

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 Provider CCN: 140202 Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/29/2013 9:48 am

SETTLEMENT SUMMARY

PART I - COST REPORT STATUS

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

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

Date: 5/29/2013 Time: 9:48 am

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 CONDELL MEDICAL CENTER (140202) 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 V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,467,128	617,651	139,618	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	1,467,128	617,651	139,618	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: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:42 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 900 GARFIELD AVE	PO Box:							1.00	
2.00	City: LIBERTYVILLE	State: IL		Zip Code: 60648-		County: LAKE			2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CONDELL MEDICAL CENTER	140202	29404	1	01/01/1966	0	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CONDELL MEDICAL CENTER HHA	147247	29404		07/01/1966	N	P	N	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
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
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.	13,036	2,373	79	0	443	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural	St	Date of Geogra		
						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: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:42 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.			V 1.00	XVIII 2.00	XIX 3.00
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140202

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2013 9:42 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00	
						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: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:42 am	
		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.	N					75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0		76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
		V		XIX			
		1.00		2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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:	3,474,865		2,051,474		840,343	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:42 am
		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 HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130
142.00	Street: 3075 HIGHLAND PARKWAY	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		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		
		1.00		
		2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		
		Part A	Part B	Title V
		1.00	2.00	3.00
				Title XIX
				4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	N
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC			
161.10	CORF			
161.20	OPT			
161.30	OOT			
161.40	OSP			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 9:42 am			
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00	166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 9:42 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	03/09/2013
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.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		Part B
			Description	Y/N	Date
			0	1.00	2.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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	04/30/2013	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: 140202

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2013 9:42 am

	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	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	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	ROBERT		SMALL	41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764		ROBERT.SMALL@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/30/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/29/2013 9:42 am
--	--	----------------------	---	---

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	254	92,964	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)		254	92,964	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,222	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)		271	99,186	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		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
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		271				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents	
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
	6.00	7.00	8.00	9.00	10.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30,451	12,187	59,001		1.00
2.00 HMO	1,559	481			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)	30,451	12,187	59,001		7.00
8.00 INTENSIVE CARE UNIT	2,382	493	4,781		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		2,348	4,649		13.00
14.00 Total (see instructions)	32,833	15,028	68,431	0.00	1,489.00
15.00 CAH visits	0	0	0		15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00
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
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
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
25.20	CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30	CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40	CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,489.00	27.00
28.00	Observation Bed Days		0	4,414			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		460	722			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	7,396	3,260	18,253	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	7,396	3,260	18,253	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	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
25.20	CMHC - OPT	0.00					25.20
25.30	CMHC - OOT	0.00					25.30
25.40	CMHC - OSP	0.00					25.40
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					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: 140202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 9:42 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	95,573,772	0	95,573,772	3,097,120.00	30.86
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		402,764	-144,716	258,048	12,209.00	21.14
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		185,254	0	185,254	2,925.00	63.33
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,428,768	0	1,428,768	9,704.00	147.23
14.00	Home office salaries & wage-related costs		19,634,572	0	19,634,572	459,988.00	42.68
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		32,045,281	0	32,045,281		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		86,358	0	86,358		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	920,422	0	920,422	12,480.00	73.75
27.00	Administrative & General	5.00	13,424,866	144,893	13,569,759	459,680.00	29.52
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	2,147,314	0	2,147,314	81,120.00	26.47
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	57,038	0	57,038	4,160.00	13.71
32.00	Housekeeping	9.00	2,090,325	0	2,090,325	153,840.00	13.59
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,583,345	-615,609	967,736	64,480.00	15.01
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	614,640	614,640	41,600.00	14.78
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,164,994	0	2,164,994	49,920.00	43.37
39.00	Central Services and Supply	14.00	640,556	0	640,556	31,200.00	20.53
40.00	Pharmacy	15.00	3,972,258	0	3,972,258	95,680.00	41.52
41.00	Medical Records & Medical Records Library	16.00	1,405,621	0	1,405,621	62,400.00	22.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 9:42 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted 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	0	0	0	0.00	0.00	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: 140202

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2013 9:42 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	95,573,772	0	95,573,772	3,097,120.00	30.86	1.00
2.00	Excluded area salaries (see instructions)	402,764	-144,716	258,048	12,209.00	21.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	95,171,008	144,716	95,315,724	3,084,911.00	30.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,248,594	0	21,248,594	472,617.00	44.96	4.00
5.00	Subtotal wage-related costs (see inst.)	32,045,281	0	32,045,281	0.00	33.62	5.00
6.00	Total (sum of lines 3 thru 5)	148,464,883	144,716	148,609,599	3,557,528.00	41.77	6.00
7.00	Total overhead cost (see instructions)	28,406,739	143,924	28,550,663	1,056,560.00	27.02	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140202

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/29/2013 9:42 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,791,651	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	8,706,903	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	241,360	6.00
7.00	Employee Managed Care Program Administration Fees	1,177,080	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	8,129,374	8.00
9.00	Prescription Drug Plan	1,491,924	9.00
10.00	Dental, Hearing and Vision Plan	454,678	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	118,080	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)	776,655	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,416,427	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	6,917,074	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	125,744	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))	213,917	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	484,414	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	32,045,281	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/29/2013 9:42 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	185,254	32,045,281	1.00
2.00	Hospital	185,254	32,045,281	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/29/2013 9:42 am
---	----------------------	---	--

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.183255	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		15,125,654	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		185,683,764	6.00	
7.00	Medicaid cost (line 1 times line 6)		34,027,478	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)		18,901,824	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)		18,901,824	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	41,101,017	11,276,983	52,378,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,531,967	2,066,564	9,598,531	21.00
22.00	Partial payment by patients approved for charity care	162,139	52,924	215,063	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,369,828	2,013,640	9,383,468	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)			21,727,428	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,146,145	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			20,581,283	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			3,771,623	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			13,155,091	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			32,056,915	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet A		
Date/Time Prepared: 5/29/2013 9:42 am								
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	6,616,561	6,616,561	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,114,645	8,114,645	2.00
4.00	00400	EMPLOYEE BENEFITS	920,422	24,016,169	24,936,591	-9,176	24,927,415	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,424,866	57,451,198	70,876,064	-9,360,031	61,516,033	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,147,314	5,338,368	7,485,682	-44,766	7,440,916	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	57,038	1,217,768	1,274,806	-797	1,274,009	8.00
9.00	00900	HOUSEKEEPING	2,090,325	1,290,894	3,381,219	-37,564	3,343,655	9.00
10.00	01000	DIETARY	1,583,345	2,310,047	3,893,392	-1,546,016	2,347,376	10.00
11.00	01100	CAFETERIA	0	0	0	1,491,462	1,491,462	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,164,994	780,188	2,945,182	-82,816	2,862,366	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	640,556	658,124	1,298,680	-388,876	909,804	14.00
15.00	01500	PHARMACY	3,972,258	13,980,762	17,953,020	-12,937,249	5,015,771	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,405,621	827,046	2,232,667	-13,062	2,219,605	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	269,307	239,055	508,362	-304,701	203,661	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,050,770	7,458,948	34,509,718	-5,831,067	28,678,651	30.00
31.00	03100	INTENSIVE CARE UNIT	4,444,649	2,288,861	6,733,510	-556,979	6,176,531	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,263,011	611,384	1,874,395	1,011,347	2,885,742	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,825,035	20,557,559	28,382,594	-17,260,214	11,122,380	50.00
51.00	05100	RECOVERY ROOM	1,059,764	296,745	1,356,509	-152,004	1,204,505	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,974,892	1,974,892	52.00
53.00	05300	ANESTHESIOLOGY	74,900	1,081,265	1,156,165	-658,511	497,654	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,021,475	2,316,928	5,338,403	-1,116,498	4,221,905	54.00
56.00	05601	NUCLEAR MEDICINE	890,079	1,884,207	2,774,286	-848,234	1,926,052	56.00
56.01	05602	ULTRASOUND	1,274,584	475,601	1,750,185	-249,046	1,501,139	56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00	05700	CT SCAN	967,522	1,180,776	2,148,298	-532,923	1,615,375	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	554,066	453,200	1,007,266	-152,180	855,086	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,340,239	5,945,989	7,286,228	-5,332,781	1,953,447	59.00
60.00	06000	LABORATORY	0	12,594,063	12,594,063	0	12,594,063	60.00
60.01	06001	REFERENCE LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,608,883	1,608,883	-1,603,883	5,000	63.00
65.00	06500	RESPIRATORY THERAPY	2,131,643	695,263	2,826,906	-400,304	2,426,602	65.00
65.01	06501	STRESS TEST	684,207	454,691	1,138,898	-197,756	941,142	65.01
66.00	06600	PHYSICAL THERAPY	2,786,603	729,584	3,516,187	-53,771	3,462,416	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	300,008	96,839	396,847	-23,654	373,193	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	423,668	198,038	621,706	-58,085	563,621	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,069,556	18,069,556	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,466,750	11,466,750	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,831,037	12,831,037	73.00
74.00	07400	RENAL DIALYSIS	0	784,827	784,827	-1,158	783,669	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	3,433	3,433	-1,979	1,454	76.00
76.97	07697	CARDIAC REHABILITATION	352,635	111,105	463,740	-12,388	451,352	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	615,152	818,327	1,433,479	-176,666	1,256,813	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	6,454,662	5,532,661	11,987,323	-1,337,483	10,649,840	91.00
91.20	09101	ACUTE CARE CENTER	3,249,597	1,976,178	5,225,775	-290,336	4,935,439	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/29/2013 9:42 am								
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	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,440,315	178,264,974	273,705,289	3,296	273,708,585	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	133,457	375,048	508,505	-3,296	505,209	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	10	10	0	10	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	95,573,772	178,640,032	274,213,804	0	274,213,804	200.00
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	3,587,744	10,204,305				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,427,570	9,542,215				2.00
4.00	00400	EMPLOYEE BENEFITS	3,157,374	28,084,789				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-31,110,248	30,405,785				5.00
6.00	00600	MAINTENANCE & REPAIRS	-360,921	7,079,995				6.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,274,009				8.00
9.00	00900	HOUSEKEEPING	0	3,343,655				9.00
10.00	01000	DIETARY	-1,188	2,346,188				10.00
11.00	01100	CAFETERIA	-688,272	803,190				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	-106,500	2,755,866				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	909,804				14.00
15.00	01500	PHARMACY	-23,870	4,991,901				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-113,824	2,105,781				16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-94,305	109,356				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-999,198	27,679,453				30.00
31.00	03100	INTENSIVE CARE UNIT	-1,139,005	5,037,526				31.00
41.00	04100	SUBPROVIDER - I RF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	-324,996	2,560,746				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	-14,942	11,107,438				50.00
51.00	05100	RECOVERY ROOM	0	1,204,505				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,974,892				52.00
53.00	05300	ANESTHESIOLOGY	-85,320	412,334				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,912	4,216,993				54.00
56.00	05601	NUCLEAR MEDICINE	-480	1,925,572				56.00
56.01	05602	ULTRASOUND	-3,355	1,497,784				56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0				56.02
57.00	05700	CT SCAN	0	1,615,375				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-277	854,809				58.00
59.00	05900	CARDIAC CATHETERIZATION	-296,024	1,657,423				59.00
60.00	06000	LABORATORY	-305,616	12,288,447				60.00
60.01	06001	REFERENCE LAB	0	0				60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,000				63.00
65.00	06500	RESPIRATORY THERAPY	-540	2,426,062				65.00
65.01	06501	STRESS TEST	-3,765	937,377				65.01
66.00	06600	PHYSICAL THERAPY	-16,905	3,445,511				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	373,193				69.00
69.01	06901	ECHOCARDIOGRAM	0	0				69.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-10,001	553,620	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,069,556	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,466,750	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,831,037	73.00
74.00	07400	RENAL DIALYSIS	0	783,669	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	1,454	76.00
76.97	07697	CARDIAC REHABILITATION	-11,281	440,071	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-53,454	1,203,359	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	90.03
91.00	09100	EMERGENCY	-1,593,867	9,055,973	91.00
91.20	09101	ACUTE CARE CENTER	-608,269	4,327,170	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
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
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-29,798,647	243,909,938	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	505,209	190.00
194.00	07950	FUNDRAISING	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	10	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
194.06	07956	NEIL MRI	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-29,798,647	244,415,157	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - EMS RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	145,685	47,170	1.00
	TOTALS		145,685	47,170	
C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,616,561	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,114,645	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
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	14,731,206	
D - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,831,037	1.00
	TOTALS		0	12,831,037	
E - NURSERY AND LABOR/DELIVERY					
1.00	NURSERY	43.00	828,149	315,308	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,430,316	544,576	2.00
	TOTALS		2,258,465	859,884	
F - CAFE/DIETARY					
1.00	CAFETERIA	11.00	614,640	876,822	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	969	1,382	2.00
	TOTALS		615,609	878,204	
G - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	29,536,306	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
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	
35.00		0.00	0	0	35.00	
TOTALS			0	29,536,306		
H - IMPLANT						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,466,750	1.00	
TOTALS			0	11,466,750		
I - CARDIAC REHAB						
1.00	CARDIAC REHABILITATION	76.97	18,372	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
TOTALS			18,372	0		
J - MEDICAL DIRECTOR FEE						
1.00	ANESTHESIOLOGY	53.00	0	42,660	1.00	
TOTALS			0	42,660		
500.00	Grand Total: Increases		3,038,131	70,393,217	500.00	

