

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/22/2013 1:09 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/22/2013	Time: 1:09 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE CHRIST HOSPITAL (140208) 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	-2,132,253	2,833,318	-7,830	0	1.00
2.00 Subprovider - IPF	0	-956	0	0	0	2.00
3.00 Subprovider - IRF	0	-15,744	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	-2,148,953	2,833,318	-7,830	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: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 12:43 pm
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	1.00	2.00	3.00	4.00						
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4440 WEST 95TH STREET		PO Box:					1.00		
2.00	City: OAK LAWN		State: IL	Zip Code: 60453-	County: COOK		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	ADVOCATE CHRIST HOSPITAL	140208	29404	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	29404	4	01/01/1984	N	P	0	4.00
5.00	Subprovider - IRF	ADVOCATE CHRIST HOSPITAL - REHAB	14T208	29404	5	01/01/1984	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012	12/31/2012			20.00
21.00	Type of Control (see instructions)					1				21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	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.	34,644	11,434	0	1,470	481	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.	332	274	0	0	0	0		25.00	
						Urban/Rural Status	Date of Geographic			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 12:43 pm		
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N		39.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	2.53	12.67	0.166447		

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		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)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291	65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554	65.01
				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)			2.81	14.04	0.166766	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.	INTERNAL MEDICINE	1400	11.90	54.08	0.180358	67.00
67.01		INTERNAL MEDICINE	3900	1.64	7.11	0.187429	67.01
67.02		PEDIATRICS	2000	4.07	19.37	0.173635	67.02
67.03		PEDIATRICS	5250	3.92	18.68	0.173451	67.03

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00			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

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		02/02/2012		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H036	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140208			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 12:43 pm		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/22/2013 12:43 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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)	Y	04/13/2012	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	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	N		N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N		N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	N		N	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.	N		N	35.00
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	N			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.	N			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JANET		CLABOUGH	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.	630-990-5127		JANET.CLABOUGH@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)	04/13/2012	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: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2013 12:43 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	487	175,109	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)		487	175,109	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	88	32,208	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	37	13,542	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		612	220,859	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	35	12,810		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,542		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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
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)		684			0	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 XVII	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)	53,160	24,675	139,326			1.00
2.00 HMO	13,810	8,307				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)	53,160	24,675	139,326			7.00
8.00 INTENSIVE CARE UNIT	10,896	5,054	28,227			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	6,758	10,845			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,235	11,277			13.00
14.00 Total (see instructions)	64,056	39,722	189,675	218.05	4,884.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,090	710	9,009	0.00	61.00	16.00
17.00 SUBPROVIDER - IRF	7,001	606	12,160	0.00	83.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2013 12:43 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
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)				218.05	5,028.00	27.00
28.00	Observation Bed Days		1,160	5,734			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)		690	1,299			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	12,862	6,467	39,309	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
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	12,862	6,467	39,309	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	476	124	1,314	16.00
17.00	SUBPROVIDER - IRF	0.00	0	510	40	887	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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
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: 140208

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2013 12:43 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	319,335,505	0	319,335,505	9,859,200.00	32.39
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	15,438,323	0	15,438,323	312,000.00	49.48
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)		13,099,790	953,173	14,052,963	413,920.00	33.95
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		2,242,170	0	2,242,170	40,351.00	55.57
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		8,364,849	0	8,364,849	65,803.00	127.12
14.00	Home office salaries & wage-related costs		53,170,324	0	53,170,324	1,184,046.00	44.91
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		76,473,283	0	76,473,283		
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		3,692,267	0	3,692,267		
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)		3,830,261	0	3,830,261		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	3,505,198	0	3,505,198	35,360.00	99.13
27.00	Administrative & General	5.00	30,677,035	-271,288	30,405,747	977,600.00	31.10
28.00	Administrative & General under contract (see inst.)		3,020,084	0	3,020,084	27,640.00	109.26
29.00	Maintenance & Repairs	6.00	3,521,694	0	3,521,694	124,800.00	28.22
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	6,152,242	0	6,152,242	407,680.00	15.09
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	4,882,312	0	4,882,312	289,120.00	16.89
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,427,216	0	2,427,216	54,080.00	44.88
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	9,110,547	-175,387	8,935,160	210,080.00	42.53
41.00	Medical Records & Medical Records Library	16.00	3,524,821	0	3,524,821	143,520.00	24.56

