400	CENTRAL SERVICES & SUPPLY	846,555	58,827	75,185	69,146	1,049,713
15.00 01500	PHARMACY	7,662,584	36,942	118,812	354,835	8,173,173
16.00 01600	MEDICAL RECORDS & LIBRARY	2,005,278	41,158	40,163	385,871	2,472,470
17.00 01700	SOCIAL SERVICE	1,414,173	0	0	188,049	1,602,222
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,064,395	0	0	170,203	1,234,598
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	213,033	18,363	4,235	0	235,631
23.00 02300	CLINICAL PASTORAL EDUCATION	272,887	25,295	1,778	52,154	352,114
23.01 02301	EMS PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,576,152	835,554	432,105	1,661,392	16,505,203
31.00 03100	INTENSIVE CARE UNIT	4,042,475	267,258	179,113	777,699	5,266,545
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	1,137,908	84,241	12,867	181,381	1,416,397
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,455,433	167,348	0	320,550	1,943,331
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,788,197	415,908	990,464	579,281	6,773,850
51.00 05100	RECOVERY ROOM	625,529	24,131	13,579	99,164	762,403
53.00 05300	ANESTHESIOLOGY	92,792	0	61,720	11,208	165,720
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,152,230	189,785	647,892	520,492	5,510,399
57.00 05700	CT SCAN	385,373	0	75,224	76,145	536,742
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	3,412,926	21,527	167,655	470,030	4,072,138
65.00 06500	RESPIRATORY THERAPY	868,859	29,607	61,804	154,658	1,114,928
66.00 06600	PHYSICAL THERAPY	1,265,623	85,189	33,059	217,399	1,601,270
67.00 06700	OCCUPATIONAL THERAPY	384,397	0	0	63,397	447,794
68.00 06800	SPEECH PATHOLOGY	254,031	0	2,636	47,384	304,051
69.00 06900	ELECTROCARDIOLOGY	1,942,756	113,655	560,865	311,196	2,928,472
70.00 07000	ELECTROENCEPHALOGRAPHY	97,564	21,258	10,530	18,410	147,762
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,343,554	0	0	0	10,343,554
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	9,997,449	0	0	0	9,997,449
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	366,312	27,593	15,588	59,433	468,926
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	416,686	19,467	2,140	63,174	501,467
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04 09003	WOUND CARE CLINIC	922,950	24,534	3,986	90,869	1,042,339
91.00 09100	EMERGENCY	3,366,589	143,404	107,173	542,815	4,159,981
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00 04040	OTHER OUTPATIENT SERVICES	487,496	21,907	0	1,164	510,567
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
116.00 11600	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	131,103,810	4,775,820	5,762,170	10,169,201	130,674,948
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,139,712	42,374	11,181	73,370	1,266,637
190.01 19001	OTHER NONREIMBURSABLE	2,995,453	91,531	22,705	187,701	3,297,390
190.13 19007	EUREKA	0	0	0	0	0
191.00 19100	RESEARCH	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers		0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	135,238,975	4,909,725	5,796,056	10,430,272	135,238,975	202.00
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		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
5.00	00500 ADMINISTRATIVE & GENERAL	24,521,928					5.00
7.00	00700 OPERATION OF PLANT	1,620,553	8,937,380				7.00
8.00	00800 LAUNDRY & LINEN SERVICE	113,347	219,262	844,373			8.00
9.00	00900 HOUSEKEEPING	485,838	109,208	56,816	2,845,431		9.00
10.00	01000 DIETARY	194,635	294,403	1,540	73,979	1,443,340	10.00
11.00	01100 CAFETERIA	151,793	0	2,389	113,165		11.00
13.00	01300 NURSING ADMINISTRATION	647,953	152,127	0	7,046		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	232,494	171,070	0	77,828		14.00
15.00	01500 PHARMACY	1,810,219	107,429	171	31,850		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	547,610	119,688	0	14,164		16.00
17.00	01700 SOCIAL SERVICE	354,865	0	0	1,780		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	273,442	0	0	0		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	52,188	53,400	0	0		22.00
23.00	02300 CLINICAL PASTORAL EDUCATION	77,987	73,557	0	0		23.00
23.01	02301 EMS PROGRAM	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,655,607	2,429,804	318,148	1,100,232	1,122,301	30.00
31.00	03100 INTENSIVE CARE UNIT	1,166,450	777,192	22,971	60,142	321,039	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100 SUBPROVIDER - IRF	313,708	244,974	25,237	2,361		41.00
42.00	04200 SUBPROVIDER	0	0	0	0		42.00
43.00	04300 NURSERY	430,415	486,651	26,771	38,533		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,500,293	1,209,466	136,163	491,556		50.00
51.00	05100 RECOVERY ROOM	168,859	70,172	12,087	31,850		51.00
53.00	05300 ANESTHESIOLOGY	36,704	0	0	3,160		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,220,460	551,898	55,130	169,747		54.00
57.00	05700 CT SCAN	118,879	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000 LABORATORY	901,909	62,600	1,810	95,515		60.00
65.00	06500 RESPIRATORY THERAPY	246,938	86,099	0	14,164		65.00
66.00	06600 PHYSICAL THERAPY	354,654	247,730	6,034	17,687		66.00
67.00	06700 OCCUPATIONAL THERAPY	99,179	0	168	0		67.00
68.00	06800 SPEECH PATHOLOGY	67,342	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	648,607	330,509	26,311	35,373		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	32,727	61,819	1,193	7,046		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,290,921	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,214,265	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
76.97	07697 CARDIAC REHABILITATION	103,859	80,241	700	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	111,066	56,611	1,483	0		90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	0		90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	0		90.03
90.04	09003 WOUND CARE CLINIC	230,860	71,344	5,980	0		90.04
91.00	09100 EMERGENCY	921,365	417,021	142,809	453,241		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 OTHER OUTPATIENT SERVICES	113,082	63,706	0	0		93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0		99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	23,511,073	8,547,981	843,911	2,840,419	1,443,340	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	280,539	123,225	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	730,316	266,174	462	5,012	190.01
190.13	19007	EUREKA	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
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)	24,521,928	8,937,380	844,373	2,845,431	202.00
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	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	952,695				11.00
13.00	01300	NURSING ADMINISTRATION	37,374	3,770,020			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,138	2,150	1,547,393		14.00
15.00	01500	PHARMACY	30,207	4,996	0	10,158,045	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,757	63	3	0	16.00
17.00	01700	SOCIAL SERVICE	18,149	97,773	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	24,475	0	0	0	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	8,579	0	3	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	209,600	1,416,191	41,109	10,227	30.00
31.00	03100	INTENSIVE CARE UNIT	84,826	694,151	25,594	1,756	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	20,315	63,496	3,027	41	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	36,632	283,517	14,175	7,154	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	69,995	545,468	947,855	85,505	50.00
51.00	05100	RECOVERY ROOM	10,300	96,888	1,715	6,559	51.00
53.00	05300	ANESTHESIOLOGY	2,265	13,913	22,542	41,147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,884	0	7,062	7,442	54.00
57.00	05700	CT SCAN	6,759	0	5,503	24,575	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	62,233	32,823	162,448	715	60.00
65.00	06500	RESPIRATORY THERAPY	20,687	4,364	10,686	1,969	65.00
66.00	06600	PHYSICAL THERAPY	21,268	2,846	1,184	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,155	1,771	754	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,949	1,771	160	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,046	696	207,426	33,852	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,746	0	146	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	49,250	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	6,728	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,842,588	73.00
76.97	07697	CARDIAC REHABILITATION	6,970	0	159	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,861	1,708	339	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	11,006	9,550	13,655	73	90.04
91.00	09100	EMERGENCY	64,189	479,379	24,609	85,570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04040	OTHER OUTPATIENT SERVICES	161	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140127		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/28/2013 3:41 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	904,526	3,753,514	1,546,132	8,149,173	3,186,755	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,334	0	119	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	29,835	16,506	1,142	2,008,872	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	952,695	3,770,020	1,547,393	10,158,045	3,186,755	202.00
Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
			17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	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	2,074,789					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,508,040				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	365,694			22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	0	0	0	512,240		23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,043,649	1,508,040	365,694	204,795	0	30.00