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6
Date/Time Prepared:
5/29/2013 9:42 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - EMS RECLASS							
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	145,685	47,170	0		1.00
	TOTALS		145,685	47,170			
C - DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	9,164	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,495,367	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	42,653	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	797	0		4.00
5.00	HOUSEKEEPING	9.00	0	25,262	0		5.00
6.00	DIETARY	10.00	0	51,309	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	79,901	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	186,977	0		8.00
9.00	PHARMACY	15.00	0	35,295	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,270	0		10.00
11.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	9,583	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	615,864	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	145,934	0		13.00
14.00	NURSERY	43.00	0	31,992	0		14.00
15.00	OPERATING ROOM	50.00	0	1,326,464	0		15.00
16.00	RECOVERY ROOM	51.00	0	108,596	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	88,343	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	357,619	0		18.00
19.00	NUCLEAR MEDICINE	56.00	0	342,892	0		19.00
20.00	ULTRASOUND	56.01	0	117,865	0		20.00
21.00	CT SCAN	57.00	0	197,316	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	27,787	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	599,683	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	91,564	0		24.00
25.00	STRESS TEST	65.01	0	147,351	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	28,840	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	13,544	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	47,228	0		28.00
29.00	ELECTROMYOGRAPHY	76.00	0	1,000	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	20,441	0		30.00
31.00	CLINIC	90.00	0	43,854	0		31.00
32.00	EMERGENCY	91.00	0	372,243	0		32.00
33.00	ACUTE CARE CENTER	91.20	0	51,088	0		33.00
34.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,120	0		34.00
	TOTALS		0	14,731,206			
D - DRUG RECLASS							
1.00	PHARMACY	15.00	0	12,831,037	0		1.00
	TOTALS		0	12,831,037			
E - NURSERY AND LABOR/DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	2,258,465	859,884	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,258,465	859,884			
F - CAFE/DIETARY							
1.00	DIETARY	10.00	615,609	878,204	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		615,609	878,204			
G - SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	12	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	14,067	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	2,113	0		3.00
4.00	HOUSEKEEPING	9.00	0	12,302	0		4.00
5.00	DIETARY	10.00	0	894	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,915	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	201,899	0		7.00
8.00	PHARMACY	15.00	0	70,917	0		8.00
9.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	102,263	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,096,854	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	411,045	0		11.00
12.00	NURSERY	43.00	0	100,118	0		12.00
13.00	OPERATING ROOM	50.00	0	15,933,750	0		13.00
14.00	RECOVERY ROOM	51.00	0	43,408	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	612,828	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	758,879	0		16.00
17.00	NUCLEAR MEDICINE	56.00	0	505,342	0		17.00
18.00	CT SCAN	57.00	0	335,607	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	124,393	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	4,728,545	0		20.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,603,883	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	308,740	0	22.00	
23.00	STRESS TEST	65.01	0	37,378	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	24,931	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	10,110	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,857	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	1,158	0	27.00	
28.00	ELECTROMYOGRAPHY	76.00	0	979	0	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	10,319	0	29.00	
30.00	CLINIC	90.00	0	132,812	0	30.00	
31.00	EMERGENCY	91.00	0	965,240	0	31.00	
32.00	ACUTE CARE CENTER	91.20	0	239,248	0	32.00	
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	527	0	33.00	
34.00	ULTRASOUND	56.01	0	131,181	0	34.00	
35.00	MEDICAL RECORDS & LIBRARY	16.00	0	792	0	35.00	
	TOTALS		0	29,536,306			
H - IMPLANT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,466,750	0	1.00	
	TOTALS		0	11,466,750			
I - CARDIAC REHAB							
1.00	ADMINISTRATIVE & GENERAL	5.00	792	0	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	4,553	0	0	2.00	
3.00	STRESS TEST	65.01	13,027	0	0	3.00	
	TOTALS		18,372	0			
J - MEDICAL DIRECTOR FEE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	42,660	0	1.00	
	TOTALS		0	42,660			
500.00	Grand Total: Decreases		3,038,131	70,393,217		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2013 9:42 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	49,200,000	0	0	0	1.00
2.00	Land Improvements	5,358,725	217,157	0	217,157	2.00
3.00	Buildings and Fixtures	204,491,719	2,858,668	0	2,858,668	3.00
4.00	Building Improvements	443,185	139,535	0	139,535	4.00
5.00	Fixed Equipment	49,072,562	5,631,828	0	5,631,828	5.00
6.00	Movable Equipment	40,400	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	308,606,591	8,847,188	0	8,847,188	8.00
9.00	Reconciling Items	1,680,747	206,911	0	206,911	9.00
10.00	Total (line 8 minus line 9)	306,925,844	8,640,277	0	8,640,277	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	49,200,000	0			1.00
2.00	Land Improvements	5,575,882	3,521,692			2.00
3.00	Buildings and Fixtures	207,350,387	22,963,492			3.00
4.00	Building Improvements	582,720	0			4.00
5.00	Fixed Equipment	53,263,020	58,140,619			5.00
6.00	Movable Equipment	40,400	74,365			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	316,012,409	84,700,168			8.00
9.00	Reconciling Items	1,887,658	0			9.00
10.00	Total (line 8 minus line 9)	314,124,751	84,700,168			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	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	10,257,982	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,542,215	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,800,197	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	-53,677	0	0	0	10,204,305	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,542,215	2.00
3.00	Total (sum of lines 1-2)	-53,677	0	0	0	19,746,520	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140202

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			3.00	4.00			
		1.00	2.00	3.00	4.00	5.00	
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 - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,396,614				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	-4,409,462				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-688,272	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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	A	3,481,491	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-84,031	CAP REL COSTS-MVBLE EQUIP		2.00	9	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	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 MISC INCOME	B	-2,874,298	ADMINISTRATIVE & GENERAL		5.00	0	33.00
34.00 MISC INCOME	B	-360,921	MAINTENANCE & REPAIRS		6.00	0	34.00
35.00 MISC INCOME	B	-107,875	NURSING ADMINISTRATION		13.00	0	35.00
36.00 MISC INCOME	B	-23,870	PHARMACY		15.00	0	36.00
37.00 MISC INCOME	B	-113,824	MEDICAL RECORDS & LIBRARY		16.00	0	37.00
37.01 MISC INCOME	B	-94,305	PARAMED ED PRGM-(SPECIFY)		23.00	0	37.01

Provider CCN: 140202

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

Worksheet A-8

Date/Time Prepared:
 5/29/2013 9:42 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
37.04	MISC INCOME	B	-323,918	EMERGENCY	91.00	0	37.04
37.05	MISC INCOME	B	-356,750	ACUTE CARE CENTER	91.20	0	37.05
38.00	INTERCOMPANY INTEREST	A	-7,695,143	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	REMOVE ILLINOIS PROVIDER TAX	A	-9,589,284	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00			0		0.00	0	40.00
41.00	ADJ AHA LOBBYING EXPENSE	A	-3,383	ADMINISTRATIVE & GENERAL	5.00	0	41.00
41.01	PHYSICIAN COST	A	-93,187	ADMINISTRATIVE & GENERAL	5.00	0	41.01
41.02			0		0.00	0	41.02
42.00	ADJ USEFUL LIFE 1986 SURGERY AD	A	-53,677	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	42.00
43.00	NONALLOWABLE CENTERS1099/90/92/91120	A	-374,676	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	MISC INCOME	B	-29,830	ADULTS & PEDIATRICS	30.00	0	44.00
45.00	MISC INCOME	B	-14,884	OPERATING ROOM	50.00	0	45.00
45.01	MISC INCOME	B	-214	RADIOLOGY-DIAGNOSTIC	54.00	0	45.01
45.02	MISC INCOME	B	-305,616	LABORATORY	60.00	0	45.02
45.04	MISC INCOME	B	-540	RESPIRATORY THERAPY	65.00	0	45.04
45.05	MISC INCOME	B	-16,905	PHYSICAL THERAPY	66.00	0	45.05
45.06	LOSS ON SALE OF ASSETS	A	200,283	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.06
45.11	NON ALLOWABLE	A	-1,442,193	ADMINISTRATIVE & GENERAL	5.00	0	45.11
45.13	NON ALLOWABLE	A	-1,188	DIETARY	10.00	0	45.13
45.14	NON ALLOWABLE	A	1,375	NURSING ADMINISTRATION	13.00	0	45.14
45.15	NON ALLOWABLE	A	-460	ADULTS & PEDIATRICS	30.00	0	45.15
45.16	NON ALLOWABLE	A	-58	OPERATING ROOM	50.00	0	45.16
45.17	NON ALLOWABLE	A	-4,698	RADIOLOGY-DIAGNOSTIC	54.00	0	45.17
45.18	NON ALLOWABLE	A	-480	NUCLEAR MEDICINE	56.00	0	45.18
45.20	NON ALLOWABLE	A	-3,355	ULTRASOUND	56.01	0	45.20
45.21	NON ALLOWABLE	A	-3,659	EMERGENCY	91.00	0	45.21
45.22	NON ALLOWABLE	A	-14,226	ACUTE CARE CENTER	91.20	0	45.22
45.25			0		0.00	0	45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,798,647				50.00

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

Provider CCN: 140202

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 9:42 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	BENEFITS	3,157,374	0
2.00	0.00			0	0
3.00	0.00			0	0
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXTURE	NEW CAPITAL BUILDING	159,930	0
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	1,311,318	0
4.02	5.00	ADMINISTRATIVE & GENERAL	NON CAPITAL	9,768,280	18,806,364
5.00	0			14,396,902	18,806,364

* 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	B	0.00	ADVOCATE HEALTH CARE	100.00	6.00
7.00	B	0.00	ADVOCATE HEALTH CARE	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				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: 140202

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 9:42 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,157,374	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	159,930	9		4.00
4.01	1,311,318	9		4.01
4.02	-9,038,084	0		4.02
5.00	-4,409,462			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	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140202

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 9:42 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00 ADULTS & PEDIATRICS	968,908	968,908	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	33,600	0	33,600	154,100	224	2.00
3.00	31.00 INTENSIVE CARE UNIT	1,122,000	1,122,000	0	0	0	3.00
4.00	43.00 NURSERY	324,996	324,996	0	0	0	4.00
5.00	53.00 ANESTHESIOLOGY	85,320	85,320	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	57.00 CT SCAN	0	0	0	0	0	7.00
8.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	277	277	0	0	0	8.00
9.00	59.00 CARDIAC CATHETERIZATION	4,275	0	4,275	171,400	29	9.00
10.00	59.00 CARDIAC CATHETERIZATION	294,139	294,139	0	0	0	10.00
11.00	65.01 STRESS TEST	4,560	0	4,560	171,400	76	11.00
12.00	65.01 STRESS TEST	3,765	3,765	0	0	0	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	10,001	10,001	0	0	0	13.00
14.00	76.97 CARDIAC REHABILITATION	25,125	0	25,125	171,400	168	14.00
15.00	76.97 CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.00 CLINIC	22,650	0	22,650	136,700	151	16.00
17.00	90.00 CLINIC	40,728	40,728	0	0	0	17.00
18.00	91.00 EMERGENCY	1,204,500	0	1,204,500	171,400	11,197	18.00
19.00	91.00 EMERGENCY	254,552	254,552	0	0	0	19.00
20.00	91.00 EMERGENCY	729,996	0	729,996	171,400	1	20.00
22.00	91.20 ACUTE CARE CENTER	237,293	237,293	0	0	0	22.00
200.00		5,366,685	3,341,979	2,024,706		11,846	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	16,595	830	0	0	0	2.00
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	43.00 NURSERY	0	0	0	0	0	4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	57.00 CT SCAN	0	0	0	0	0	7.00
8.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	8.00
9.00	59.00 CARDIAC CATHETERIZATION	2,390	120	0	0	0	9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	65.01 STRESS TEST	6,263	313	0	0	0	11.00
12.00	65.01 STRESS TEST	0	0	0	0	0	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	76.97 CARDIAC REHABILITATION	13,844	692	0	0	0	14.00
15.00	76.97 CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.00 CLINIC	9,924	496	0	0	0	16.00
17.00	90.00 CLINIC	0	0	0	0	0	17.00
18.00	91.00 EMERGENCY	922,676	46,134	0	0	0	18.00
19.00	91.00 EMERGENCY	0	0	0	0	0	19.00
20.00	91.00 EMERGENCY	82	4	0	0	0	20.00
22.00	91.20 ACUTE CARE CENTER	0	0	0	0	0	22.00
200.00		971,774	48,589	0	0	0	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00 ADULTS & PEDIATRICS	0	0	0	968,908		1.00
2.00	31.00 INTENSIVE CARE UNIT	0	16,595	17,005	17,005		2.00
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	1,122,000		3.00
4.00	43.00 NURSERY	0	0	0	324,996		4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	85,320		5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0		6.00
7.00	57.00 CT SCAN	0	0	0	0		7.00
8.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	277		8.00
9.00	59.00 CARDIAC CATHETERIZATION	0	2,390	1,885	1,885		9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	294,139		10.00
11.00	65.01 STRESS TEST	0	6,263	0	0		11.00
12.00	65.01 STRESS TEST	0	0	0	3,765		12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	10,001		13.00
14.00	76.97 CARDIAC REHABILITATION	0	13,844	11,281	11,281		14.00
15.00	76.97 CARDIAC REHABILITATION	0	0	0	0		15.00
16.00	90.00 CLINIC	0	9,924	12,726	12,726		16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140202

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 9:42 am

	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		
17.00	90.00	CLINIC	0	0	0	40,728		17.00
18.00	91.00	EMERGENCY	0	922,676	281,824	281,824		18.00
19.00	91.00	EMERGENCY	0	0	0	254,552		19.00
20.00	91.00	EMERGENCY	0	82	729,914	729,914		20.00
22.00	91.20	ACUTE CARE CENTER	0	0	0	237,293		22.00
200.00			0	971,774	1,054,635	4,396,614		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	10,204,305	10,204,305				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	9,542,215		9,542,215			2.00
4.00 00400 EMPLOYEE BENEFITS	28,084,789	32,447	30,342	28,147,578		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	30,405,785	847,604	792,609	4,035,307	36,081,305	5.00
6.00 00600 MAINTENANCE & REPAIRS	7,079,995	3,380,053	3,160,744	638,558	14,259,350	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,274,009	19,537	18,269	16,962	1,328,777	8.00
9.00 00900 HOUSEKEEPING	3,343,655	130,310	121,855	621,610	4,217,430	9.00
10.00 01000 DIETARY	2,346,188	104,057	97,306	287,780	2,835,331	10.00
11.00 01100 CAFETERIA	803,190	66,518	62,202	182,779	1,114,689	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,755,866	71,059	66,449	643,815	3,537,189	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	909,804	108,986	101,915	190,485	1,311,190	14.00
15.00 01500 PHARMACY	4,991,901	79,502	74,344	1,181,250	6,326,997	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,105,781	44,241	41,370	417,997	2,609,389	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	109,356	37,123	34,714	36,762	217,955	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,679,453	2,191,566	2,049,369	7,372,652	39,293,040	30.00
31.00 03100 INTENSIVE CARE UNIT	5,037,526	187,625	175,451	1,321,727	6,722,329	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,560,746	81,900	76,586	621,859	3,341,091	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	11,107,438	535,178	500,454	2,326,970	14,470,040	50.00
51.00 05100 RECOVERY ROOM	1,204,505	51,314	47,985	315,147	1,618,951	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,974,892	124,026	115,979	425,340	2,640,237	52.00
53.00 05300 ANESTHESIOLOGY	412,334	3,589	3,356	22,273	441,552	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,216,993	312,813	292,516	898,511	5,720,833	54.00
56.00 05601 NUCLEAR MEDICINE	1,925,572	29,573	27,654	264,687	2,247,486	56.00
56.01 05602 ULTRASOUND	1,497,784	13,983	13,075	379,029	1,903,871	56.01
56.02 05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 05700 CT SCAN	1,615,375	15,769	14,746	287,717	1,933,607	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	854,809	35,693	33,378	164,765	1,088,645	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,657,423	249,497	233,309	397,200	2,537,429	59.00
60.00 06000 LABORATORY	12,288,447	113,692	106,315	0	12,508,454	60.00
60.01 06001 REFERENCE LAB	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	5,000	20,192	18,882	0	44,074	63.00
65.00 06500 RESPIRATORY THERAPY	2,426,062	54,918	51,354	633,897	3,166,231	65.00
65.01 06501 STRESS TEST	937,377	3,648	3,412	199,592	1,144,029	65.01
66.00 06600 PHYSICAL THERAPY	3,445,511	129,670	121,256	828,666	4,525,103	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	373,193	6,835	6,391	89,215	475,634	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	553,620	69,436	64,931	125,988	813,975	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,069,556	0	0	0	18,069,556	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,466,750	0	0	0	11,466,750	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	12,831,037	0	0	0	12,831,037	73.00
74.00 07400 RENAL DIALYSIS	783,669	47,174	44,113	0	874,956	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	1,454	1,936	1,810	0	5,200	76.00
76.97 07697 CARDIAC REHABILITATION	440,071	190,990	178,598	110,328	919,987	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	1,203,359	114,109	106,705	182,931	1,607,104	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	9,055,973	664,059	620,973	1,919,455	12,260,460	91.00
91.20 09101 ACUTE CARE CENTER	4,327,170	0	0	966,349	5,293,519	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	243,909,938	10,170,622	9,510,717	28,107,603	243,804,782	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	505,209	33,683	31,498	39,975	610,365	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	10	0	0	0	10	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00						200.00
201.00						201.00
202.00	244,415,157	10,204,305	9,542,215	28,147,578	244,415,157	202.00
Cost Center Description						
	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL	36,081,305					5.00
6.00 00600 MAINTENANCE & REPAIRS	2,469,577	16,728,927				6.00
7.00 00700 OPERATION OF PLANT	0	0	0			7.00
8.00 00800 LAUNDRY & LINEN SERVICE	230,131	54,983	0	1,613,891		8.00
9.00 00900 HOUSEKEEPING	730,417	366,735	0	0	5,314,582	9.00
10.00 01000 DIETARY	491,051	292,852	0	0	95,442	10.00
11.00 01100 CAFETERIA	193,053	187,202	0	0	61,010	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	612,606	199,984	0	0	65,176	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	227,085	306,723	0	0	99,962	14.00
15.00 01500 PHARMACY	1,095,773	223,746	0	0	72,920	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	451,920	124,508	0	0	40,578	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	37,748	104,476	0	0	34,049	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,805,127	6,167,784	0	1,391,492	2,010,101	30.00
31.00 03100 INTENSIVE CARE UNIT	1,164,240	528,038	0	112,756	172,090	31.00
41.00 04100 SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	578,644	230,493	0	109,643	75,119	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,506,066	1,506,167	0	0	490,866	50.00
51.00 05100 RECOVERY ROOM	280,386	144,414	0	0	47,065	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	457,263	349,050	0	0	113,757	52.00
53.00 05300 ANESTHESIOLOGY	76,472	10,100	0	0	3,292	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	990,791	880,357	0	0	286,912	54.00
56.00 05601 NUCLEAR MEDICINE	389,242	83,229	0	0	27,125	56.00
56.01 05602 ULTRASOUND	329,731	39,351	0	0	12,825	56.01
56.02 05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 05700 CT SCAN	334,881	44,380	0	0	14,464	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	188,542	100,453	0	0	32,738	58.00
59.00 05900 CARDIAC CATHETERIZATION	439,457	702,165	0	0	228,838	59.00
60.00 06000 LABORATORY	2,166,339	319,966	0	0	104,278	60.00
60.01 06001 REFERENCE LAB	0	0	0	0	0	60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,633	56,827	0	0	18,520	63.00
65.00	06500 RESPIRATORY THERAPY	548,360	154,556	0	0	50,370	65.00
65.01	06501 STRESS TEST	198,134	10,267	0	0	3,346	65.01
66.00	06600 PHYSICAL THERAPY	783,703	364,933	0	0	118,933	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	82,375	19,236	0	0	6,269	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902 CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	140,972	195,416	0	0	63,687	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,129,466	0	0	0	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,985,926	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,222,207	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	151,534	132,764	0	0	43,268	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	901	5,448	0	0	1,776	76.00
76.97	07697 CARDIAC REHABILITATION	159,333	537,510	0	0	175,176	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	278,334	321,140	0	0	104,661	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	2,123,389	1,868,879	0	0	609,075	91.00
91.20	09101 ACUTE CARE CENTER	916,785	0	0	0	0	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	0	99.40
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
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,975,594	16,634,132	0	1,613,891	5,283,688	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	105,709	94,795	0	0	30,894	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	2	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	36,081,305	16,728,927	0	1,613,891	5,314,582	202.00
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY	3,714,676					10.00
11.00	01100 CAFETERIA	0	1,555,954				11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300 NURSING ADMINISTRATION	0	44,792	0	4,459,747		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	13,252	0	0	1,958,212	14.00
15.00	01500 PHARMACY	0	82,182	0	0	4,708	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	29,081	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/29/2013 9:42 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	2,558	0	0	6,789	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,202,782	512,933	0	2,495,780	126,170	30.00
31.00	03100	INTENSIVE CARE UNIT	259,530	91,955	0	429,740	27,287	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	252,364	43,264	0	147,830	6,646	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	161,892	0	464,913	1,057,756	50.00
51.00	05100	RECOVERY ROOM	0	21,925	0	99,591	2,882	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,592	0	0	13,030	52.00
53.00	05300	ANESTHESIOLOGY	0	1,550	0	0	40,683	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,511	0	13,426	50,378	54.00
56.00	05601	NUCLEAR MEDICINE	0	18,415	0	0	33,547	56.00
56.01	05602	ULTRASOUND	0	26,370	0	0	8,708	56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	20,017	0	0	22,279	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,463	0	0	8,258	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,634	0	72,166	313,904	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	REFERENCE LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	106,806	63.00
65.00	06500	RESPIRATORY THERAPY	0	44,102	0	0	20,496	65.00
65.01	06501	STRESS TEST	0	13,886	0	1,904	2,481	65.01
66.00	06600	PHYSICAL THERAPY	0	57,652	0	0	1,655	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	6,207	0	0	671	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,765	0	0	721	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,201	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,203	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	77	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	65	76.00
76.97	07697	CARDIAC REHABILITATION	0	7,676	0	4,523	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	12,727	0	40,061	8,817	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	133,541	0	553,207	64,077	91.00
91.20	09101	ACUTE CARE CENTER	0	67,231	0	136,606	15,882	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,714,676	1,553,173	0	4,459,747	1,958,177	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,781	0	0	35	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
202.00	TOTAL (sum lines 118-201)	3,714,676	1,555,954	0	4,459,747	1,958,212	202.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
12.00	01200 MAINTENANCE OF PERSONNEL						12.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY	7,806,326					15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	3,255,476				16.00
17.00	01700 SOCIAL SERVICE	0	0	0			17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED PRGM-(SPECIFY)	27,831	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	126,180	455,811	0	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	26,713	54,120	0	0	0	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	2,395	42,149	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	88,085	382,458	0	0	0	50.00
51.00	05100 RECOVERY ROOM	8,741	53,977	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	24,694	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	118,278	64,782	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,273	108,244	0	0	0	54.00
56.00	05601 NUCLEAR MEDICINE	2,700	67,051	0	0	0	56.00
56.01	05602 ULTRASOUND	1,972	57,619	0	0	0	56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00	05700 CT SCAN	5,237	254,902	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,376	69,764	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	16,032	100,148	0	0	0	59.00
60.00	06000 LABORATORY	0	353,846	0	0	0	60.00
60.01	06001 REFERENCE LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	29,635	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	18,232	61,710	0	0	0	65.00
65.01	06501 STRESS TEST	3,610	56,022	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	1,138	35,632	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	16,522	0	0	0	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,205	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	100,642	0	0	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	136,760	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,158,631	422,146	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	285	11,435	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	573	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	6	3,916	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	25,401	18,451	0	0	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002 LI THOTRIPSY	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	133,880	224,481	0	0	0	91.00
91.20	09101 ACUTE CARE CENTER	36,330	38,781	0	0	0	91.20