31.00	03100	INTENSIVE CARE UNIT	666,577	0	0	63,372	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	220,703	0	0	26,422	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	64,335	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	102,448	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	304	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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	10,528	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,913	0	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	53,612	0	0	57,298	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			22.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,074,789	1,508,040	365,694	465,167	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	OTHER NONREIMBURSABLE	0	0	0	47,073	190.01
190.13 19007	EUREKA	0	0	0	0	190.13
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
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)	2,074,789	1,508,040	365,694	512,240	202.00
Cost Center Description						
	Subtotal		Intern & Residents Cost & Post Stepdown Adjustments	Total		
	24.00		25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 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					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00 02300	CLINICAL PASTORAL EDUCATION					23.00
23.01 02301	EMS PROGRAM					23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	30,046,039	-1,873,734	28,172,305		30.00
31.00 03100	INTENSIVE CARE UNIT	9,180,341	0	9,180,341		31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0		40.00
41.00 04100	SUBPROVIDER - I RF	2,354,238	0	2,354,238		41.00
42.00 04200	SUBPROVIDER	0	0	0		42.00
43.00 04300	NURSERY	3,348,438	0	3,348,438		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,311,039	0	12,311,039		50.00
51.00 05100	RECOVERY ROOM	1,187,373	0	1,187,373		51.00
53.00 05300	ANESTHESIOLOGY	344,129	0	344,129		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,188,739	0	8,188,739		54.00
57.00 05700	CT SCAN	692,458	0	692,458		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000	LABORATORY	5,726,050	0	5,726,050		60.00
65.00 06500	RESPIRATORY THERAPY	1,531,005	0	1,531,005		65.00
66.00 06600	PHYSICAL THERAPY	2,284,736	0	2,284,736		66.00
67.00 06700	OCCUPATIONAL THERAPY	566,301	0	566,301		67.00
68.00 06800	SPEECH PATHOLOGY	381,721	0	381,721		68.00
69.00 06900	ELECTROCARDIOLOGY	4,516,546	0	4,516,546		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	252,439	0	252,439		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,684,753	0	12,684,753		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	12,218,442	0	12,218,442		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,172,719	0	8,172,719		73.00
76.97 07697	CARDIAC REHABILITATION	668,759	0	668,759		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	706,448	0	706,448		90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0		90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0		90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.04	09003	WOUND CARE CLINIC	1,450,562	0	1,450,562	90.04
91.00	09100	EMERGENCY	7,646,548	0	7,646,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
93.00	04040	OTHER OUTPATIENT SERVICES	687,516	0	687,516	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,147,339	-1,873,734	125,273,605	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,688,854	0	1,688,854	190.00
190.01	19001	OTHER NONREIMBURSABLE	6,402,782	0	6,402,782	190.01
190.13	19007	EUREKA	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	135,238,975	-1,873,734	133,365,241	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
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	5,346	4,850	2,073	12,269	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	91,396	488,598	1,928,494	2,508,488	5.00
7.00 00700	OPERATION OF PLANT	11,821	1,342,916	126,130	1,480,867	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	315	75,399	31,067	106,781	8.00
9.00 00900	HOUSEKEEPING	2,157	37,554	3,386	43,097	9.00
10.00 01000	DIETARY	1,067	101,239	39,684	141,990	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,083	52,313	12,763	69,159	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,572	58,827	75,185	135,584	14.00
15.00 01500	PHARMACY	997	36,942	118,812	156,751	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,067	41,158	40,163	83,388	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	946	18,363	4,235	23,544	22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	622	25,295	1,778	27,695	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,308	835,554	432,105	1,274,967	30.00
31.00 03100	INTENSIVE CARE UNIT	1,743	267,258	179,113	448,114	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	1,138	84,241	12,867	98,246	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	167,348	0	167,348	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,517	415,908	990,464	1,409,889	50.00
51.00 05100	RECOVERY ROOM	17	24,131	13,579	37,727	51.00
53.00 05300	ANESTHESIOLOGY	11	0	61,720	61,731	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	400,511	189,785	647,892	1,238,188	54.00
57.00 05700	CT SCAN	75,873	0	75,224	151,097	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	44,908	21,527	167,655	234,090	60.00
65.00 06500	RESPIRATORY THERAPY	7,334	29,607	61,804	98,745	65.00
66.00 06600	PHYSICAL THERAPY	812	85,189	33,059	119,060	66.00
67.00 06700	OCCUPATIONAL THERAPY	28	0	0	28	67.00
68.00 06800	SPEECH PATHOLOGY	116	0	2,636	2,752	68.00
69.00 06900	ELECTROCARDIOLOGY	174,962	113,655	560,865	849,482	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	24	21,258	10,530	31,812	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	612	27,593	15,588	43,793	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	29	19,467	2,140	21,636	90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	90.03
90.04 09003	WOUND CARE CLINIC	1,128	24,534	3,986	29,648	90.04
91.00 09100	EMERGENCY	7,628	143,404	107,173	258,205	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	21,907	0	21,907	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	850,088	4,775,820	5,762,170	11,388,078	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22	42,374	11,181	53,577	190.00
190.01 19001	OTHER NONREIMBURSABLE	1,130	91,531	22,705	115,366	190.01
190.13 19007	EUREKA	0	0	0	0	190.13
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	851,240	4,909,725	5,796,056	11,557,021	12,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 3:41 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			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
5.00	00500	ADMINISTRATIVE & GENERAL	2,510,282				5.00
7.00	00700	OPERATION OF PLANT	165,894	1,647,063			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,603	40,408	158,850		8.00
9.00	00900	HOUSEKEEPING	49,735	20,126	10,689	123,911	9.00
10.00	01000	DIETARY	19,925	54,255	290	3,222	219,761
11.00	01100	CAFETERIA	15,539	0	449	4,928	0
13.00	01300	NURSING ADMINISTRATION	66,330	28,035	0	307	0
14.00	01400	CENTRAL SERVICES & SUPPLY	23,800	31,526	0	3,389	0
15.00	01500	PHARMACY	185,310	19,798	32	1,387	0
16.00	01600	MEDICAL RECORDS & LIBRARY	56,058	22,057	0	617	0
17.00	01700	SOCIAL SERVICE	36,327	0	0	77	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	27,992	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,342	9,841	0	0	0
23.00	02300	CLINICAL PASTORAL EDUCATION	7,983	13,556	0	0	0
23.01	02301	EMS PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	374,219	447,788	59,852	47,913	170,880
31.00	03100	INTENSIVE CARE UNIT	119,408	143,228	4,321	2,619	48,881
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	32,114	45,146	4,748	103	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	44,061	89,685	5,036	1,678	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	153,584	222,892	25,616	21,406	0
51.00	05100	RECOVERY ROOM	17,286	12,932	2,274	1,387	0
53.00	05300	ANESTHESIOLOGY	3,757	0	0	138	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	124,937	101,709	10,372	7,392	0
57.00	05700	CT SCAN	12,170	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	92,328	11,536	341	4,159	0
65.00	06500	RESPIRATORY THERAPY	25,279	15,867	0	617	0
66.00	06600	PHYSICAL THERAPY	36,306	45,654	1,135	770	0
67.00	06700	OCCUPATIONAL THERAPY	10,153	0	32	0	0
68.00	06800	SPEECH PATHOLOGY	6,894	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	66,397	60,909	4,950	1,540	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,350	11,393	224	307	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	234,519	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	226,672	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	10,632	14,787	132	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,370	10,433	279	0	0
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	23,633	13,148	1,125	0	0
91.00	09100	EMERGENCY	94,319	76,852	26,866	19,737	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04040	OTHER OUTPATIENT SERVICES	11,576	11,740	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,406,802	1,575,301	158,763	123,693	219,761
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,718	22,709	0	0	0
190.01	19001	OTHER NONREIMBURSABLE	74,762	49,053	87	218	0
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,510,282	1,647,063	158,850	123,911	219,761