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/29/2013 9:42 am			
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	0	99.40
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
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,806,326	3,255,476	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,806,326	3,255,476	0	0	0	202.00
Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
12.00	01200 MAINTENANCE OF PERSONNEL						12.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE						17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000 NURSING SCHOOL						20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300 PARAMED PRGM-(SPECIFY)	0	0	431,406			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	0	0	62,587,200	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	9,588,798	0	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	0	0	4,829,638	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	21,128,243	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	2,277,932	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,627,623	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	756,709	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	8,115,725	0	54.00
56.00	05601 NUCLEAR MEDICINE	0	0	0	2,868,795	0	56.00
56.01	05602 ULTRASOUND	0	0	0	2,380,447	0	56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	2,629,767	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,502,239	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	4,437,773	0	59.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS					
			21.00	22.00	23.00				
60.00	06000	LABORATORY	0	0	0	15,452,883	0	60.00	
60.01	06001	REFERENCE LAB	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	263,495	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,064,057	0	65.00	
65.01	06501	STRESS TEST	0	0	0	1,433,679	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	5,888,749	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	606,914	0	69.00	
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01	
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,232,741	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	21,307,865	0	71.00	
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,594,639	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,634,021	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	1,214,319	0	74.00	
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02	
76.00	03290	ELECTROMYOGRAPHY	0	0	0	13,963	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,808,127	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	2,416,696	0	90.00	
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01	
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0	0	431,406	18,402,395	0	91.00	
91.20	09101	ACUTE CARE CENTER	0	0	0	6,505,134	0	91.20	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OPT	0	0	0	0	0	99.20	
99.30	09930	OOT	0	0	0	0	0	99.30	
99.40	09940	OSP	0	0	0	0	0	99.40	
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	
116.00	11600	HOSPICE	0	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	431,406	243,570,566	0	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	844,579	0	190.00	
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00	
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01	
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	12	0	194.02	
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03	
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04	
194.05	07955	HOSPICE	0	0	0	0	0	194.05	
194.06	07956	NEIL MRI	0	0	0	0	0	194.06	
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	0	0	431,406	244,415,157	0	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
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 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	62,587,200	30.00
31.00	03100 INTENSIVE CARE UNIT	9,588,798	31.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	4,829,638	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	21,128,243	50.00
51.00	05100 RECOVERY ROOM	2,277,932	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,627,623	52.00
53.00	05300 ANESTHESIOLOGY	756,709	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,115,725	54.00
56.00	05601 NUCLEAR MEDICINE	2,868,795	56.00
56.01	05602 ULTRASOUND	2,380,447	56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0	56.02
57.00	05700 CT SCAN	2,629,767	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,502,239	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,437,773	59.00
60.00	06000 LABORATORY	15,452,883	60.00
60.01	06001 REFERENCE LAB	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	263,495	63.00
65.00	06500 RESPIRATORY THERAPY	4,064,057	65.00
65.01	06501 STRESS TEST	1,433,679	65.01
66.00	06600 PHYSICAL THERAPY	5,888,749	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	606,914	69.00
69.01	06901 ECHOCARDIOGRAM	0	69.01
69.02	06902 RADIOLOGY	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,232,741	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21,307,865	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,594,639	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,634,021	73.00
74.00	07400 RENAL DIALYSIS	1,214,319	74.00
75.02	07501 OUTPATIENT SURGERY	0	75.02
76.00	03290 ELECTROMYOGRAPHY	13,963	76.00
76.97	07697 CARDIAC REHABILITATION	1,808,127	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	2,416,696	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	90.01
90.03	09002 LI THOTRI PSY	0	90.03
91.00	09100 EMERGENCY	18,402,395	91.00
91.20	09101 ACUTE CARE CENTER	6,505,134	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
99.20	09920 OPT	0	99.20
99.30	09930 OOT	0	99.30
99.40	09940 OSP	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		Total	
		26.00	
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
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	243,570,566	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	844,579	190.00
194.00	07950 FUNDRAISING	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	12	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	194.03
194.04	07954 HOME PHARMACY	0	194.04
194.05	07955 HOSPICE	0	194.05
194.06	07956 NEIL MRI	0	194.06
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	244,415,157	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	345	32,447	30,342	63,134	63,134 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	583,336	847,604	792,609	2,223,549	9,051 5.00
6.00 00600	MAINTENANCE & REPAIRS	1,693	3,380,053	3,160,744	6,542,490	1,432 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	19,537	18,269	37,806	38 8.00
9.00 00900	HOUSEKEEPING	2,572	130,310	121,855	254,737	1,394 9.00
10.00 01000	DIETARY	18,304	104,057	97,306	219,667	645 10.00
11.00 01100	CAFETERIA	0	66,518	62,202	128,720	410 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	3,430	71,059	66,449	140,938	1,444 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	108,986	101,915	210,901	427 14.00
15.00 01500	PHARMACY	408,152	79,502	74,344	561,998	2,649 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,439	44,241	41,370	92,050	938 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	4,110	37,123	34,714	75,947	82 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	82,914	2,191,566	2,049,369	4,323,849	16,538 30.00
31.00 03100	INTENSIVE CARE UNIT	16,286	187,625	175,451	379,362	2,965 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	81,900	76,586	158,486	1,395 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	54,124	535,178	500,454	1,089,756	5,219 50.00
51.00 05100	RECOVERY ROOM	917	51,314	47,985	100,216	707 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	124,026	115,979	240,005	954 52.00
53.00 05300	ANESTHESIOLOGY	940	3,589	3,356	7,885	50 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	57,614	312,813	292,516	662,943	2,015 54.00
56.00 05601	NUCLEAR MEDICINE	6,812	29,573	27,654	64,039	594 56.00
56.01 05602	ULTRASOUND	0	13,983	13,075	27,058	850 56.01
56.02 05605	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0 56.02
57.00 05700	CT SCAN	63,702	15,769	14,746	94,217	645 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,693	33,378	69,071	370 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	249,497	233,309	482,806	891 59.00
60.00 06000	LABORATORY	0	113,692	106,315	220,007	0 60.00
60.01 06001	REFERENCE LAB	0	0	0	0	0 60.01
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	20,192	18,882	39,074	0 63.00
65.00 06500	RESPIRATORY THERAPY	32,866	54,918	51,354	139,138	1,422 65.00
65.01 06501	STRESS TEST	35,600	3,648	3,412	42,660	448 65.01
66.00 06600	PHYSICAL THERAPY	300,127	129,670	121,256	551,053	1,859 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	6,835	6,391	13,226	200 69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	0 69.01
69.02 06902	CARDIOLOGY	0	0	0	0	0 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	66,155	69,436	64,931	200,522	283 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	47,174	44,113	91,287	0 74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	0 75.02
76.00 03290	ELECTROMYOGRAPHY	0	1,936	1,810	3,746	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	190,990	178,598	369,588	247 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	114,109	106,705	220,814	410 90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0 90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	1,859	664,059	620,973	1,286,891	4,305 91.00
91.20 09101	ACUTE CARE CENTER	473,567	0	0	473,567	2,167 91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,221,864	10,170,622	9,510,717	21,903,203	63,044 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,683	31,498	65,181	90	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	201.00
202.00	TOTAL (sum lines 118-201)	2,221,864	10,204,305	9,542,215	21,968,384	63,134 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 9:42 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,232,600				5.00
6.00	00600	MAINTENANCE & REPAIRS	152,803	6,696,725			6.00
7.00	00700	OPERATION OF PLANT	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,239	22,010	0	74,093	8.00
9.00	00900	HOUSEKEEPING	45,194	146,807	0	0	448,132
10.00	01000	DIETARY	30,383	117,231	0	0	8,048
11.00	01100	CAFETERIA	11,945	74,939	0	0	5,144
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	37,905	80,055	0	0	5,496
14.00	01400	CENTRAL SERVICES & SUPPLY	14,051	122,784	0	0	8,429
15.00	01500	PHARMACY	67,800	89,567	0	0	6,149
16.00	01600	MEDICAL RECORDS & LIBRARY	27,962	49,842	0	0	3,422
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,336	41,823	0	0	2,871
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	421,158	2,469,014	0	63,882	169,492
31.00	03100	INTENSIVE CARE UNIT	72,036	211,378	0	5,177	14,511
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	35,803	92,268	0	5,034	6,334
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	155,061	602,931	0	0	41,390
51.00	05100	RECOVERY ROOM	17,349	57,810	0	0	3,969
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,293	139,728	0	0	9,592
53.00	05300	ANESTHESIOLOGY	4,732	4,043	0	0	278
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,304	352,414	0	0	24,193
56.00	05601	NUCLEAR MEDICINE	24,084	33,317	0	0	2,287
56.01	05602	ULTRASOUND	20,402	15,753	0	0	1,081
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0
57.00	05700	CT SCAN	20,721	17,766	0	0	1,220
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,666	40,212	0	0	2,761
59.00	05900	CARDIAC CATHETERIZATION	27,191	281,082	0	0	19,296
60.00	06000	LABORATORY	134,041	128,085	0	0	8,793
60.01	06001	REFERENCE LAB	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	472	22,748	0	0	1,562
65.00	06500	RESPIRATORY THERAPY	33,929	61,870	0	0	4,247
65.01	06501	STRESS TEST	12,259	4,110	0	0	282
66.00	06600	PHYSICAL THERAPY	48,491	146,086	0	0	10,029
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5,097	7,700	0	0	529
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	8,723	78,227	0	0	5,370
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	193,633	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	122,878	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	137,497	0	0	0	0
74.00	07400	RENAL DIALYSIS	9,376	53,146	0	0	3,648
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	56	2,181	0	0	150
76.97	07697	CARDIAC REHABILITATION	9,859	215,169	0	0	14,771
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	17,222	128,555	0	0	8,825
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	131,383	748,127	0	0	51,358
91.20	09101	ACUTE CARE CENTER	56,725	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100	HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	0
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,226,059	6,658,778	0	74,093	445,527	0
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,541	37,947	0	0	2,605	0
194.00	07950	FUNDRAISING	0	0	0	0	0	0
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	0
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	0
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	0
194.04	07954	HOME PHARMACY	0	0	0	0	0	0
194.05	07955	HOSPICE	0	0	0	0	0	0
194.06	07956	NEIL MRI	0	0	0	0	0	0
200.00		Cross Foot Adjustments						0
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,232,600	6,696,725	0	74,093	448,132	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 9:42 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	375,974					10.00
11.00	01100	CAFETERIA	0	221,158				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,367	0	272,205		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,884	0	0	358,476	14.00
15.00	01500	PHARMACY	0	11,682	0	0	862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,134	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	364	0	0	1,243	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	324,163	72,891	0	152,332	23,098	30.00
31.00	03100	INTENSIVE CARE UNIT	26,268	13,072	0	26,230	4,995	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	25,543	6,150	0	9,023	1,217	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	23,013	0	28,376	193,630	50.00
51.00	05100	RECOVERY ROOM	0	3,117	0	6,079	528	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,207	0	0	2,385	52.00
53.00	05300	ANESTHESIOLOGY	0	220	0	0	7,448	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,886	0	819	9,223	54.00
56.00	05601	NUCLEAR MEDICINE	0	2,618	0	0	6,141	56.00
56.01	05602	ULTRASOUND	0	3,749	0	0	1,594	56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	2,845	0	0	4,079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,630	0	0	1,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,928	0	4,405	57,466	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	REFERENCE LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	19,553	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,269	0	0	3,752	65.00
65.01	06501	STRESS TEST	0	1,974	0	116	454	65.01
66.00	06600	PHYSICAL THERAPY	0	8,195	0	0	303	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	882	0	0	123	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,246	0	0	132	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,501	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	14	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	12	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,091	0	276	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,809	0	2,445	1,614	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	18,983	0	33,766	11,731	91.00
91.20	09101	ACUTE CARE CENTER	0	9,557	0	8,338	2,908	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	375,974	220,763	0	272,205	358,470	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	395	0	0	0	6190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	375,974	221,158	0	272,205	358,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 9:42 am
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY	740,707				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	178,348			16.00
17.00 01700 SOCIAL SERVICE	0	0	0		17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	20.00
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	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	2,641	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	11,973	25,159	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,535	2,961	0	0	31.00
41.00 04100 SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	227	2,306	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	8,358	20,927	0	0	50.00
51.00 05100 RECOVERY ROOM	829	2,953	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,351	0	0	52.00
53.00 05300 ANESTHESIOLOGY	11,223	3,545	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	216	5,923	0	0	54.00
56.00 05601 NUCLEAR MEDICINE	256	3,669	0	0	56.00
56.01 05602 ULTRASOUND	187	3,153	0	0	56.01
56.02 05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	56.02
57.00 05700 CT SCAN	497	13,947	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	225	3,817	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,521	5,480	0	0	59.00
60.00 06000 LABORATORY	0	19,361	0	0	60.00
60.01 06001 REFERENCE LAB	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,622	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	1,730	3,377	0	0	65.00
65.01 06501 STRESS TEST	343	3,065	0	0	65.01
66.00 06600 PHYSICAL THERAPY	108	1,950	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	904	0	0	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	504	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,507	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	7,483	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	679,250	23,098	0	0	73.00
74.00 07400 RENAL DIALYSIS	27	626	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	31	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1	214	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	2,410	1,010	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	90.03
91.00 09100 EMERGENCY	12,703	12,283	0	0	91.00
91.20 09101 ACUTE CARE CENTER	3,447	2,122	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
99.40	09940	OSP	0	0	0			99.40
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
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	740,707	178,348	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	07950	FUNDRAISING	0	0	0			194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0			194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0			194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0			194.03
194.04	07954	HOME PHARMACY	0	0	0			194.04
194.05	07955	HOSPICE	0	0	0			194.05
194.06	07956	NEIL MRI	0	0	0			194.06
200.00		Cross Foot Adjustments				0		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118-201)	740,707	178,348	0	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			127,307			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				8,073,549	0	30.00
31.00 03100	INTENSIVE CARE UNIT				761,490	0	31.00
41.00 04100	SUBPROVIDER - I RF				0	0	41.00
42.00 04200	SUBPROVIDER				0	0	42.00
43.00 04300	NURSERY				343,786	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				2,168,661	0	50.00
51.00 05100	RECOVERY ROOM				193,557	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				426,515	0	52.00
53.00 05300	ANESTHESIOLOGY				39,424	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				1,127,936	0	54.00
56.00 05601	NUCLEAR MEDICINE				137,005	0	56.00
56.01 05602	ULTRASOUND				73,827	0	56.01
56.02 05605	RADIOLOGY SPECIAL PROCEDURE				0	0	56.02
57.00 05700	CT SCAN				155,937	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				131,264	0	58.00
59.00 05900	CARDIAC CATHETERIZATION				884,066	0	59.00
60.00 06000	LABORATORY				510,287	0	60.00
60.01 06001	REFERENCE LAB				0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				85,031	0	63.00
65.00 06500	RESPIRATORY THERAPY				255,734	0	65.00
65.01 06501	STRESS TEST				65,711	0	65.01
66.00 06600	PHYSICAL THERAPY				768,074	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				28,661	0	69.00
69.01 06901	ECHOCARDIOGRAM				0	0	69.01
69.02 06902	CARDIOLOGY				0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY				295,007	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				200,641	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT				0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT				131,313	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				839,845	0	73.00
74.00 07400	RENAL DIALYSIS				158,124	0	74.00
75.02 07501	OUTPATIENT SURGERY				0	0	75.02
76.00 03290	ELECTROMYOGRAPHY				6,176	0	76.00
76.97 07697	CARDIAC REHABILITATION				611,216	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC				0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 09000	CLINIC				385,114	0	90.00
90.01 09001	ADDITION RECOVERY CLINIC				0	0	90.01
90.03 09002	LITHOTRIpsy				0	0	90.03
91.00 09100	EMERGENCY				2,311,530	0	91.00
91.20 09101	ACUTE CARE CENTER				558,831	0	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00	23.00					
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF				0	0	99.10
99.20	09920	OPT				0	0	99.20
99.30	09930	OOT				0	0	99.30
99.40	09940	OSP				0	0	99.40
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
116.00	11600	HOSPICE				0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	21,728,312	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				112,765	0	190.00
194.00	07950	FUNDRAISING				0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION				0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES				0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT				0	0	194.03
194.04	07954	HOME PHARMACY				0	0	194.04
194.05	07955	HOSPICE				0	0	194.05
194.06	07956	NEIL MRI				0	0	194.06
200.00		Cross Foot Adjustments	0	0	127,307	127,307	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	127,307	21,968,384	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 9:42 am
-------------------------------------	--	----------------------	---	--

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
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 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	8,073,549	30.00
31.00	03100 INTENSIVE CARE UNIT	761,490	31.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	343,786	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,168,661	50.00
51.00	05100 RECOVERY ROOM	193,557	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	426,515	52.00
53.00	05300 ANESTHESIOLOGY	39,424	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,127,936	54.00
56.00	05601 NUCLEAR MEDICINE	137,005	56.00
56.01	05602 ULTRASOUND	73,827	56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0	56.02
57.00	05700 CT SCAN	155,937	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	131,264	58.00
59.00	05900 CARDIAC CATHETERIZATION	884,066	59.00
60.00	06000 LABORATORY	510,287	60.00
60.01	06001 REFERENCE LAB	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	85,031	63.00
65.00	06500 RESPIRATORY THERAPY	255,734	65.00
65.01	06501 STRESS TEST	65,711	65.01
66.00	06600 PHYSICAL THERAPY	768,074	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	28,661	69.00
69.01	06901 ECHOCARDIOGRAM	0	69.01
69.02	06902 RADIOLOGY	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	295,007	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	200,641	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	131,313	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	839,845	73.00
74.00	07400 RENAL DIALYSIS	158,124	74.00
75.02	07501 OUTPATIENT SURGERY	0	75.02
76.00	03290 ELECTROMYOGRAPHY	6,176	76.00
76.97	07697 CARDIAC REHABILITATION	611,216	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	385,114	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	90.01
90.03	09002 LI THOTRI PSY	0	90.03
91.00	09100 EMERGENCY	2,311,530	91.00
91.20	09101 ACUTE CARE CENTER	558,831	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
99.20	09920 OPT	0	99.20
99.30	09930 OOT	0	99.30
99.40	09940 OSP	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 9:42 am
Cost Center Description		Total		
		26.00		
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
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,728,312	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,765	190.00
194.00	07950	FUNDRAISING	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	194.03
194.04	07954	HOME PHARMACY	0	194.04
194.05	07955	HOSPICE	0	194.05
194.06	07956	NEIL MRI	0	194.06
200.00		Cross Foot Adjustments	127,307	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	21,968,384	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared: 5/29/2013 9:42 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	685,272					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		685,272				2.00
4.00 00400 EMPLOYEE BENEFITS	2,179	2,179	94,653,350			4.00
5.00 00500 ADMINISTRATIVE & GENERAL	56,921	56,921	13,569,759	-36,081,305	208,333,852	5.00
6.00 00600 MAINTENANCE & REPAIRS	226,988	226,988	2,147,314	0	14,259,350	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,312	1,312	57,038	0	1,328,777	8.00
9.00 00900 HOUSEKEEPING	8,751	8,751	2,090,325	0	4,217,430	9.00
10.00 01000 DIETARY	6,988	6,988	967,736	0	2,835,331	10.00
11.00 01100 CAFETERIA	4,467	4,467	614,640	0	1,114,689	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	4,772	4,772	2,164,994	0	3,537,189	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,319	7,319	640,556	0	1,311,190	14.00
15.00 01500 PHARMACY	5,339	5,339	3,972,258	0	6,326,997	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,971	2,971	1,405,621	0	2,609,389	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	2,493	2,493	123,622	0	217,955	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	147,175	147,175	24,792,305	0	39,293,040	30.00
31.00 03100 INTENSIVE CARE UNIT	12,600	12,600	4,444,649	0	6,722,329	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	5,500	5,500	2,091,160	0	3,341,091	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	35,940	35,940	7,825,035	0	14,470,040	50.00
51.00 05100 RECOVERY ROOM	3,446	3,446	1,059,764	0	1,618,951	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8,329	8,329	1,430,316	0	2,640,237	52.00
53.00 05300 ANESTHESIOLOGY	241	241	74,900	0	441,552	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	21,007	21,007	3,021,475	0	5,720,833	54.00
56.00 05601 NUCLEAR MEDICINE	1,986	1,986	890,079	0	2,247,486	56.00
56.01 05602 ULTRASOUND	939	939	1,274,584	0	1,903,871	56.01
56.02 05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 05700 CT SCAN	1,059	1,059	967,522	0	1,933,607	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,397	2,397	554,066	0	1,088,645	58.00
59.00 05900 CARDIAC CATHETERIZATION	16,755	16,755	1,335,686	0	2,537,429	59.00
60.00 06000 LABORATORY	7,635	7,635	0	0	12,508,454	60.00
60.01 06001 REFERENCE LAB	0	0	0	0	0	60.01
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	1,356	1,356	0	0	44,074	63.00
65.00 06500 RESPIRATORY THERAPY	3,688	3,688	2,131,643	0	3,166,231	65.00
65.01 06501 STRESS TEST	245	245	671,180	0	1,144,029	65.01
66.00 06600 PHYSICAL THERAPY	8,708	8,708	2,786,603	0	4,525,103	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	459	459	300,008	0	475,634	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 CARDIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	4,663	4,663	423,668	0	813,975	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	18,069,556	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	11,466,750	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	12,831,037	73.00
74.00 07400 RENAL DIALYSIS	3,168	3,168	0	0	874,956	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	130	130	0	0	5,200	76.00
76.97 07697 CARDIAC REHABILITATION	12,826	12,826	371,007	0	919,987	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	7,663	7,663	615,152	0	1,607,104	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	44,595	44,595	6,454,662	0	12,260,460	91.00
91.20 09101 ACUTE CARE CENTER	0	0	3,249,597	0	5,293,519	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00						
OTHER REIMBURSABLE COST CENTERS								
99.10 09910 CORF	0	0	0	0	0	99.10		
99.20 09920 OPT	0	0	0	0	0	99.20		
99.30 09930 OOT	0	0	0	0	0	99.30		
99.40 09940 OSP	0	0	0	0	0	99.40		
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		
116.00 11600 HOSPICE	0	0	0	0	0	116.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		683,010	683,010	94,518,924	-36,081,305	207,723,477	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,262	2,262	134,426	0	610,365	190.00		
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00		
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01		
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	10	194.02		
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03		
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04		
194.05 07955 HOSPICE	0	0	0	0	0	194.05		
194.06 07956 NEIL MRI	0	0	0	0	0	194.06		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	10,204,305	9,542,215	28,147,578		36,081,305	202.00		
203.00	14.890883	13.924712	0.297375		0.173190	203.00		
204.00			63,134		2,232,600	204.00		
205.00			0.000667		0.010716	205.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	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	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	399,184				6.00
7.00	00700	OPERATION OF PLANT	0	399,184			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,312	1,312	68,431		8.00
9.00	00900	HOUSEKEEPING	8,751	8,751	0	389,121	9.00
10.00	01000	DIETARY	6,988	6,988	0	6,988	68,431
11.00	01100	CAFETERIA	4,467	4,467	0	4,467	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	4,772	4,772	0	4,772	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,319	7,319	0	7,319	0
15.00	01500	PHARMACY	5,339	5,339	0	5,339	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,971	2,971	0	2,971	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,493	2,493	0	2,493	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	147,175	147,175	59,001	147,175	59,001
31.00	03100	INTENSIVE CARE UNIT	12,600	12,600	4,781	12,600	4,781
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	5,500	5,500	4,649	5,500	4,649
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,940	35,940	0	35,940	0
51.00	05100	RECOVERY ROOM	3,446	3,446	0	3,446	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,329	8,329	0	8,329	0
53.00	05300	ANESTHESIOLOGY	241	241	0	241	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,007	21,007	0	21,007	0
56.00	05601	NUCLEAR MEDICINE	1,986	1,986	0	1,986	0
56.01	05602	ULTRASOUND	939	939	0	939	0
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0
57.00	05700	CT SCAN	1,059	1,059	0	1,059	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,397	2,397	0	2,397	0
59.00	05900	CARDIAC CATHETERIZATION	16,755	16,755	0	16,755	0
60.00	06000	LABORATORY	7,635	7,635	0	7,635	0
60.01	06001	REFERENCE LAB	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,356	1,356	0	1,356	0
65.00	06500	RESPIRATORY THERAPY	3,688	3,688	0	3,688	0
65.01	06501	STRESS TEST	245	245	0	245	0
66.00	06600	PHYSICAL THERAPY	8,708	8,708	0	8,708	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	459	459	0	459	0
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,663	4,663	0	4,663	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	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
74.00	07400	RENAL DIALYSIS	3,168	3,168	0	3,168	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	130	130	0	130	0
76.97	07697	CARDIAC REHABILITATION	12,826	12,826	0	12,826	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,663	7,663	0	7,663	0
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIpsy	0	0	0	0	0
91.00	09100	EMERGENCY	44,595	44,595	0	44,595	0
91.20	09101	ACUTE CARE CENTER	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQ. FEET)	DIETARY (TOTAL PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	396,922	396,922	68,431	386,859	68,431	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,262	2,262	0	2,262	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	16,728,927	0	1,613,891	5,314,582	3,714,676	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	41.907809	0.000000	23.584209	13.657916	54.283526	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,696,725	0	74,093	448,132	375,974	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.776036	0.000000	1.082740	1.151652	5.494206	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	75,206,538					11.00
12.00	01200		377,666				12.00
13.00	01300	2,164,994	4,772	1,721,632			13.00
14.00	01400	640,556	7,319	0	29,497,892		14.00
15.00	01500	3,972,258	5,339	0	70,917	14,231,962	15.00
16.00	01600	1,405,621	2,971	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	123,622	2,493	0	102,263	50,740	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	24,792,305	147,175	963,466	1,900,576	230,042	30.00
31.00	03100	4,444,649	12,600	165,896	411,045	48,702	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,091,160	5,500	57,068	100,118	4,367	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,825,035	35,940	179,474	15,933,750	160,591	50.00
51.00	05100	1,059,764	3,446	38,446	43,408	15,936	51.00
52.00	05200	1,430,316	8,329	0	196,278	0	52.00
53.00	05300	74,900	241	0	612,828	215,637	53.00
54.00	05400	3,021,475	21,007	5,183	758,879	4,144	54.00
56.00	05601	890,079	1,986	0	505,342	4,923	56.00
56.01	05602	1,274,584	939	0	131,181	3,596	56.01
56.02	05605	0	0	0	0	0	56.02
57.00	05700	967,522	1,059	0	335,607	9,547	57.00
58.00	05800	554,066	2,397	0	124,393	4,331	58.00
59.00	05900	1,335,686	16,755	27,859	4,728,545	29,228	59.00
60.00	06000	0	7,635	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	1,356	0	1,608,883	0	63.00
65.00	06500	2,131,643	3,688	0	308,740	33,239	65.00
65.01	06501	671,180	245	735	37,378	6,582	65.01
66.00	06600	2,786,603	8,708	0	24,931	2,074	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	300,008	459	0	10,110	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	0	0	0	0	69.02
70.00	07000	423,668	4,663	0	10,857	0	70.00
71.00	07100	0	0	0	123,530	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	0	78,369	0	72.00
73.00	07300	0	0	0	0	13,051,128	73.00
74.00	07400	0	3,168	0	1,158	520	74.00
75.02	07501	0	0	0	0	0	75.02
76.00	03290	0	130	0	979	0	76.00
76.97	07697	371,007	12,826	1,746	0	11	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	615,152	7,663	15,465	132,812	46,309	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
91.00	09100	6,454,662	44,595	213,559	965,240	244,080	91.00
91.20	09101	3,249,597	0	52,735	239,248	66,235	91.20
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,072,112	375,404	1,721,632	29,497,365	14,231,962	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	134,426	2,262	0	527	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,555,954	0	4,459,747	1,958,212	7,806,326	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.020689	0.000000	2.590418	0.066385	0.548507	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	221,158	0	272,205	358,476	740,707	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002941	0.000000	0.158109	0.012153	0.052045	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,329,137,083					16.00
17.00 01700 SOCIAL SERVICE	0	68,431				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	185,949,458	59,001		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	22,098,955	4,781		0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	17,210,862	4,649		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	156,169,197	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	22,040,601	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,083,472	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	26,452,310	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	44,199,210	0	0	0	0	54.00
56.00 05601 NUCLEAR MEDICINE	27,378,965	0	0	0	0	56.00
56.01 05602 ULTRASOUND	23,527,460	0	0	0	0	56.01
56.02 05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 05700 CT SCAN	104,083,946	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	28,486,814	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	40,893,246	0	0	0	0	59.00
60.00 06000 LABORATORY	144,485,805	0	0	0	0	60.00
60.01 06001 REFERENCE LAB	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	12,100,905	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	25,197,886	0	0	0	0	65.00
65.01 06501 STRESS TEST	22,875,504	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	14,549,453	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	6,746,600	0	0	0	0	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	3,758,809	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	41,095,205	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	55,843,247	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	172,374,704	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	4,669,456	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	234,144	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1,598,828	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	7,533,914	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	91,662,506	0	0	0	0	91.00
91.20 09101 ACUTE CARE CENTER	15,835,621	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	0	99.40
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
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,329,137,083	68,431	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,255,476	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002449	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	178,348	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000134	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00		23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05601	NUCLEAR MEDICINE	0	0	56.00
56.01	05602	ULTRASOUND	0	0	56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0	56.02
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
60.01	06001	REFERENCE LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	STRESS TEST	0	0	65.01
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
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	90.03
91.00	09100	EMERGENCY	0	100	91.00
91.20	09101	ACUTE CARE CENTER	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00		
OTHER REIMBURSABLE COST CENTERS			
99.10 09910 CORF	0	0	99.10
99.20 09920 OPT	0	0	99.20
99.30 09930 OOT	0	0	99.30
99.40 09940 OSP	0	0	99.40
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
116.00 11600 HOSPICE	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00 07950 FUNDRAISING	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	194.04
194.05 07955 HOSPICE	0	0	194.05
194.06 07956 NEIL MRI	0	0	194.06
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	431,406	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	4,314.060000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	127,307	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	1,273.070000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:42 am