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 3:41 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	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	21,036					11.00
13.00	01300	825	165,190				13.00
14.00	01400	312	94	194,786			14.00
15.00	01500	667	219	0	364,581		15.00
16.00	01600	723	3	0	0	163,299	16.00
17.00	01700	401	4,284	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	540	0	0	0	0	22.00
23.00	02300	189	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,628	62,053	5,175	367	5,916	30.00
31.00	03100	1,873	30,415	3,222	63	1,523	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	449	2,782	381	1	900	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	809	12,423	1,784	257	867	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,546	23,901	119,316	3,069	22,980	50.00
51.00	05100	227	4,245	216	235	1,360	51.00
53.00	05300	50	610	2,838	1,477	3,007	53.00
54.00	05400	1,344	0	889	267	31,024	54.00
57.00	05700	149	0	693	882	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,374	1,438	20,449	26	17,108	60.00
65.00	06500	457	191	1,345	71	1,597	65.00
66.00	06600	470	125	149	0	1,643	66.00
67.00	06700	158	78	95	0	486	67.00
68.00	06800	87	78	20	0	228	68.00
69.00	06900	663	30	26,110	1,215	13,566	69.00
70.00	07000	39	0	18	0	0	70.00
71.00	07100	0	0	6,200	0	53	71.00
72.00	07200	0	0	847	0	0	72.00
73.00	07300	0	0	0	281,477	16,917	73.00
76.97	07697	154	0	20	0	405	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	174	75	43	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
90.04	09003	243	418	1,719	3	3,370	90.04
91.00	09100	1,417	21,005	3,098	3,071	40,349	91.00
92.00	09200						92.00
93.00	04040	4	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		19,972	164,467	194,627	292,481	163,299	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	405	0	15	0	0	190.00
190.01	19001	659	723	144	72,100	0	190.01
190.13	19007	0	0	0	0	0	190.13
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		21,036	165,190	194,786	364,581	163,299	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 3:41 pm
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Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 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	41,310				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	28,192			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		39,267		22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	0			49,484	23.00
23.01 02301	EMS PROGRAM	0				0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,780				30.00
31.00 03100	INTENSIVE CARE UNIT	13,272				31.00
40.00 04000	SUBPROVIDER - IPF	0				40.00
41.00 04100	SUBPROVIDER - IRF	4,394				41.00
42.00 04200	SUBPROVIDER	0				42.00
43.00 04300	NURSERY	1,281				43.00
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
57.00 05700	CT SCAN	0				57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	0				59.00
60.00 06000	LABORATORY	0				60.00
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
70.00 07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
76.97 07697	CARDIAC REHABILITATION	0				76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	516				90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0				90.01
90.03 09002	PSYCH OUTPATIENT	0				90.03
90.04 09003	WOUND CARE CLINIC	0				90.04
91.00 09100	EMERGENCY	1,067				91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0				93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0				99.10
101.00 10100	HOME HEALTH AGENCY	0				101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0				109.00
110.00 11000	INTESTINAL ACQUISITION	0				110.00
111.00 11100	ISLET ACQUISITION	0				111.00
113.00 11300	INTEREST EXPENSE	0				113.00
116.00 11600	HOSPICE	0				116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	41,310	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00
190.01 19001	OTHER NONREIMBURSABLE	0				190.01
190.13 19007	EUREKA	0				190.13
191.00 19100	RESEARCH	0				191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0				192.00
200.00	Cross Foot Adjustments		28,192	39,267	49,484	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00			
202.00 TOTAL (sum lines 118-201)	41,310	28,192	39,267	49,484	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 3:41 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		24.00	25.00	26.00
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS			4.00
5.00	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			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 CLINICAL PASTORAL EDUCATION			23.00
23.01	02301 EMS PROGRAM			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	2,476,503	0	2,476,503
31.00	03100 INTENSIVE CARE UNIT	817,853	0	817,853
40.00	04000 SUBPROVIDER - IPF	0	0	0
41.00	04100 SUBPROVIDER - IRF	189,477	0	189,477
42.00	04200 SUBPROVIDER	0	0	0
43.00	04300 NURSERY	325,606	0	325,606
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,004,880	0	2,004,880
51.00	05100 RECOVERY ROOM	78,006	0	78,006
53.00	05300 ANESTHESIOLOGY	73,621	0	73,621
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,516,734	0	1,516,734
57.00	05700 CT SCAN	165,080	0	165,080
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0	0	0
60.00	06000 LABORATORY	383,401	0	383,401
65.00	06500 RESPIRATORY THERAPY	144,351	0	144,351
66.00	06600 PHYSICAL THERAPY	205,567	0	205,567
67.00	06700 OCCUPATIONAL THERAPY	11,104	0	11,104
68.00	06800 SPEECH PATHOLOGY	10,115	0	10,115
69.00	06900 ELECTROCARDIOLOGY	1,025,228	0	1,025,228
70.00	07000 ELECTROENCEPHALOGRAPHY	47,165	0	47,165
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	240,772	0	240,772
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	227,519	0	227,519
73.00	07300 DRUGS CHARGED TO PATIENTS	298,394	0	298,394
76.97	07697 CARDIAC REHABILITATION	69,993	0	69,993
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	44,600	0	44,600
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0
90.03	09002 PSYCH OUTPATIENT	0	0	0
90.04	09003 WOUND CARE CLINIC	73,414	0	73,414
91.00	09100 EMERGENCY	546,624	0	546,624
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
93.00	04040 OTHER OUTPATIENT SERVICES	45,228	0	45,228
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	0
101.00	10100 HOME HEALTH AGENCY	0	0	0
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	0
110.00	11000 INTESTINAL ACQUISITION	0	0	0
111.00	11100 ISLET ACQUISITION	0	0	0
113.00	11300 INTEREST EXPENSE	0	0	0
116.00	11600 HOSPICE	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,021,235	0	11,021,235
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	105,510	0	105,510
190.01	19001 OTHER NONREIMBURSABLE	313,333	0	313,333
190.13	19007 EUREKA	0	0	0
191.00	19100 RESEARCH	0	0	0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0
200.00	Cross Foot Adjustments	116,943	0	116,943
201.00	Negative Cost Centers	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00 TOTAL (sum lines 118-201)	11,557,021	25.00	11,557,021		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	658,002						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		8,151,597					2.00
4.00 00400 EMPLOYEE BENEFITS	650	2,916	55,964,324				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	65,482	2,712,238	8,190,081	-24,521,928	110,717,047		5.00
7.00 00700 OPERATION OF PLANT	179,978	177,390	1,377,845	0	7,316,827		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	10,105	43,693	265,736	0	511,764		8.00
9.00 00900 HOUSEKEEPING	5,033	4,762	1,204,846	0	2,193,569		9.00
10.00 01000 DIETARY	13,568	55,812	362,965	0	878,783		10.00
11.00 01100 CAFETERIA	0	0	549,738	0	685,348		11.00
13.00 01300 NURSING ADMINISTRATION	7,011	17,950	2,437,613	0	2,925,520		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,884	105,741	371,005	0	1,049,713		14.00
15.00 01500 PHARMACY	4,951	167,098	1,903,888	0	8,173,173		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,516	56,485	2,070,411	0	2,472,470		16.00
17.00 01700 SOCIAL SERVICE	0	0	1,008,988	0	1,602,222		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	913,234	0	1,234,598		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,461	5,956	0	0	235,631		22.00
23.00 02300 CLINICAL PASTORAL EDUCATION	3,390	2,500	279,835	0	352,114		23.00
23.01 02301 EMS PROGRAM	0	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	111,981	607,715	8,914,396	0	16,505,203		30.00
31.00 03100 INTENSIVE CARE UNIT	35,818	251,906	4,172,788	0	5,266,545		31.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	11,290	18,096	973,209	0	1,416,397		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	22,428	0	1,719,931	0	1,943,331		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	55,740	1,392,993	3,108,164	0	6,773,850		50.00
51.00 05100 RECOVERY ROOM	3,234	19,097	532,070	0	762,403		51.00
53.00 05300 ANESTHESIOLOGY	0	86,803	60,139	0	165,720		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	25,435	911,198	2,792,728	0	5,510,399		54.00
57.00 05700 CT SCAN	0	105,796	408,560	0	536,742		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000 LABORATORY	2,885	235,791	2,521,974	0	4,072,138		60.00
65.00 06500 RESPIRATORY THERAPY	3,968	86,921	829,827	0	1,114,928		65.00
66.00 06600 PHYSICAL THERAPY	11,417	46,495	1,166,467	0	1,601,270		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	340,159	0	447,794		67.00
68.00 06800 SPEECH PATHOLOGY	0	3,707	254,240	0	304,051		68.00
69.00 06900 ELECTROCARDIOLOGY	15,232	788,803	1,669,741	0	2,928,472		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,849	14,810	98,782	0	147,762		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,343,554		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	9,997,449		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
76.97 07697 CARDIAC REHABILITATION	3,698	21,923	318,893	0	468,926		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,609	3,010	338,965	0	501,467		90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	0		90.01
90.03 09002 PSYCH OUTPATIENT	0	0	0	0	0		90.03
90.04 09003 WOUND CARE CLINIC	3,288	5,606	487,565	0	1,042,339		90.04
91.00 09100 EMERGENCY	19,219	150,729	2,912,504	0	4,159,981		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 04040 OTHER OUTPATIENT SERVICES	2,936	0	6,245	0	510,567		93.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0		111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0		113.00
116.00 11600 HOSPICE	0	0	0	0	0		116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	640,056	8,103,940	54,563,532	-24,521,928	106,153,020		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,679	15,725	393,670	0	1,266,637		190.00
190.01 19001 OTHER NONREIMBURSABLE	12,267	31,932	1,007,122	0	3,297,390		190.01
190.13 19007 EUREKA	0	0	0	0	0		190.13
191.00 19100 RESEARCH	0	0	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
200.00 20000 Cross Foot Adjustments							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
201.00	Negative Cost Centers				5A	5.00	201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,909,725	5,796,056	10,430,272		24,521,928	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.461565	0.711033	0.186374		0.221483	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			12,269		2,510,282	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000219		0.022673	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	411,892				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,105	942,592			8.00
9.00	00900	HOUSEKEEPING	5,033	63,425	78,349		9.00
10.00	01000	DIETARY	13,568	1,719	2,037	102,775	10.00
11.00	01100	CAFETERIA	0	2,667	3,116	0	76,956
13.00	01300	NURSING ADMINISTRATION	7,011	0	194	0	3,019
14.00	01400	CENTRAL SERVICES & SUPPLY	7,884	0	2,143	0	1,142
15.00	01500	PHARMACY	4,951	191	877	0	2,440
16.00	01600	MEDICAL RECORDS & LIBRARY	5,516	0	390	0	2,646
17.00	01700	SOCIAL SERVICE	0	0	49	0	1,466
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,461	0	0	0	1,977
23.00	02300	CLINICAL PASTORAL EDUCATION	3,390	0	0	0	693
23.01	02301	EMS PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	111,981	355,153	30,295	79,915	16,931
31.00	03100	INTENSIVE CARE UNIT	35,818	25,643	1,656	22,860	6,852
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	11,290	28,173	65	0	1,641
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	22,428	29,885	1,061	0	2,959
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,740	152,002	13,535	0	5,654
51.00	05100	RECOVERY ROOM	3,234	13,493	877	0	832
53.00	05300	ANESTHESIOLOGY	0	0	87	0	183
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,435	61,543	4,674	0	4,918
57.00	05700	CT SCAN	0	0	0	0	546
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	2,885	2,021	2,630	0	5,027
65.00	06500	RESPIRATORY THERAPY	3,968	0	390	0	1,671
66.00	06600	PHYSICAL THERAPY	11,417	6,736	487	0	1,718
67.00	06700	OCCUPATIONAL THERAPY	0	187	0	0	578
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	319
69.00	06900	ELECTROCARDIOLOGY	15,232	29,372	974	0	2,427
70.00	07000	ELECTROENCEPHALOGRAPHY	2,849	1,332	194	0	141
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	3,698	781	0	0	563
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,609	1,656	0	0	635
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	3,288	6,676	0	0	889
91.00	09100	EMERGENCY	19,219	159,421	12,480	0	5,185
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	OTHER OUTPATIENT SERVICES	2,936	0	0	0	13
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	393,946	942,076	78,211	102,775	73,065
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,679	0	0	0	1,481
190.01	19001	OTHER NONREIMBURSABLE	12,267	516	138	0	2,410
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	8,937,380	844,373	2,845,431	1,443,340	952,695	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21.698358	0.895799	36.317388	14.043688	12.379736	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,647,063	158,850	123,911	219,761	21,036	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.998774	0.168525	1.581526	2.138273	0.273351	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
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	59,612					13.00
14.00	01400	34	20,097,292				14.00
15.00	01500	79	0	7,119,500			15.00
16.00	01600	1	44	0	4,454,468		16.00
17.00	01700	1,546	0	0	0	2,322	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	43	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,393	533,912	7,168	161,362	1,168	30.00
31.00	03100	10,976	332,412	1,231	41,551	746	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,004	39,311	29	24,541	247	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	4,483	184,099	5,014	23,656	72	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,625	12,310,572	59,928	626,833	0	50.00
51.00	05100	1,532	22,279	4,597	37,098	0	51.00
53.00	05300	220	292,771	28,839	82,020	0	53.00
54.00	05400	0	91,716	5,216	846,251	0	54.00
57.00	05700	0	71,469	17,224	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	519	2,109,850	501	466,670	0	60.00
65.00	06500	69	138,793	1,380	43,569	0	65.00
66.00	06600	45	15,372	0	44,818	0	66.00
67.00	06700	28	9,798	0	13,251	0	67.00
68.00	06800	28	2,078	0	6,218	0	68.00
69.00	06900	11	2,694,022	23,726	370,036	0	69.00
70.00	07000	0	1,899	0	0	0	70.00
71.00	07100	0	639,655	0	1,437	0	71.00
72.00	07200	0	87,384	0	0	0	72.00
73.00	07300	0	0	5,496,658	461,460	0	73.00
76.97	07697	0	2,067	0	11,048	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	27	4,401	0	0	29	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
90.04	09003	151	177,353	51	91,913	0	90.04
91.00	09100	7,580	319,615	59,974	1,100,736	60	91.00
92.00	09200						92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		59,351	20,080,915	5,711,536	4,454,468	2,322	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	1,540	0	0	0	190.00
190.01	19001	261	14,837	1,407,964	0	0	190.01
190.13	19007	0	0	0	0	0	190.13
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	3,770,020	1,547,393	10,158,045	3,186,755	2,074,789	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	63.242636	0.076995	1.426792	0.715406	893.535314	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	165,190	194,786	364,581	163,299	41,310	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.771086	0.009692	0.051209	0.036660	17.790698	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.00 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					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	100				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		100			22.00
23.00 02300 CLINICAL PASTORAL EDUCATION			5,060		23.00
23.01 02301 EMS PROGRAM			0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	100	100	2,023	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	626	0	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	261	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	1,012	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	3	0	54.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	104	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03 09002 PSYCH OUTPATIENT	0	0	0	0	90.03
90.04 09003 WOUND CARE CLINIC	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	566	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	100	4,595	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	0	0	465	0	190.01
190.13 19007 EUREKA	0	0	0	0	190.13
191.00 19100 RESEARCH	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,508,040	365,694	512,240	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15,080.400000	3,656.940000	101.233202	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	28,192	39,267	49,484	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	281.920000	392.670000	9.779447	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140127