			Title XVIII		Hospital	PPS			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00		6.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	62,587,200		62,587,200	0	62,587,200	172,221,015	30.00
31.00	03100	INTENSIVE CARE UNIT	9,588,798		9,588,798	17,005	9,605,803	22,098,955	31.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	4,829,638		4,829,638	0	4,829,638	17,210,862	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,128,243		21,128,243	0	21,128,243	74,179,002	50.00
51.00	05100	RECOVERY ROOM	2,277,932		2,277,932	0	2,277,932	10,102,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,627,623		3,627,623	0	3,627,623	10,083,472	52.00
53.00	05300	ANESTHESIOLOGY	756,709		756,709	0	756,709	13,756,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,115,725		8,115,725	0	8,115,725	17,248,265	54.00
56.00	05601	NUCLEAR MEDICINE	2,868,795		2,868,795	0	2,868,795	5,594,276	56.00
56.01	05602	ULTRASOUND	2,380,447		2,380,447	0	2,380,447	5,581,955	56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0		0	0	0	0	56.02
57.00	05700	CT SCAN	2,629,767		2,629,767	0	2,629,767	38,911,702	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,502,239		1,502,239	0	1,502,239	9,819,738	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,437,773		4,437,773	1,885	4,439,658	26,802,682	59.00
60.00	06000	LABORATORY	15,452,883		15,452,883	0	15,452,883	81,116,932	60.00
60.01	06001	REFERENCE LAB	0		0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	263,495		263,495	0	263,495	9,762,687	63.00
65.00	06500	RESPIRATORY THERAPY	4,064,057	0	4,064,057	0	4,064,057	23,448,234	65.00
65.01	06501	STRESS TEST	1,433,679	0	1,433,679	0	1,433,679	11,940,680	65.01
66.00	06600	PHYSICAL THERAPY	5,888,749	0	5,888,749	0	5,888,749	4,718,223	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	606,914		606,914	0	606,914	3,362,727	69.00
69.01	06901	ECHOCARDIOGRAM	0		0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0		0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,232,741		1,232,741	0	1,232,741	601,106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,307,865		21,307,865	0	21,307,865	28,964,477	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,594,639		13,594,639	0	13,594,639	45,124,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,634,021		22,634,021	0	22,634,021	118,791,686	73.00
74.00	07400	RENAL DIALYSIS	1,214,319		1,214,319	0	1,214,319	4,669,456	74.00
75.02	07501	OUTPATIENT SURGERY	0		0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	13,963		13,963	0	13,963	5,442	76.00
76.97	07697	CARDIAC REHABILITATION	1,808,127		1,808,127	11,281	1,819,408	73,319	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	2,416,696		2,416,696	12,726	2,429,422	111,874	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0		0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0		0	0	0	0	90.03
91.00	09100	EMERGENCY	18,402,395		18,402,395	1,011,738	19,414,133	30,951,838	91.00
91.20	09101	ACUTE CARE CENTER	6,505,134		6,505,134	0	6,505,134	307,850	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,356,397		4,356,397	0	4,356,397	3,116,313	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
99.20	09920	OPT	0		0	0	0	0	99.20
99.30	09930	OOT	0		0	0	0	0	99.30
99.40	09940	OSP	0		0	0	0	0	99.40
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
116.00	11600	HOSPICE	0		0	0	0	0	116.00
200.00		Subtotal (see instructions)	247,926,963	0	247,926,963	1,054,635	248,981,598	790,677,887	200.00
201.00		Less Observation Beds	4,356,397		4,356,397		4,356,397		201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges	
				Total Costs	RCE Disallowance	Total Costs	Inpatient	
		1.00	2.00	3.00	4.00	5.00	6.00	
202.00	Total (see instructions)	243,570,566	0	243,570,566	1,054,635	244,625,201	790,677,887	202.00
Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00	9.00	10.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS		172,221,015					30.00
31.00	03100 INTENSIVE CARE UNIT		22,098,955					31.00
41.00	04100 SUBPROVIDER - IRF		0					41.00
42.00	04200 SUBPROVIDER		0					42.00
43.00	04300 NURSERY		17,210,862					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	81,990,195	156,169,197	0.135291	0.000000	0.135291		50.00
51.00	05100 RECOVERY ROOM	11,938,390	22,040,601	0.103352	0.000000	0.103352		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	10,083,472	0.359759	0.000000	0.359759		52.00
53.00	05300 ANESTHESIOLOGY	12,695,581	26,452,310	0.028607	0.000000	0.028607		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	26,950,945	44,199,210	0.183617	0.000000	0.183617		54.00
56.00	05601 NUCLEAR MEDICINE	21,784,689	27,378,965	0.104781	0.000000	0.104781		56.00
56.01	05602 ULTRASOUND	17,945,505	23,527,460	0.101177	0.000000	0.101177		56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0.000000	0.000000	0.000000		56.02
57.00	05700 CT SCAN	65,172,244	104,083,946	0.025266	0.000000	0.025266		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	18,667,076	28,486,814	0.052735	0.000000	0.052735		58.00
59.00	05900 CARDIAC CATHETERIZATION	14,090,564	40,893,246	0.108521	0.000000	0.108567		59.00
60.00	06000 LABORATORY	63,368,873	144,485,805	0.106951	0.000000	0.106951		60.00
60.01	06001 REFERENCE LAB	0	0	0.000000	0.000000	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,338,218	12,100,905	0.021775	0.000000	0.021775		63.00
65.00	06500 RESPIRATORY THERAPY	1,749,652	25,197,886	0.161286	0.000000	0.161286		65.00
65.01	06501 STRESS TEST	10,934,824	22,875,504	0.062673	0.000000	0.062673		65.01
66.00	06600 PHYSICAL THERAPY	9,831,230	14,549,453	0.404740	0.000000	0.404740		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	3,383,873	6,746,600	0.089958	0.000000	0.089958		69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0.000000	0.000000	0.000000		69.01
69.02	06902 RADIOLOGY	0	0	0.000000	0.000000	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	3,157,703	3,758,809	0.327961	0.000000	0.327961		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,130,728	41,095,205	0.518500	0.000000	0.518500		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,719,068	55,843,247	0.243443	0.000000	0.243443		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	53,583,018	172,374,704	0.131307	0.000000	0.131307		73.00
74.00	07400 RENAL DIALYSIS	0	4,669,456	0.260056	0.000000	0.260056		74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0.000000	0.000000	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	228,702	234,144	0.059634	0.000000	0.059634		76.00
76.97	07697 CARDIAC REHABILITATION	1,525,509	1,598,828	1.130908	0.000000	1.137964		76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000 CLINIC	7,422,040	7,533,914	0.320776	0.000000	0.322465		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0.000000	0.000000	0.000000		90.01
90.03	09002 LI THOTRI PSY	0	0	0.000000	0.000000	0.000000		90.03
91.00	09100 EMERGENCY	60,710,668	91,662,506	0.200763	0.000000	0.211800		91.00
91.20	09101 ACUTE CARE CENTER	15,527,771	15,835,621	0.410791	0.000000	0.410791		91.20
92.00	09200 OBSERVATION BEDS (NON-DI STINCT PART)	10,612,130	13,728,443	0.317326	0.000000	0.317326		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910 CORF	0	0					99.10
99.20	09920 OPT	0	0					99.20
99.30	09930 OOT	0	0					99.30
99.40	09940 OSP	0	0					99.40
101.00	10100 HOME HEALTH AGENCY	0	0					101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION	0	0					109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Title XVIII		Hospital		PPS		
			Outpatient	Total (col. 6 + col. 7)										
			7.00	8.00	9.00	10.00	11.00							
110.00	11000	INTESTINAL ACQUISITION	0	0										110.00
111.00	11100	ISLET ACQUISITION	0	0										111.00
116.00	11600	HOSPICE	0	0										116.00
200.00		Subtotal (see instructions)	538,459,196	1,329,137,083										200.00
201.00		Less Observation Beds												201.00
202.00		Total (see instructions)	538,459,196	1,329,137,083										202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/29/2013 9:42 am			
			Title XIX	Hospital	Cost			
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	62,587,200		62,587,200	0	0	172,221,015	30.00
31.00	03100 INTENSIVE CARE UNIT	9,588,798		9,588,798	0	0	22,098,955	31.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300 NURSERY	4,829,638		4,829,638	0	0	17,210,862	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	21,128,243		21,128,243	0	0	74,179,002	50.00
51.00	05100 RECOVERY ROOM	2,277,932		2,277,932	0	0	10,102,211	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,627,623		3,627,623	0	0	10,083,472	52.00
53.00	05300 ANESTHESIOLOGY	756,709		756,709	0	0	13,756,729	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,115,725		8,115,725	0	0	17,248,265	54.00
56.00	05601 NUCLEAR MEDICINE	2,868,795		2,868,795	0	0	5,594,276	56.00
56.01	05602 ULTRASOUND	2,380,447		2,380,447	0	0	5,581,955	56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0		0	0	0	0	56.02
57.00	05700 CT SCAN	2,629,767		2,629,767	0	0	38,911,702	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,502,239		1,502,239	0	0	9,819,738	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,437,773		4,437,773	0	0	26,802,682	59.00
60.00	06000 LABORATORY	15,452,883		15,452,883	0	0	81,116,932	60.00
60.01	06001 REFERENCE LAB	0		0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	263,495		263,495	0	0	9,762,687	63.00
65.00	06500 RESPIRATORY THERAPY	4,064,057	0	4,064,057	0	0	23,448,234	65.00
65.01	06501 STRESS TEST	1,433,679	0	1,433,679	0	0	11,940,680	65.01
66.00	06600 PHYSICAL THERAPY	5,888,749	0	5,888,749	0	0	4,718,223	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	606,914		606,914	0	0	3,362,727	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	0	69.01
69.02	06902 RADIOLOGY	0		0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,232,741		1,232,741	0	0	601,106	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21,307,865		21,307,865	0	0	28,964,477	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,594,639		13,594,639	0	0	45,124,179	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,634,021		22,634,021	0	0	118,791,686	73.00
74.00	07400 RENAL DIALYSIS	1,214,319		1,214,319	0	0	4,669,456	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	13,963		13,963	0	0	5,442	76.00
76.97	07697 CARDIAC REHABILITATION	1,808,127		1,808,127	0	0	73,319	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000 CLINIC	2,416,696		2,416,696	0	0	111,874	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	0	90.03
91.00	09100 EMERGENCY	18,402,395		18,402,395	0	0	30,951,838	91.00
91.20	09101 ACUTE CARE CENTER	6,505,134		6,505,134	0	0	307,850	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,356,397		4,356,397	0	0	3,116,313	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910 CORF	0		0	0	0	0	99.10
99.20	09920 OPT	0		0	0	0	0	99.20
99.30	09930 OOT	0		0	0	0	0	99.30
99.40	09940 OSP	0		0	0	0	0	99.40
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 INTESITNAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	0	111.00
116.00	11600 HOSPICE	0		0	0	0	0	116.00
200.00	Subtotal (see instructions)	247,926,963	0	247,926,963	0	0	790,677,887	200.00
201.00	Less Observation Beds	4,356,397		4,356,397	0	0		201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:42 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
202.00	Total (see instructions)	243,570,566	0	243,570,566	0	0	790,677,887	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		172,221,015				30.00
31.00	03100	INTENSIVE CARE UNIT		22,098,955				31.00
41.00	04100	SUBPROVIDER - IRF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		17,210,862				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,990,195	156,169,197	0.135291	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,938,390	22,040,601	0.103352	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,083,472	0.359759	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,695,581	26,452,310	0.028607	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,950,945	44,199,210	0.183617	0.000000	0.000000	54.00
56.00	05601	NUCLEAR MEDICINE	21,784,689	27,378,965	0.104781	0.000000	0.000000	56.00
56.01	05602	ULTRASOUND	17,945,505	23,527,460	0.101177	0.000000	0.000000	56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0	0.000000	0.000000	0.000000	56.02
57.00	05700	CT SCAN	65,172,244	104,083,946	0.025266	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,667,076	28,486,814	0.052735	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,090,564	40,893,246	0.108521	0.000000	0.000000	59.00
60.00	06000	LABORATORY	63,368,873	144,485,805	0.106951	0.000000	0.000000	60.00
60.01	06001	REFERENCE LAB	0	0	0.000000	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,338,218	12,100,905	0.021775	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,749,652	25,197,886	0.161286	0.000000	0.000000	65.00
65.01	06501	STRESS TEST	10,934,824	22,875,504	0.062673	0.000000	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	9,831,230	14,549,453	0.404740	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,383,873	6,746,600	0.089958	0.000000	0.000000	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0.000000	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0.000000	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,157,703	3,758,809	0.327961	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,130,728	41,095,205	0.518500	0.000000	0.000000	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,719,068	55,843,247	0.243443	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,583,018	172,374,704	0.131307	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	4,669,456	0.260056	0.000000	0.000000	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0.000000	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	228,702	234,144	0.059634	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,525,509	1,598,828	1.130908	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00	09000	CLINIC	7,422,040	7,533,914	0.320776	0.000000	0.000000	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0.000000	0.000000	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	60,710,668	91,662,506	0.200763	0.000000	0.000000	91.00
91.20	09101	ACUTE CARE CENTER	15,527,771	15,835,621	0.410791	0.000000	0.000000	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,612,130	13,728,443	0.317326	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
99.20	09920	OPT	0	0				99.20
99.30	09930	OOT	0	0				99.30
99.40	09940	OSP	0	0				99.40
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost	
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
116.00	11600	HOSPICE	0	0					116.00
200.00		Subtotal (see instructions)	538,459,196	1,329,137,083					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	538,459,196	1,329,137,083					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:42 am