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 3:41 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 Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00		6.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	28,172,305		28,172,305	40,697	28,213,002	30,817,353	30.00
31.00	03100	INTENSIVE CARE UNIT	9,180,341		9,180,341	0	9,180,341	10,460,680	31.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,354,238		2,354,238	0	2,354,238	2,296,981	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	3,348,438		3,348,438	0	3,348,438	3,437,159	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	12,311,039		12,311,039	0	12,311,039	26,850,791	50.00
51.00	05100	RECOVERY ROOM	1,187,373		1,187,373	0	1,187,373	1,883,739	51.00
53.00	05300	ANESTHESIOLOGY	344,129		344,129	0	344,129	5,741,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,188,739		8,188,739	0	8,188,739	8,333,032	54.00
57.00	05700	CT SCAN	692,458		692,458	0	692,458	8,470,415	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	5,726,050		5,726,050	0	5,726,050	18,086,126	60.00
65.00	06500	RESPIRATORY THERAPY	1,531,005	0	1,531,005	1,675	1,532,680	4,539,365	65.00
66.00	06600	PHYSICAL THERAPY	2,284,736	0	2,284,736	0	2,284,736	2,525,600	66.00
67.00	06700	OCCUPATIONAL THERAPY	566,301	0	566,301	0	566,301	1,850,923	67.00
68.00	06800	SPEECH PATHOLOGY	381,721	0	381,721	0	381,721	644,953	68.00
69.00	06900	ELECTROCARDIOLOGY	4,516,546		4,516,546	0	4,516,546	13,379,651	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	252,439		252,439	0	252,439	210,798	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,684,753		12,684,753	0	12,684,753	9,197,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,218,442		12,218,442	0	12,218,442	25,114,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,172,719		8,172,719	0	8,172,719	44,914,548	73.00
76.97	07697	CARDIAC REHABILITATION	668,759		668,759	0	668,759	37,303	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	706,448		706,448	0	706,448	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0		0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0		0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	1,450,562		1,450,562	5,860	1,456,422	267,729	90.04
91.00	09100	EMERGENCY	7,646,548		7,646,548	0	7,646,548	6,254,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,382,904		1,382,904	0	1,382,904	177,499	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	687,516		687,516	0	687,516	236	93.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
116.00	11600	HOSPICE	0		0	0	0	0	116.00
200.00		Subtotal (see instructions)	126,656,509	0	126,656,509	48,232	126,704,741	225,492,566	200.00
201.00		Less Observation Beds	1,382,904		1,382,904		1,382,904		201.00
202.00		Total (see instructions)	125,273,605	0	125,273,605	48,232	125,321,837	225,492,566	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/28/2013 3:41 pm		
				Title XVIII	Hospital		PPS	
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		30,817,353				30.00
31.00	03100	INTENSIVE CARE UNIT		10,460,680				31.00
40.00	04000	SUBPROVIDER - IPF		0				40.00
41.00	04100	SUBPROVIDER - IRF		2,296,981				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		3,437,159				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,642,290	43,493,081	0.283057	0.000000	0.283057	50.00
51.00	05100	RECOVERY ROOM	1,659,558	3,543,297	0.335104	0.000000	0.335104	51.00
53.00	05300	ANESTHESIOLOGY	3,292,867	9,034,053	0.038092	0.000000	0.038092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,227,284	34,560,316	0.236941	0.000000	0.236941	54.00
57.00	05700	CT SCAN	25,238,930	33,709,345	0.020542	0.000000	0.020542	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	22,887,534	40,973,660	0.139750	0.000000	0.139750	60.00
65.00	06500	RESPIRATORY THERAPY	717,646	5,257,011	0.291231	0.000000	0.291550	65.00
66.00	06600	PHYSICAL THERAPY	2,098,992	4,624,592	0.494041	0.000000	0.494041	66.00
67.00	06700	OCCUPATIONAL THERAPY	310,937	2,161,860	0.261951	0.000000	0.261951	67.00
68.00	06800	SPEECH PATHOLOGY	180,392	825,345	0.462499	0.000000	0.462499	68.00
69.00	06900	ELECTROCARDIOLOGY	14,068,326	27,447,977	0.164549	0.000000	0.164549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	270,394	481,192	0.524612	0.000000	0.524612	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,364,559	13,562,441	0.935285	0.000000	0.935285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,181,192	30,295,398	0.403310	0.000000	0.403310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,187,185	64,101,733	0.127496	0.000000	0.127496	73.00
76.97	07697	CARDIAC REHABILITATION	639,344	676,647	0.988343	0.000000	0.988343	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	652,686	652,686	1.082370	0.000000	1.082370	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0.000000	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	5,369,507	5,637,236	0.257318	0.000000	0.258357	90.04
91.00	09100	EMERGENCY	22,758,774	29,013,185	0.263554	0.000000	0.263554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,157,217	1,334,716	1.036104	0.000000	1.036104	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	2,319,962	2,320,198	0.296318	0.000000	0.296318	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	175,225,576	400,718,142				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	175,225,576	400,718,142				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140127