			Title V		Hospital		Cost		
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	62,587,200		62,587,200	0	0	172,221,015	30.00
31.00	03100	INTENSIVE CARE UNIT	9,588,798		9,588,798	0	0	22,098,955	31.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	4,829,638		4,829,638	0	0	17,210,862	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,128,243		21,128,243	0	0	74,179,002	50.00
51.00	05100	RECOVERY ROOM	2,277,932		2,277,932	0	0	10,102,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,627,623		3,627,623	0	0	10,083,472	52.00
53.00	05300	ANESTHESIOLOGY	756,709		756,709	0	0	13,756,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,115,725		8,115,725	0	0	17,248,265	54.00
56.00	05601	NUCLEAR MEDICINE	2,868,795		2,868,795	0	0	5,594,276	56.00
56.01	05602	ULTRASOUND	2,380,447		2,380,447	0	0	5,581,955	56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0		0	0	0	0	56.02
57.00	05700	CT SCAN	2,629,767		2,629,767	0	0	38,911,702	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,502,239		1,502,239	0	0	9,819,738	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,437,773		4,437,773	0	0	26,802,682	59.00
60.00	06000	LABORATORY	15,452,883		15,452,883	0	0	81,116,932	60.00
60.01	06001	REFERENCE LAB	0		0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	263,495		263,495	0	0	9,762,687	63.00
65.00	06500	RESPIRATORY THERAPY	4,064,057	0	4,064,057	0	0	23,448,234	65.00
65.01	06501	STRESS TEST	1,433,679	0	1,433,679	0	0	11,940,680	65.01
66.00	06600	PHYSICAL THERAPY	5,888,749	0	5,888,749	0	0	4,718,223	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	606,914		606,914	0	0	3,362,727	69.00
69.01	06901	ECHOCARDIOGRAM	0		0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0		0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,232,741		1,232,741	0	0	601,106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,307,865		21,307,865	0	0	28,964,477	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,594,639		13,594,639	0	0	45,124,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,634,021		22,634,021	0	0	118,791,686	73.00
74.00	07400	RENAL DIALYSIS	1,214,319		1,214,319	0	0	4,669,456	74.00
75.02	07501	OUTPATIENT SURGERY	0		0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	13,963		13,963	0	0	5,442	76.00
76.97	07697	CARDIAC REHABILITATION	1,808,127		1,808,127	0	0	73,319	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	2,416,696		2,416,696	0	0	111,874	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0		0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0		0	0	0	0	90.03
91.00	09100	EMERGENCY	18,402,395		18,402,395	0	0	30,951,838	91.00
91.20	09101	ACUTE CARE CENTER	6,505,134		6,505,134	0	0	307,850	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,356,397		4,356,397	0	0	3,116,313	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
99.20	09920	OPT	0		0	0	0	0	99.20
99.30	09930	OOT	0		0	0	0	0	99.30
99.40	09940	OSP	0		0	0	0	0	99.40
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
116.00	11600	HOSPICE	0		0	0	0	0	116.00
200.00		Subtotal (see instructions)	247,926,963	0	247,926,963	0	0	790,677,887	200.00
201.00		Less Observation Beds	4,356,397		4,356,397	0	0		201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/29/2013 9:42 am	
			Title V		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
	1.00	2.00	3.00	4.00	5.00	6.00		
202.00	Total (see instructions)	243,570,566	0	243,570,566	0	0	790,677,887	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00	9.00	10.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS		172,221,015					30.00
31.00	03100 INTENSIVE CARE UNIT		22,098,955					31.00
41.00	04100 SUBPROVIDER - IRF		0					41.00
42.00	04200 SUBPROVIDER		0					42.00
43.00	04300 NURSERY		17,210,862					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	81,990,195	156,169,197	0.135291	0.000000	0.000000		50.00
51.00	05100 RECOVERY ROOM	11,938,390	22,040,601	0.103352	0.000000	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	10,083,472	0.359759	0.000000	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	12,695,581	26,452,310	0.028607	0.000000	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	26,950,945	44,199,210	0.183617	0.000000	0.000000		54.00
56.00	05601 NUCLEAR MEDICINE	21,784,689	27,378,965	0.104781	0.000000	0.000000		56.00
56.01	05602 ULTRASOUND	17,945,505	23,527,460	0.101177	0.000000	0.000000		56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0.000000	0.000000	0.000000		56.02
57.00	05700 CT SCAN	65,172,244	104,083,946	0.025266	0.000000	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	18,667,076	28,486,814	0.052735	0.000000	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	14,090,564	40,893,246	0.108521	0.000000	0.000000		59.00
60.00	06000 LABORATORY	63,368,873	144,485,805	0.106951	0.000000	0.000000		60.00
60.01	06001 REFERENCE LAB	0	0	0.000000	0.000000	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,338,218	12,100,905	0.021775	0.000000	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	1,749,652	25,197,886	0.161286	0.000000	0.000000		65.00
65.01	06501 STRESS TEST	10,934,824	22,875,504	0.062673	0.000000	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	9,831,230	14,549,453	0.404740	0.000000	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	3,383,873	6,746,600	0.089958	0.000000	0.000000		69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0.000000	0.000000	0.000000		69.01
69.02	06902 RADIOLOGY	0	0	0.000000	0.000000	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	3,157,703	3,758,809	0.327961	0.000000	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,130,728	41,095,205	0.518500	0.000000	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,719,068	55,843,247	0.243443	0.000000	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	53,583,018	172,374,704	0.131307	0.000000	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0	4,669,456	0.260056	0.000000	0.000000		74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0.000000	0.000000	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	228,702	234,144	0.059634	0.000000	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	1,525,509	1,598,828	1.130908	0.000000	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000		89.00
90.00	09000 CLINIC	7,422,040	7,533,914	0.320776	0.000000	0.000000		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0.000000	0.000000	0.000000		90.01
90.03	09002 LI THOTRI PSY	0	0	0.000000	0.000000	0.000000		90.03
91.00	09100 EMERGENCY	60,710,668	91,662,506	0.200763	0.000000	0.000000		91.00
91.20	09101 ACUTE CARE CENTER	15,527,771	15,835,621	0.410791	0.000000	0.000000		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,612,130	13,728,443	0.317326	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910 CORF	0	0					99.10
99.20	09920 OPT	0	0					99.20
99.30	09930 OOT	0	0					99.30
99.40	09940 OSP	0	0					99.40
101.00	10100 HOME HEALTH AGENCY	0	0					101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION	0	0					109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost	
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
116.00	11600	HOSPICE	0	0					116.00
200.00		Subtotal (see instructions)	538,459,196	1,329,137,083					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	538,459,196	1,329,137,083					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/29/2013 9:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,073,549	0	8,073,549	63,415	127.31	30.00
31.00	INTENSIVE CARE UNIT	761,490		761,490	4,781	159.27	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	343,786		343,786	4,649	73.95	43.00
200.00	Total (lines 30-199)	9,178,825		9,178,825	72,845		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	30,451	3,876,717	30.00
31.00	INTENSIVE CARE UNIT	2,382	379,381	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	32,833	4,256,098	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/29/2013 9:42 am
--	--	----------------------	---	--

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	2,168,661	156,169,197	0.013887	30,137,101	418,514	50.00
51.00	05100 RECOVERY ROOM	193,557	22,040,601	0.008782	3,831,984	33,652	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	426,515	10,083,472	0.042298	0	0	52.00
53.00	05300 ANESTHESIOLOGY	39,424	26,452,310	0.001490	4,717,700	7,029	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,127,936	44,199,210	0.025519	9,536,116	243,352	54.00
56.00	05601 NUCLEAR MEDICINE	137,005	27,378,965	0.005004	3,379,042	16,909	56.00
56.01	05602 ULTRASOUND	73,827	23,527,460	0.003138	2,686,855	8,431	56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0.000000	0	0	56.02
57.00	05700 CT SCAN	155,937	104,083,946	0.001498	17,506,532	26,225	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	131,264	28,486,814	0.004608	4,610,326	21,244	58.00
59.00	05900 CARDIAC CATHETERIZATION	884,066	40,893,246	0.021619	14,881,808	321,730	59.00
60.00	06000 LABORATORY	510,287	144,485,805	0.003532	42,606,755	150,487	60.00
60.01	06001 REFERENCE LAB	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	85,031	12,100,905	0.007027	4,537,638	31,886	63.00
65.00	06500 RESPIRATORY THERAPY	255,734	25,197,886	0.010149	12,630,033	128,182	65.00
65.01	06501 STRESS TEST	65,711	22,875,504	0.002873	7,098,492	20,394	65.01
66.00	06600 PHYSICAL THERAPY	768,074	14,549,453	0.052791	2,960,808	156,304	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	28,661	6,746,600	0.004248	2,002,523	8,507	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0.000000	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	295,007	3,758,809	0.078484	333,746	26,194	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	200,641	41,095,205	0.004882	13,499,744	65,906	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	131,313	55,843,247	0.002351	20,322,085	47,777	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	839,845	172,374,704	0.004872	57,183,552	278,598	73.00
74.00	07400 RENAL DIALYSIS	158,124	4,669,456	0.033863	3,460,798	117,193	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0.000000	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	6,176	234,144	0.026377	2,390	63	76.00
76.97	07697 CARDIAC REHABILITATION	611,216	1,598,828	0.382290	36,842	14,084	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	385,114	7,533,914	0.051117	88,035	4,500	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0.000000	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	2,311,530	91,662,506	0.025218	14,537,113	366,597	91.00
91.20	09101 ACUTE CARE CENTER	558,831	15,835,621	0.035289	139,966	4,939	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	561,962	13,728,443	0.040934	1,475,836	60,412	92.00
200.00	Total (lines 50-199)	13,111,449	1,117,606,251		274,203,820	2,579,109	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/29/2013 9:42 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
						4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
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	63,415	0.00	30,451	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,781	0.00	2,382	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	4,649	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	72,845		32,833	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 9:42 am
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
56.00	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.00	
56.01	05602	ULTRASOUND	0	0	0	0	0	56.01	
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	REFERENCE LAB	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	06501	STRESS TEST	0	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01	
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02	
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	
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02	
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01	
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0	0	431,406	0	431,406	91.00	
91.20	09101	ACUTE CARE CENTER	0	0	0	0	0	91.20	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	431,406	0	431,406	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 9:42 am
--	----------------------	---------------------------------------	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	156,169,197	0.000000	0.000000	30,137,101	50.00
51.00	05100 RECOVERY ROOM	0	22,040,601	0.000000	0.000000	3,831,984	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	10,083,472	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	26,452,310	0.000000	0.000000	4,717,700	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	44,199,210	0.000000	0.000000	9,536,116	54.00
56.00	05601 NUCLEAR MEDICINE	0	27,378,965	0.000000	0.000000	3,379,042	56.00
56.01	05602 ULTRASOUND	0	23,527,460	0.000000	0.000000	2,686,855	56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	104,083,946	0.000000	0.000000	17,506,532	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	28,486,814	0.000000	0.000000	4,610,326	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,893,246	0.000000	0.000000	14,881,808	59.00
60.00	06000 LABORATORY	0	144,485,805	0.000000	0.000000	42,606,755	60.00
60.01	06001 REFERENCE LAB	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	12,100,905	0.000000	0.000000	4,537,638	63.00
65.00	06500 RESPIRATORY THERAPY	0	25,197,886	0.000000	0.000000	12,630,033	65.00
65.01	06501 STRESS TEST	0	22,875,504	0.000000	0.000000	7,098,492	65.01
66.00	06600 PHYSICAL THERAPY	0	14,549,453	0.000000	0.000000	2,960,808	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,746,600	0.000000	0.000000	2,002,523	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0.000000	0.000000	0	69.01
69.02	06902 RADIOLOGY	0	0	0.000000	0.000000	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,758,809	0.000000	0.000000	333,746	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,095,205	0.000000	0.000000	13,499,744	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	55,843,247	0.000000	0.000000	20,322,085	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	172,374,704	0.000000	0.000000	57,183,552	73.00
74.00	07400 RENAL DIALYSIS	0	4,669,456	0.000000	0.000000	3,460,798	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0.000000	0.000000	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	234,144	0.000000	0.000000	2,390	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,598,828	0.000000	0.000000	36,842	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	7,533,914	0.000000	0.000000	88,035	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0.000000	0.000000	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	431,406	91,662,506	0.004706	0.004706	14,537,113	91.00
91.20	09101 ACUTE CARE CENTER	0	15,835,621	0.000000	0.000000	139,966	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,728,443	0.000000	0.000000	1,475,836	92.00
200.00	Total (lines 50-199)	431,406	1,117,606,251			274,203,820	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 9:42 am
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title VIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	22,203,763	0		50.00
51.00	05100 RECOVERY ROOM	0	2,302,839	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	3,325,552	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,600,485	0		54.00
56.00	05601 NUCLEAR MEDICINE	0	9,117,752	0		56.00
56.01	05602 ULTRASOUND	0	2,754,538	0		56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0	0	0		56.02
57.00	05700 CT SCAN	0	17,503,325	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,891,997	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,342,565	0		59.00
60.00	06000 LABORATORY	0	3,224,516	0		60.00
60.01	06001 REFERENCE LAB	0	0	0		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,132,168	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	403,621	0		65.00
65.01	06501 STRESS TEST	0	2,946,374	0		65.01
66.00	06600 PHYSICAL THERAPY	0	73,344	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	0	969,660	0		69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0		69.01
69.02	06902 RADIOLOGY	0	0	0		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	712,277	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,523,829	0		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,729,808	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	18,176,384	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0		75.02
76.00	03290 ELECTROMYOGRAPHY	0	52,741	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	748,447	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	3,443,911	0		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0		90.01
90.03	09002 LI THOTRI PSY	0	0	0		90.03
91.00	09100 EMERGENCY	68,412	9,358,653	44,042		91.00
91.20	09101 ACUTE CARE CENTER	0	1,312,322	0		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,860,570	0		92.00
200.00	Total (lines 50-199)	68,412	132,711,441	44,042		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 9:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.135291	22,203,763	0	0	3,003,969	50.00
51.00 05100 RECOVERY ROOM	0.103352	2,302,839	0	0	238,003	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.359759	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.028607	3,325,552	0	0	95,134	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.183617	9,600,485	0	0	1,762,812	54.00
56.00 05601 NUCLEAR MEDICINE	0.104781	9,117,752	0	0	955,367	56.00
56.01 05602 ULTRASOUND	0.101177	2,754,538	0	0	278,696	56.01
56.02 05605 RADIOLOGY SPECIAL PROCEDURE	0.000000	0	0	0	0	56.02
57.00 05700 CT SCAN	0.025266	17,503,325	0	0	442,239	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052735	5,891,997	0	0	310,714	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.108521	6,342,565	0	0	688,301	59.00
60.00 06000 LABORATORY	0.106951	3,224,516	0	0	344,865	60.00
60.01 06001 REFERENCE LAB	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.021775	1,132,168	0	0	24,653	63.00
65.00 06500 RESPIRATORY THERAPY	0.161286	403,621	0	0	65,098	65.00
65.01 06501 STRESS TEST	0.062673	2,946,374	0	0	184,658	65.01
66.00 06600 PHYSICAL THERAPY	0.404740	73,344	0	0	29,685	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.089958	969,660	0	0	87,229	69.00
69.01 06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0.000000	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0.327961	712,277	0	0	233,599	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.518500	3,523,829	0	0	1,827,105	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.243443	3,729,808	0	0	907,996	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.131307	18,176,384	0	96,803	2,386,686	73.00
74.00 07400 RENAL DIALYSIS	0.260056	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0.059634	52,741	0	0	3,145	76.00
76.97 07697 CARDIAC REHABILITATION	1.130908	748,447	0	0	846,425	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.320776	3,443,911	0	0	1,104,724	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.200763	9,358,653	0	0	1,878,871	91.00
91.20 09101 ACUTE CARE CENTER	0.410791	1,312,322	0	0	539,090	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.317326	3,860,570	0	0	1,225,059	92.00
200.00	Subtotal (see instructions)	132,711,441	0	96,803	19,464,123	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	132,711,441	0	96,803	19,464,123	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 9:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05601 NUCLEAR MEDICINE	0	0		56.00
56.01 05602 ULTRASOUND	0	0		56.01
56.02 05605 RADIOLOGY SPECIAL PROCEDURE	0	0		56.02
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
60.01 06001 REFERENCE LAB	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 STRESS TEST	0	0		65.01
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
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	12,711		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LI THOTRI PSY	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
91.20 09101 ACUTE CARE CENTER	0	0		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	12,711		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	12,711		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 9:42 am
		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	0.135291	0	0	6,882,205	0	50.00
51.00	05100 RECOVERY ROOM	0.103352	0	0	1,476,563	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.359759	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.028607	0	0	1,115,399	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.183617	0	0	3,062,031	0	54.00
56.00	05601 NUCLEAR MEDICINE	0.104781	0	0	2,247,176	0	56.00
56.01	05602 ULTRASOUND	0.101177	0	0	5,040,896	0	56.01
56.02	05605 RADIOLOGY SPECIAL PROCEDURE	0.000000	0	0	0	0	56.02
57.00	05700 CT SCAN	0.025266	0	0	7,446,281	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052735	0	0	2,136,321	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.108521	0	0	327,044	0	59.00
60.00	06000 LABORATORY	0.106951	0	0	10,372,394	0	60.00
60.01	06001 REFERENCE LAB	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.021775	0	0	220,892	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.161286	0	0	495,517	0	65.00
65.01	06501 STRESS TEST	0.062673	0	0	1,458,903	0	65.01
66.00	06600 PHYSICAL THERAPY	0.404740	0	0	1,861,512	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.089958	0	0	405,350	0	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.327961	0	0	272,354	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.518500	0	0	815,844	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.243443	0	0	812,354	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131307	0	0	6,665,147	0	73.00
74.00	07400 RENAL DIALYSIS	0.260056	0	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.059634	0	0	51,619	0	76.00
76.97	07697 CARDIAC REHABILITATION	1.130908	0	0	406	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.320776	0	0	774,797	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.200763	0	0	16,294,991	0	91.00
91.20	09101 ACUTE CARE CENTER	0.410791	0	0	2,498,955	0	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.317326	0	0	1,366,354	0	92.00
200.00	Subtotal (see instructions)		0	0	74,101,305	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	74,101,305	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 9:42 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost	
	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	931,100	50.00
51.00	05100	RECOVERY ROOM	0	152,606	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	31,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	562,241	54.00
56.00	05601	NUCLEAR MEDICINE	0	235,461	56.00
56.01	05602	ULTRASOUND	0	510,023	56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0	0	56.02
57.00	05700	CT SCAN	0	188,138	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	112,659	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	35,491	59.00
60.00	06000	LABORATORY	0	1,109,338	60.00
60.01	06001	REFERENCE LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,810	63.00
65.00	06500	RESPIRATORY THERAPY	0	79,920	65.00
65.01	06501	STRESS TEST	0	91,434	65.01
66.00	06600	PHYSICAL THERAPY	0	753,428	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	36,464	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	89,321	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	423,015	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	197,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	875,180	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	3,078	76.00
76.97	07697	CARDIAC REHABILITATION	0	459	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	248,536	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	90.03
91.00	09100	EMERGENCY	0	3,271,431	91.00
91.20	09101	ACUTE CARE CENTER	0	1,026,548	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	433,580	92.00
200.00		Subtotal (see instructions)	0	11,403,931	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	11,403,931	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/29/2013 9:42 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,415	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,415	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)		59,001	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)		30,451	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)		62,587,200	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)		62,587,200	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		187,711,061	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		187,711,061	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.333423	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)		3,181.49	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)		27,62,587,200	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)		986.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		30,053,614	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)		30,053,614	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2013 9:42 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	9,605,803	4,781	2,009.16	2,382	4,785,819		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)					41,942,553		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					76,781,986		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)					4,256,098		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,647,521		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,903,619		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					69,878,367		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)					4,414		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					986.95		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,356,397		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 9:42 am	
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	8,073,549	62,587,200	0.128997	4,356,397	561,962	90.00
91.00	Nursing School cost	0	62,587,200	0.000000	4,356,397	0	91.00
92.00	Allied health cost	0	62,587,200	0.000000	4,356,397	0	92.00
93.00	All other Medical Education	0	62,587,200	0.000000	4,356,397	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2013 9:42 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,415	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,415	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)		59,001	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)		12,187	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)		4,649	15.00
16.00	Nursery days (title V or XIX only)		2,348	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)		62,587,200	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)		62,587,200	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		170,668,528	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		170,668,528	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.366718	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,892.64	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)		27 62,587,200	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)		986.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,027,960	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)		12,027,960	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/29/2013 9:42 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	4,829,638	4,649	1,038.86	2,348	2,439,243	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,588,798	4,781	2,005.61	493	988,766	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,415,164	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,871,133	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,414	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					986.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,356,397	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140202