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 3:41 pm

		Title XIX			Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	28,172,305		28,172,305	0	0	30,817,353	30.00
31.00	03100	INTENSIVE CARE UNIT	9,180,341		9,180,341	0	0	10,460,680	31.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,354,238		2,354,238	0	0	2,296,981	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	3,348,438		3,348,438	0	0	3,437,159	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	12,311,039		12,311,039	0	0	26,850,791	50.00
51.00	05100	RECOVERY ROOM	1,187,373		1,187,373	0	0	1,883,739	51.00
53.00	05300	ANESTHESIOLOGY	344,129		344,129	0	0	5,741,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,188,739		8,188,739	0	0	8,333,032	54.00
57.00	05700	CT SCAN	692,458		692,458	0	0	8,470,415	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	5,726,050		5,726,050	0	0	18,086,126	60.00
65.00	06500	RESPIRATORY THERAPY	1,531,005	0	1,531,005	0	0	4,539,365	65.00
66.00	06600	PHYSICAL THERAPY	2,284,736	0	2,284,736	0	0	2,525,600	66.00
67.00	06700	OCCUPATIONAL THERAPY	566,301	0	566,301	0	0	1,850,923	67.00
68.00	06800	SPEECH PATHOLOGY	381,721	0	381,721	0	0	644,953	68.00
69.00	06900	ELECTROCARDIOLOGY	4,516,546		4,516,546	0	0	13,379,651	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	252,439		252,439	0	0	210,798	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,684,753		12,684,753	0	0	9,197,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,218,442		12,218,442	0	0	25,114,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,172,719		8,172,719	0	0	44,914,548	73.00
76.97	07697	CARDIAC REHABILITATION	668,759		668,759	0	0	37,303	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	706,448		706,448	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0		0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0		0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	1,450,562		1,450,562	0	0	267,729	90.04
91.00	09100	EMERGENCY	7,646,548		7,646,548	0	0	6,254,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,382,904		1,382,904	0	0	177,499	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	687,516		687,516	0	0	236	93.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
116.00	11600	HOSPICE	0		0	0	0	0	116.00
200.00		Subtotal (see instructions)	126,656,509	0	126,656,509	0	0	225,492,566	200.00
201.00		Less Observation Beds	1,382,904		1,382,904	0	0	0	201.00
202.00		Total (see instructions)	125,273,605	0	125,273,605	0	0	225,492,566	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/28/2013 3:41 pm		
				Title XIX	Hospital	Cost		
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		30,817,353				30.00
31.00	03100	INTENSIVE CARE UNIT		10,460,680				31.00
40.00	04000	SUBPROVIDER - I/PF		0				40.00
41.00	04100	SUBPROVIDER - I/RP		2,296,981				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		3,437,159				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,642,290	43,493,081	0.283057	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,659,558	3,543,297	0.335104	0.000000	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	3,292,867	9,034,053	0.038092	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,227,284	34,560,316	0.236941	0.000000	0.000000	54.00
57.00	05700	CT SCAN	25,238,930	33,709,345	0.020542	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	22,887,534	40,973,660	0.139750	0.000000	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	717,646	5,257,011	0.291231	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,098,992	4,624,592	0.494041	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	310,937	2,161,860	0.261951	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	180,392	825,345	0.462499	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	14,068,326	27,447,977	0.164549	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	270,394	481,192	0.524612	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,364,559	13,562,441	0.935285	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,181,192	30,295,398	0.403310	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,187,185	64,101,733	0.127496	0.000000	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	639,344	676,647	0.988343	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	652,686	652,686	1.082370	0.000000	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0.000000	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	5,369,507	5,637,236	0.257318	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	22,758,774	29,013,185	0.263554	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,157,217	1,334,716	1.036104	0.000000	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	2,319,962	2,320,198	0.296318	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	175,225,576	400,718,142				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	175,225,576	400,718,142				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/28/2013 3:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,476,503	0	2,476,503	24,094	102.79	30.00
31.00	INTENSIVE CARE UNIT	817,853		817,853	8,765	93.31	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	189,477	0	189,477	2,650	71.50	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	325,606		325,606	3,818	85.28	43.00
200.00	Total (Lines 30-199)	3,809,439		3,809,439	39,327		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,632	990,073				
31.00	INTENSIVE CARE UNIT	4,745	442,756				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,644	117,546				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	16,021	1,550,375				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/28/2013 3:41 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	2,004,880	43,493,081	0.046097	10,393,084	479,090	50.00
51.00	05100 RECOVERY ROOM	78,006	3,543,297	0.022015	709,112	15,611	51.00
53.00	05300 ANESTHESIOLOGY	73,621	9,034,053	0.008149	2,085,617	16,996	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,516,734	34,560,316	0.043887	4,196,491	184,171	54.00
57.00	05700 CT SCAN	165,080	33,709,345	0.004897	4,106,146	20,108	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	383,401	40,973,660	0.009357	9,116,888	85,307	60.00
65.00	06500 RESPIRATORY THERAPY	144,351	5,257,011	0.027459	2,435,625	66,880	65.00
66.00	06600 PHYSICAL THERAPY	205,567	4,624,592	0.044451	925,945	41,159	66.00
67.00	06700 OCCUPATIONAL THERAPY	11,104	2,161,860	0.005136	530,800	2,726	67.00
68.00	06800 SPEECH PATHOLOGY	10,115	825,345	0.012255	161,644	1,981	68.00
69.00	06900 ELECTROCARDIOLOGY	1,025,228	27,447,977	0.037352	6,765,596	252,709	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	47,165	481,192	0.098017	92,148	9,032	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	240,772	13,562,441	0.017753	4,053,169	71,956	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	227,519	30,295,398	0.007510	10,647,496	79,963	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	298,394	64,101,733	0.004655	20,992,540	97,720	73.00
76.97	07697 CARDIAC REHABILITATION	69,993	676,647	0.103441	16,698	1,727	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	44,600	652,686	0.068333	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0.000000	0	0	90.03
90.04	09003 WOUND CARE CLINIC	73,414	5,637,236	0.013023	164,041	2,136	90.04
91.00	09100 EMERGENCY	546,624	29,013,185	0.018841	3,101,450	58,434	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	121,390	1,334,716	0.090948	116,193	10,568	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	45,228	2,320,198	0.019493	0	0	93.00
200.00	Total (lines 50-199)	7,333,186	353,705,969		80,610,683	1,498,274	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/28/2013 3:41 pm
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Cost Center Description	Title XVIII					Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Hospital	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	204,795	0	0	204,795	30.00
31.00	03100	INTENSIVE CARE UNIT	0	63,372	0	0	63,372	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	26,422	0	0	26,422	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	294,589	0	0	294,589	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	6.00	7.00	8.00	9.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,094	8.50	9,632	81,872	30.00
31.00	03100	INTENSIVE CARE UNIT	8,765	7.23	4,745	34,306	31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,650	9.97	1,644	16,391	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	3,818	0.00	0	0	43.00
200.00		Total (lines 30-199)	39,327		16,021	132,569	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:41 pm
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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	102,448	0		102,448	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	304	0		304	54.00	
57.00 05700 CT SCAN	0	0	0	0		0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		0	59.00	
60.00 06000 LABORATORY	0	0	0	0		0	60.00	
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	10,528	0		10,528	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		0	73.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0		0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0		0	90.00	
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	0	0		0	90.01	
90.03 09002 PSYCH OUTPATIENT	0	0	0	0		0	90.03	
90.04 09003 WOUND CARE CLINIC	0	0	0	0		0	90.04	
91.00 09100 EMERGENCY	0	0	57,298	0		57,298	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	10,039	0		10,039	92.00	
93.00 04040 OTHER OUTPATIENT SERVICES	0	0	0	0		0	93.00	
200.00 Total (lines 50-199)	0	0	180,617	0		180,617	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140127

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102,448	43,493,081	0.002356	0.002356	10,393,084	50.00
51.00	05100	RECOVERY ROOM	0	3,543,297	0.000000	0.000000	709,112	51.00
53.00	05300	ANESTHESIOLOGY	0	9,034,053	0.000000	0.000000	2,085,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	304	34,560,316	0.000009	0.000009	4,196,491	54.00
57.00	05700	CT SCAN	0	33,709,345	0.000000	0.000000	4,106,146	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	40,973,660	0.000000	0.000000	9,116,888	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,257,011	0.000000	0.000000	2,435,625	65.00
66.00	06600	PHYSICAL THERAPY	0	4,624,592	0.000000	0.000000	925,945	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,161,860	0.000000	0.000000	530,800	67.00
68.00	06800	SPEECH PATHOLOGY	0	825,345	0.000000	0.000000	161,644	68.00
69.00	06900	ELECTROCARDIOLOGY	10,528	27,447,977	0.000384	0.000384	6,765,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	481,192	0.000000	0.000000	92,148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,562,441	0.000000	0.000000	4,053,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	30,295,398	0.000000	0.000000	10,647,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	64,101,733	0.000000	0.000000	20,992,540	73.00
76.97	07697	CARDIAC REHABILITATION	0	676,647	0.000000	0.000000	16,698	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	652,686	0.000000	0.000000	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0	5,637,236	0.000000	0.000000	164,041	90.04
91.00	09100	EMERGENCY	57,298	29,013,185	0.001975	0.001975	3,101,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,039	1,334,716	0.007521	0.007521	116,193	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	2,320,198	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	180,617	353,705,969			80,610,683	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140127

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	24,486	3,631,544	8,556	50.00
51.00	05100 RECOVERY ROOM	0	256,236	0	51.00
53.00	05300 ANESTHESIOLOGY	0	558,139	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	38	6,138,522	55	54.00
57.00	05700 CT SCAN	0	6,543,691	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	1,227,216	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	143,822	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,598	5,865,014	2,252	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	53,027	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,142,874	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,618,618	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,178,120	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	277,621	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0	3,123,342	0	90.04
91.00	09100 EMERGENCY	6,125	4,020,722	7,941	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	874	329,261	2,476	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	1,310,180	0	93.00
200.00	Total (lines 50-199)	34,121	41,417,949	21,280	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 3:41 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	0.283057	3,631,544	0	0	1,027,934	50.00
51.00	05100	RECOVERY ROOM	0.335104	256,236	0	0	85,866	51.00
53.00	05300	ANESTHESIOLOGY	0.038092	558,139	0	0	21,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236941	6,138,522	0	0	1,454,468	54.00
57.00	05700	CT SCAN	0.020542	6,543,691	0	0	134,421	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.139750	1,227,216	0	0	171,503	60.00
65.00	06500	RESPIRATORY THERAPY	0.291231	143,822	392	0	41,885	65.00
66.00	06600	PHYSICAL THERAPY	0.494041	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.261951	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.462499	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.164549	5,865,014	0	0	965,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.524612	53,027	0	0	27,819	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.935285	1,142,874	0	0	1,068,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.403310	2,618,618	0	0	1,056,115	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127496	4,178,120	0	21,529	532,694	73.00
76.97	07697	CARDIAC REHABILITATION	0.988343	277,621	0	0	274,385	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.082370	0	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0.257318	3,123,342	0	0	803,692	90.04
91.00	09100	EMERGENCY	0.263554	4,020,722	0	0	1,059,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.036104	329,261	0	0	341,149	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.296318	1,310,180	0	0	388,230	93.00
200.00		Subtotal (see instructions)		41,417,949	392	21,529	9,455,094	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		41,417,949	392	21,529	9,455,094	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 3:41 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
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	114	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,745		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0		90.01
90.03 09002 PSYCH OUTPATIENT	0	0		90.03
90.04 09003 WOUND CARE CLINIC	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	114	2,745		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	114	2,745		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140127 Component CCN: 14T127		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 3:41 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,004,880	43,493,081	0.046097	15,989	737	50.00
51.00	05100	RECOVERY ROOM	78,006	3,543,297	0.022015	1,554	34	51.00
53.00	05300	ANESTHESIOLOGY	73,621	9,034,053	0.008149	2,076	17	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,516,734	34,560,316	0.043887	83,092	3,647	54.00
57.00	05700	CT SCAN	165,080	33,709,345	0.004897	83,392	408	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	383,401	40,973,660	0.009357	328,409	3,073	60.00
65.00	06500	RESPIRATORY THERAPY	144,351	5,257,011	0.027459	58,291	1,601	65.00
66.00	06600	PHYSICAL THERAPY	205,567	4,624,592	0.044451	561,985	24,981	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,104	2,161,860	0.005136	604,319	3,104	67.00
68.00	06800	SPEECH PATHOLOGY	10,115	825,345	0.012255	249,193	3,054	68.00
69.00	06900	ELECTROCARDIOLOGY	1,025,228	27,447,977	0.037352	16,422	613	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,165	481,192	0.098017	2,732	268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	240,772	13,562,441	0.017753	71,939	1,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	227,519	30,295,398	0.007510	8,568	64	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	298,394	64,101,733	0.004655	794,371	3,698	73.00
76.97	07697	CARDIAC REHABILITATION	69,993	676,647	0.103441	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	44,600	652,686	0.068333	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0	0	90.03
90.04	09003	WOUND CARE CLINIC	73,414	5,637,236	0.013023	13,131	171	90.04
91.00	09100	EMERGENCY	546,624	29,013,185	0.018841	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,334,716	0.000000	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	45,228	2,320,198	0.019493	0	0	93.00
200.00		Total (lines 50-199)	7,211,796	353,705,969		2,895,463	46,747	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:41 pm
	Title XVIII	Subprovider - IRF	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	102,448	0	102,448	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	304	0	304	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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	10,528	0	10,528	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	57,298	0	57,298	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	170,578	0	170,578	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140127 Component CCN: 14T127		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:41 pm		
				Title XVIII		Subprovider - IRF	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	102,448	43,493,081	0.002356	0.002356	15,989	50.00
51.00	05100	RECOVERY ROOM	0	3,543,297	0.000000	0.000000	1,554	51.00
53.00	05300	ANESTHESIOLOGY	0	9,034,053	0.000000	0.000000	2,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	304	34,560,316	0.000009	0.000009	83,092	54.00
57.00	05700	CT SCAN	0	33,709,345	0.000000	0.000000	83,392	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	40,973,660	0.000000	0.000000	328,409	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,257,011	0.000000	0.000000	58,291	65.00
66.00	06600	PHYSICAL THERAPY	0	4,624,592	0.000000	0.000000	561,985	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,161,860	0.000000	0.000000	604,319	67.00
68.00	06800	SPEECH PATHOLOGY	0	825,345	0.000000	0.000000	249,193	68.00
69.00	06900	ELECTROCARDIOLOGY	10,528	27,447,977	0.000384	0.000384	16,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	481,192	0.000000	0.000000	2,732	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,562,441	0.000000	0.000000	71,939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	30,295,398	0.000000	0.000000	8,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	64,101,733	0.000000	0.000000	794,371	73.00
76.97	07697	CARDIAC REHABILITATION	0	676,647	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	652,686	0.000000	0.000000	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0	5,637,236	0.000000	0.000000	13,131	90.04
91.00	09100	EMERGENCY	57,298	29,013,185	0.001975	0.001975	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,334,716	0.000000	0.000000	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	2,320,198	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	170,578	353,705,969			2,895,463	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:41 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	38	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0	93.00
200.00	Total (lines 50-199)	45	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 3:41 pm
		Title XIX	Hospital	Cost