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

Worksheet D-1
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 9:42 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		84,390,073	30.00
31.00	03100	INTENSIVE CARE UNIT		10,625,860	31.00
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	0.135291	30,137,101	4,077,279 50.00
51.00	05100	RECOVERY ROOM	0.103352	3,831,984	396,043 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.359759	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.028607	4,717,700	134,959 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.183617	9,536,116	1,750,993 54.00
56.00	05601	NUCLEAR MEDICINE	0.104781	3,379,042	354,059 56.00
56.01	05602	ULTRASOUND	0.101177	2,686,855	271,848 56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0.000000	0	0 56.02
57.00	05700	CT SCAN	0.025266	17,506,532	442,320 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052735	4,610,326	243,126 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108567	14,881,808	1,615,673 59.00
60.00	06000	LABORATORY	0.106951	42,606,755	4,556,835 60.00
60.01	06001	REFERENCE LAB	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.021775	4,537,638	98,807 63.00
65.00	06500	RESPIRATORY THERAPY	0.161286	12,630,033	2,037,048 65.00
65.01	06501	STRESS TEST	0.062673	7,098,492	444,884 65.01
66.00	06600	PHYSICAL THERAPY	0.404740	2,960,808	1,198,357 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.089958	2,002,523	180,143 69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0 69.01
69.02	06902	CARDIOLOGY	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.327961	333,746	109,456 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.518500	13,499,744	6,999,617 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.243443	20,322,085	4,947,269 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131307	57,183,552	7,508,601 73.00
74.00	07400	RENAL DIALYSIS	0.260056	3,460,798	900,001 74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0 75.02
76.00	03290	ELECTROMYOGRAPHY	0.059634	2,390	143 76.00
76.97	07697	CARDIAC REHABILITATION	1.137964	36,842	41,925 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.322465	88,035	28,388 90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0 90.01
90.03	09002	LITHOTRIpsy	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.211800	14,537,113	3,078,961 91.00
91.20	09101	ACUTE CARE CENTER	0.410791	139,966	57,497 91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.317326	1,475,836	468,321 92.00
200.00		Total (sum of lines 50-94 and 96-98)		274,203,820	41,942,553 200.00
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)		274,203,820	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 9:42 am	
Cost Center Description		Title XIX	Hospital	Cost	
		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		23,450,082	30.00
31.00	03100	INTENSIVE CARE UNIT		2,249,255	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		10,894,100	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.135291	6,017,087	814,058 50.00
51.00	05100	RECOVERY ROOM	0.103352	921,525	95,241 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.359759	6,034,730	2,171,048 52.00
53.00	05300	ANESTHESIOLOGY	0.028607	2,238,658	64,041 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.183617	1,364,392	250,526 54.00
56.00	05601	NUCLEAR MEDICINE	0.104781	394,346	41,320 56.00
56.01	05602	ULTRASOUND	0.101177	699,912	70,815 56.01
56.02	05605	RADIOLOGY SPECIAL PROCEDURE	0.000000	0	0 56.02
57.00	05700	CT SCAN	0.025266	3,419,124	86,388 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052735	869,160	45,835 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108521	809,260	87,822 59.00
60.00	06000	LABORATORY	0.106951	7,394,811	790,882 60.00
60.01	06001	REFERENCE LAB	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.021775	1,704,512	37,116 63.00
65.00	06500	RESPIRATORY THERAPY	0.161286	2,757,453	444,739 65.00
65.01	06501	STRESS TEST	0.062673	526,917	33,023 65.01
66.00	06600	PHYSICAL THERAPY	0.404740	226,906	91,838 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.089958	147,711	13,288 69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0 69.01
69.02	06902	CARDIOLOGY	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.327961	42,010	13,778 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.518500	2,326,552	1,206,317 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.243443	2,320,146	564,823 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131307	13,230,920	1,737,312 73.00
74.00	07400	RENAL DIALYSIS	0.260056	401,901	104,517 74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0 75.02
76.00	03290	ELECTROMYOGRAPHY	0.059634	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	1.130908	2,934	3,318 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.320776	2,214	710 90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0 90.01
90.03	09002	LITHOTRIpsy	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.200763	3,118,700	626,120 91.00
91.20	09101	ACUTE CARE CENTER	0.410791	31,271	12,846 91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.317326	23,454	7,443 92.00
200.00		Total (sum of lines 50-94 and 96-98)		57,026,606	9,415,164 200.00
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)		57,026,606	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 9:42 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		57,440,707	1.00
2.00	Outlier payments for discharges. (see instructions)		1,076,720	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		2,924,585	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		258.94	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.24	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		23.04	31.00
32.00	Sum of lines 30 and 31		26.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.90	33.00
34.00	Disproportionate share adjustment (see instructions)		6,261,037	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)		64,778,464	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)		64,778,464	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,980,046	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		735	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).		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 9:42 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			68,412 58.00
59.00	Total (sum of amounts on lines 49 through 58)			69,827,657 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			69,827,657 61.00
62.00	Deductibles billed to program beneficiaries			5,816,756 62.00
63.00	Coinsurance billed to program beneficiaries			216,166 63.00
64.00	Allowable bad debts (see instructions)			840,314 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			588,220 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			64,382,955 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)			0 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)			64,382,955 71.00
72.00	Interim payments			62,915,827 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)			1,467,128 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			8,511,591 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			1,564,908 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			161,507 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: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/29/2013 9:42 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,711	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,420,081	2.00
3.00	PPS payments		19,532,021	3.00
4.00	Outlier payment (see instructions)		32,335	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.856	5.00
6.00	Line 2 times line 5		16,623,589	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		44,042	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,711	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		96,803	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)		96,803	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)		96,803	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		84,092	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)		12,711	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)		19,608,398	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)		4,460,473	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)		15,160,636	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)		15,160,636	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		15,160,636	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)		797,036	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		557,925	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)		15,718,561	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)		15,718,561	40.00
41.00	Interim payments		15,100,910	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)		617,651	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)		64,329	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: 140202

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 9:42 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		63,145,213		15,100,910		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/28/2012	54,716		0		3.50
3.51		11/01/2012	174,670		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)		-229,386		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)		62,915,827		15,100,910		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		1,467,128		617,651		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		64,382,955		15,718,561		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: 140202

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2013 9:42 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			18,253 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			32,833 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,559 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			63,782 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,329,137,083 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			52,378,000 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)			2,282,172 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,142,554 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			139,618 32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140202 Period: From 01/01/2012 To 12/31/2012 Worksheet G Date/Time Prepared: 5/29/2013 9:42 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	37,291,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	32,933,000	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	6,841,000	0	0	0	9.00
10.00	Due from other funds	4,817,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	81,882,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	54,776,000	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	237,289,000	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	54,271,000	0	0	0	23.00
24.00	Accumulated depreciation	-64,246,000	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)	282,090,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	37,905,000	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	525,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	38,430,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	402,402,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,705,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,745,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,059,000	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	35,752,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	77,261,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	30,680,000	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	33,393,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	64,073,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	141,334,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	261,068,000	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)	261,068,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	402,402,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140202

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

Worksheet G-1

Date/Time Prepared:
5/29/2013 9:42 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		252,514,436		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		27,662,900			2.00
3.00	Total (sum of line 1 and line 2)		280,177,336		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		280,177,336		0	11.00
12.00	Deductions (debit adjustments) (specify)	19,109,336		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)		19,109,336		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		261,068,000		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			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: 140202

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2013 9:42 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	187,711,061		187,711,061	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	187,711,061		187,711,061	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,098,955		22,098,955	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)	22,098,955		22,098,955	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	209,810,016		209,810,016	17.00
18.00	Ancillary services	577,423,213	512,339,790	1,089,763,003	18.00
19.00	Outpatient services	307,850	15,527,771	15,835,621	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
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OBSERVATION	3,116,313	10,612,130	13,728,443	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	790,657,392	538,479,691	1,329,137,083	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		274,213,804		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)		274,213,804		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140202

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

Worksheet G-3

Date/Time Prepared:
5/29/2013 9:42 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,329,137,083	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,035,007,235	2.00
3.00	Net patient revenues (line 1 minus line 2)	294,129,848	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	274,213,804	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,916,044	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,540	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	812,402	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	17,986	17.00
18.00	Revenue from sale of medical records and abstracts	183,409	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	209,686	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	289,772	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	664,868	22.00
23.00	Governmental appropriations	2,061,048	23.00
24.00	OTHER OPERATING REVENUE	3,723,612	24.00
25.00	Total other income (sum of lines 6-24)	7,966,323	25.00
26.00	Total (line 5 plus line 25)	27,882,367	26.00
27.00	OTHER EXPENSES (SPECIFY)	219,467	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	219,467	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	27,662,900	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140202

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

Worksheet I-5

Date/Time Prepared:
5/29/2013 9:42 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	0	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	0	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	0	11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140202	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/29/2013 9:42 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,625,446	1.00
2.00	Capital DRG outlier payments		101,588	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		174.27	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.24	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		23.04	8.00
9.00	Sum of lines 7 and 8		26.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.47	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		253,012	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,980,046	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