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	0.283057	0	2,119,461	0	0
51.00 05100 RECOVERY ROOM	0.335104	0	265,565	0	0
53.00 05300 ANESTHESIOLOGY	0.038092	0	471,266	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.236941	0	3,292,452	0	0
57.00 05700 CT SCAN	0.020542	0	2,490,865	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.139750	0	3,570,679	0	0
65.00 06500 RESPIRATORY THERAPY	0.291231	0	112,226	0	0
66.00 06600 PHYSICAL THERAPY	0.494041	0	317,127	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.261951	0	57,744	0	0
68.00 06800 SPEECH PATHOLOGY	0.462499	0	47,344	0	0
69.00 06900 ELECTROCARDIOLOGY	0.164549	0	964,761	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.524612	0	50,152	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.935285	0	485,598	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.403310	0	624,192	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.127496	0	2,246,843	0	0
76.97 07697 CARDIAC REHABILITATION	0.988343	0	8,521	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.082370	0	0	0	0
90.01 09001 BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0
90.03 09002 PSYCH OUTPATIENT	0.000000	0	0	0	0
90.04 09003 WOUND CARE CLINIC	0.257318	0	304,489	0	0
91.00 09100 EMERGENCY	0.263554	0	6,012,321	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.036104	0	158,493	0	0
93.00 04040 OTHER OUTPATIENT SERVICES	0.296318	0	0	0	0
200.00 Subtotal (see instructions)		0	23,600,099	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	23,600,099	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 3:41 pm
		Title XIX	Hospital	Cost

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	599,928	0	50.00
51.00	05100 RECOVERY ROOM	88,992	0	51.00
53.00	05300 ANESTHESIOLOGY	17,951	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	780,117	0	54.00
57.00	05700 CT SCAN	51,167	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	499,002	0	60.00
65.00	06500 RESPIRATORY THERAPY	32,684	0	65.00
66.00	06600 PHYSICAL THERAPY	156,674	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	15,126	0	67.00
68.00	06800 SPEECH PATHOLOGY	21,897	0	68.00
69.00	06900 ELECTROCARDIOLOGY	158,750	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	26,310	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	454,173	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	251,743	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	286,463	0	73.00
76.97	07697 CARDIAC REHABILITATION	8,422	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	90.03
90.04	09003 WOUND CARE CLINIC	78,351	0	90.04
91.00	09100 EMERGENCY	1,584,571	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	164,215	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	93.00
200.00	Subtotal (see instructions)	5,276,536	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	5,276,536	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2013 3:41 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)		24,094	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,094	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)		22,913	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)		9,632	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)		28,213,002	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)		28,213,002	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		34,737,388	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		34,737,388	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.812180	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)		1,516.06	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)		28,213,002	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,170.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,278,687	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)		11,278,687	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 3:41 pm	
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)	PPS
42.00 NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
43.00 INTENSIVE CARE UNIT		9,180,341	8,765	1,047.39	4,745	4,969,866	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
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						19,912,886	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						36,161,439	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)						1,549,007	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,532,395	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						3,081,402	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						33,080,037	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)						1,181	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,170.96	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,382,904	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 3:41 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	2,476,503	28,213,002	0.087779	1,382,904	121,390	90.00
91.00	Nursing School cost	0	28,213,002	0.000000	1,382,904	0	91.00
92.00	Allied health cost	204,795	28,213,002	0.007259	1,382,904	10,039	92.00
93.00	All other Medical Education	0	28,213,002	0.000000	1,382,904	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14T127		Date/Time Prepared: 5/28/2013 3:41 pm
		Title XVIII	Subprovider - IRF	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)		2,650	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,650	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)		2,650	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,644	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)		2,354,238	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)		2,354,238	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,296,981	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,296,981	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.024927	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)		866.79	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)		2,354,238	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)		888.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,460,513	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,460,513	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T127				Date/Time Prepared: 5/28/2013 3:41 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					820,160		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,280,673		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)					133,937		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					46,792		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					180,729		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,099,944		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: 140127 Component CCN: 14T127		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 3:41 pm	
		Title XVIII		Subprovider - IRF		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	189,477	2,354,238	0.080483	0	0	90.00
91.00	Nursing School cost	0	2,354,238	0.000000	0	0	91.00
92.00	Allied health cost	26,422	2,354,238	0.011223	0	0	92.00
93.00	All other Medical Education	0	2,354,238	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 3:41 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		11,624,101	30.00
31.00	03100	INTENSIVE CARE UNIT		5,968,847	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.283057	10,393,084	50.00
51.00	05100	RECOVERY ROOM	0.335104	709,112	51.00
53.00	05300	ANESTHESIOLOGY	0.038092	2,085,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236941	4,196,491	54.00
57.00	05700	CT SCAN	0.020542	4,106,146	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.139750	9,116,888	60.00
65.00	06500	RESPIRATORY THERAPY	0.291550	2,435,625	65.00
66.00	06600	PHYSICAL THERAPY	0.494041	925,945	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.261951	530,800	67.00
68.00	06800	SPEECH PATHOLOGY	0.462499	161,644	68.00
69.00	06900	ELECTROCARDIOLOGY	0.164549	6,765,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.524612	92,148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.935285	4,053,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.403310	10,647,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127496	20,992,540	73.00
76.97	07697	CARDIAC REHABILITATION	0.988343	16,698	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.082370	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0.258357	164,041	90.04
91.00	09100	EMERGENCY	0.263554	3,101,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.036104	116,193	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.296318	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		80,610,683	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)		80,610,683	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T127		Date/Time Prepared: 5/28/2013 3:41 pm	
		Title XVIIII	Subprovider - IRF	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		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,431,665	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.283057	15,989	50.00
51.00	05100	RECOVERY ROOM	0.335104	1,554	51.00
53.00	05300	ANESTHESIOLOGY	0.038092	2,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236941	83,092	54.00
57.00	05700	CT SCAN	0.020542	83,392	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.139750	328,409	60.00
65.00	06500	RESPIRATORY THERAPY	0.291550	58,291	65.00
66.00	06600	PHYSICAL THERAPY	0.494041	561,985	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.261951	604,319	67.00
68.00	06800	SPEECH PATHOLOGY	0.462499	249,193	68.00
69.00	06900	ELECTROCARDIOLOGY	0.164549	16,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.524612	2,732	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.935285	71,939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.403310	8,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127496	794,371	73.00
76.97	07697	CARDIAC REHABILITATION	0.988343	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.082370	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0.258357	13,131	90.04
91.00	09100	EMERGENCY	0.263554	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.036104	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.296318	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		2,895,463	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,895,463	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 3:41 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		4,914,570	30.00
31.00	03100	INTENSIVE CARE UNIT		1,151,513	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,226,527	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.283057	1,440,541	407,755 50.00
51.00	05100	RECOVERY ROOM	0.335104	128,791	43,158 51.00
53.00	05300	ANESTHESIOLOGY	0.038092	310,683	11,835 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236941	723,851	171,510 54.00
57.00	05700	CT SCAN	0.020542	746,647	15,338 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.139750	1,851,105	258,692 60.00
65.00	06500	RESPIRATORY THERAPY	0.291231	480,837	140,035 65.00
66.00	06600	PHYSICAL THERAPY	0.494041	60,725	30,001 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.261951	35,615	9,329 67.00
68.00	06800	SPEECH PATHOLOGY	0.462499	10,122	4,681 68.00
69.00	06900	ELECTROCARDIOLOGY	0.164549	897,009	147,602 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.524612	29,997	15,737 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.935285	663,759	620,804 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.403310	619,845	249,990 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127496	4,431,735	565,028 73.00
76.97	07697	CARDIAC REHABILITATION	0.988343	3,120	3,084 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.082370	0	0 90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0 90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	0 90.03
90.04	09003	WOUND CARE CLINIC	0.257318	17,463	4,494 90.04
91.00	09100	EMERGENCY	0.263554	622,708	164,117 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.036104	24,348	25,227 92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.296318	0	0 93.00
200.00		Total (sum of lines 50-94 and 96-98)		13,098,901	2,888,417 200.00
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)		13,098,901	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T127		Date/Time Prepared: 5/28/2013 3:41 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		130,635	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.283057	1,697	50.00
51.00	05100	RECOVERY ROOM	0.335104	0	51.00
53.00	05300	ANESTHESIOLOGY	0.038092	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236941	11,319	54.00
57.00	05700	CT SCAN	0.020542	1,403	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.139750	33,755	60.00
65.00	06500	RESPIRATORY THERAPY	0.291231	1,023	65.00
66.00	06600	PHYSICAL THERAPY	0.494041	50,627	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.261951	58,635	67.00
68.00	06800	SPEECH PATHOLOGY	0.462499	22,522	68.00
69.00	06900	ELECTROCARDIOLOGY	0.164549	119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.524612	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.935285	3,088	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.403310	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127496	92,703	73.00
76.97	07697	CARDIAC REHABILITATION	0.988343	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.082370	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0.257318	3,665	90.04
91.00	09100	EMERGENCY	0.263554	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.036104	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.296318	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		280,556	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)		280,556	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 3:41 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		23,718,525	1.00
2.00	Outlier payments for discharges. (see instructions)		868,650	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		2,755,589	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		181.77	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)		13.60	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.		1.03	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)		12.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		11.79	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)		11.79	12.00
13.00	Total allowable FTE count for the prior year.		12.82	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.		11.98	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.20	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		12.20	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.067118	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.070864	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.067118	21.00
22.00	IME payment adjustment (see instructions)		952,803	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)		952,803	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.07	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.69	31.00
32.00	Sum of lines 30 and 31		19.76	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.59	33.00
34.00	Disproportionate share adjustment (see instructions)		1,325,866	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)		26,865,844	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)		26,865,844	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,141,092	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).		452,909	52.00
53.00	Nursing and Allied Health Managed Care payment		87,569	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		116,178	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 3:41 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			34,121 58.00
59.00	Total (sum of amounts on lines 49 through 58)			29,697,713 59.00
60.00	Primary payer payments			12,686 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			29,685,027 61.00
62.00	Deductibles billed to program beneficiaries			2,799,827 62.00
63.00	Coinsurance billed to program beneficiaries			33,763 63.00
64.00	Allowable bad debts (see instructions)			502,110 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			351,477 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			373,677 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			27,202,914 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)			11,385 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)			27,214,299 71.00
72.00	Interim payments			27,280,562 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)			-66,263 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			2,786,202 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: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 3:41 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,859	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,433,814	2.00
3.00	PPS payments		8,853,224	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		21,280	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,859	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		21,921	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)		21,921	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)		21,921	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,062	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)		2,859	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)		8,874,504	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,942,721	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		235	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)		6,934,407	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		111,466	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,045,873	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		7,045,873	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)		367,763	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		257,434	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		295,707	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,303,307	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)		7,303,307	40.00
41.00	Interim payments		7,270,698	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)		32,609	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 3:41 pm
		Component CCN: 14T127	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	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)		0	40.00
41.00	Interim payments		0	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)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140127

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 3:41 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		26,854,871		7,240,002	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		08/31/2012	309,130	08/31/2012	29,144	3.02	
3.03		10/31/2012	116,561	10/31/2012	1,552	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)		425,691		30,696	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)		27,280,562		7,270,698	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		32,609	6.01	
6.02	SETTLEMENT TO PROGRAM		66,263		0	6.02	
7.00	Total Medicare program liability (see instructions)		27,214,299		7,303,307	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: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/28/2013 3:41 pm		
		Title XVIII		Subprovider - IRF 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		2,307,829		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)		2,307,829		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		44,142		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,351,971		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 FOR HIT

Provider CCN: 140127

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2013 3:41 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			8,791 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			14,377 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,509 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			31,678 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			400,718,142 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			17,113,841 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,848,381 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,915,259 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-66,878 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/28/2013 3:41 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,184,665 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0187 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			103,086 3.00
4.00	Outlier Payments			66,280 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			12.82 5.00
5.01	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 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	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 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.240437 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,354,031 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,354,031 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,354,031 19.00
20.00	Deductibles			18,496 20.00
21.00	Subtotal (line 19 minus line 20)			2,335,535 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			2,335,535 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,335,535 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			16,436 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,351,971 32.00
33.00	Interim payments			2,307,829 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			44,142 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			9,756 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			66,280 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 3:41 pm
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	Title XVIII	Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		13.60
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		1.03
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		0.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)		12.57
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		11.16
7.00	Enter the lesser of line 5 or line 6		11.16

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	5.67	5.48	11.15	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	5.67	5.48	11.15	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	5.67	5.48		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.57	6.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	5.17	6.98		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.80	6.24		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	5.80	6.24		17.00
18.00	Per resident amount	92,922.79	92,922.79		18.00
19.00	Approved amount for resident costs	538,952	579,838	1,118,790	19.00

				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,118,790	25.00

		Inpatient Part A	Managed care		
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	16,021	1,509		26.00
27.00	Total Inpatient Days (see instructions)	34,328	34,328		27.00
28.00	Ratio of inpatient days to total inpatient days	0.466704	0.043958		28.00
29.00	Program direct GME amount	522,144	49,180		29.00
30.00	Reduction for direct GME payments for Medicare managed care		6,949		30.00
31.00	Net Program direct GME amount			564,375	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 3:41 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		38,442,112	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		12,686	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		38,429,426	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		9,457,953	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,457,953	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		47,887,379	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.802496	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.197504	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		564,375	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		452,909	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		111,466	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140127 Period: From 01/01/2012 To 12/31/2012 Worksheet G Date/Time Prepared: 5/28/2013 3:41 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	271,203,000	0	0	0	1.00
2.00	Temporary investments	64,328,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	444,953,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	153,907,000	0	0	0	9.00
10.00	Due from other funds	23,343,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	957,734,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	105,426,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,885,749,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	1,067,117,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,754,541,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,303,751,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,619,691,000	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	171,365,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,791,056,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,052,541,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	177,853,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	349,585,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	49,164,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	466,058,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,042,660,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,105,889,000	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	807,673,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,913,562,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,956,222,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,096,319,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,096,319,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,052,541,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140127

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

Worksheet G-1

Date/Time Prepared:
5/28/2013 3:41 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		2,606,723,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,741,913			2.00
3.00	Total (sum of line 1 and line 2)		2,613,464,913		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00	ADJ TO AHC FUND BALANCE	482,854,087		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		482,854,087		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,096,319,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,096,319,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00	ADJ TO AHC FUND BALANCE		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140127

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2013 3:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	34,737,388		34,737,388	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,296,981		2,296,981	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	37,034,369		37,034,369	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,460,680		10,460,680	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)	10,460,680		10,460,680	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	47,495,049		47,495,049	17.00
18.00	Ancillary services	171,781,474	149,668,950	321,450,424	18.00
19.00	Outpatient services	6,699,639	32,962,183	39,661,822	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	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)	225,976,162	182,631,133	408,607,295	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		163,825,452		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)		163,825,452		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140127

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

Worksheet G-3

Date/Time Prepared:
5/28/2013 3:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	408,607,295	1.00
2.00	Less contractual allowances and discounts on patients' accounts	249,061,001	2.00
3.00	Net patient revenues (line 1 minus line 2)	159,546,294	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	163,825,452	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,279,158	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	146,230	6.00
7.00	Income from investments	1,110,665	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	155,572	13.00
14.00	Revenue from meals sold to employees and guests	1,333,659	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	1,698,226	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	349,585	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	205,195	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	6,021,939	24.00
25.00	Total other income (sum of lines 6-24)	11,021,071	25.00
26.00	Total (line 5 plus line 25)	6,741,913	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,741,913	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140127	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/28/2013 3:41 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,903,111	1.00
2.00	Capital DRG outlier payments		84,780	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		88.40	3.00
4.00	Number of interns & residents (see instructions)		12.20	4.00
5.00	Indirect medical education percentage (see instructions)		3.97	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		75,554	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.07	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.69	8.00
9.00	Sum of lines 7 and 8		19.76	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.08	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		77,647	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,141,092	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