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140208

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2013 12:43 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,817,921	0	1,817,921	58,240.00	31.21	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: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part III Date/Time Prepared: 5/22/2013 12:43 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	306,917,266	0	306,917,266	9,574,840.00	32.05	1.00
2.00	Excluded area salaries (see instructions)	13,099,790	953,173	14,052,963	413,920.00	33.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	293,817,476	-953,173	292,864,303	9,160,920.00	31.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	63,777,343	0	63,777,343	1,290,200.00	49.43	4.00
5.00	Subtotal wage-related costs (see inst.)	76,473,283	0	76,473,283	0.00	26.11	5.00
6.00	Total (sum of lines 3 thru 5)	434,068,102	-953,173	433,114,929	10,451,120.00	41.44	6.00
7.00	Total overhead cost (see instructions)	68,639,070	-446,675	68,192,395	2,328,120.00	29.29	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2013 12:43 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	6,221,152	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	4,349,500	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	761,050	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	29,506,709	8.00
9.00	Prescription Drug Plan	5,430,153	9.00
10.00	Dental, Hearing and Vision Plan	1,448,351	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	447,404	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)	2,656,654	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	7,248,611	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	22,261,196	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	513,871	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))	486,638	21.00
22.00	Day Care Cost and Allowances	-7,344,171	22.00
23.00	Tuition Reimbursement	2,664,522	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	76,651,640	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: 140208

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

Worksheet S-3
Part V
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,280,470	83,995,811	1.00
2.00	Hospital	2,280,470	81,384,495	2.00
3.00	Subprovider - IPF	0	1,151,039	3.00
4.00	Subprovider - IRF	0	1,460,277	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/22/2013 12:43 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.283858	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		97,922,597	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		505,293,823	6.00	
7.00	Medicaid cost (line 1 times line 6)		143,431,694	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)		45,509,097	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)		45,509,097	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	46,931,850	14,642,343	61,574,193	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	13,321,981	4,156,346	17,478,327	21.00
22.00	Partial payment by patients approved for charity care	154,857	267,449	422,306	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,167,124	3,888,897	17,056,021	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		47,536,457	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		3,090,219	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		44,446,238	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		12,616,420	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		29,672,441	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		75,181,538	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet A		
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	15,476,627	15,476,627	1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	10,790,331	10,790,331	2.00	
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS	3,505,198	62,843,135	66,348,333	-234,648	66,113,685	4.00
5.01	00510	NONPATIENT TELEPHONES	599,222	1,946,643	2,545,865	-9,747	2,536,118	5.01
5.02	00511	DATA PROCESSING	4,651	27,810,554	27,815,205	-2,141	27,813,064	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	1,575,330	2,850,992	4,426,322	-302,337	4,123,985	5.03
5.04	00513	ADMITTING	1,389,987	328,609	1,718,596	-22,887	1,695,709	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	6,049,268	8,756,950	14,806,218	-439,143	14,367,075	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	21,058,577	126,444,873	147,503,450	-12,794,998	134,708,452	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,521,694	18,164,983	21,686,677	-267,272	21,419,405	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,562,050	3,562,050	-18,155	3,543,895	8.00
9.00	00900	HOUSEKEEPING	6,152,242	3,266,849	9,419,091	-27,988	9,391,103	9.00
10.00	01000	DIETARY	4,882,312	4,586,216	9,468,528	-22,253	9,446,275	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,427,216	1,170,065	3,597,281	-316,341	3,280,940	13.00
15.00	01500	PHARMACY	9,110,547	33,678,178	42,788,725	-33,605,646	9,183,079	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,524,821	3,082,545	6,607,366	-19,167	6,588,199	16.00
17.00	01700	SOCIAL SERVICE	1,817,921	755,270	2,573,191	0	2,573,191	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	15,438,323	0	15,438,323	0	15,438,323	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13,763,168	13,763,168	-10,126	13,753,042	22.00
23.00	02300	PARAMEDIC	0	0	0	904,941	904,941	23.00
23.01	02301	PASTORAL CARE	0	0	0	280,645	280,645	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	185,387	185,387	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	86,573,201	20,446,640	107,019,841	-8,663,100	98,356,741	30.00
31.00	03100	INTENSIVE CARE UNIT	25,820,856	10,437,694	36,258,550	-4,422,785	31,835,765	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	9,837,374	3,022,567	12,859,941	-3,884,107	8,975,834	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	4,376,023	479,857	4,855,880	-49,534	4,806,346	40.00
41.00	04100	SUBPROVIDER - I RF	5,551,685	1,250,211	6,801,896	-224,747	6,577,149	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	3,987,914	3,987,914	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,573,372	73,739,439	99,312,811	-60,859,129	38,453,682	50.00
51.00	05100	RECOVERY ROOM	4,295,432	586,126	4,881,558	-29,006	4,852,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,716,477	2,606,906	9,323,383	-1,444,365	7,879,018	52.00
53.00	05300	ANESTHESIOLOGY	822,589	2,012,024	2,834,613	-1,364,089	1,470,524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,334,285	29,445,802	49,780,087	-18,202,749	31,577,338	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	162,411	31,129,260	31,291,671	-6,725,202	24,566,469	60.00
60.01	06001	BLOOD LABORATORY	0	5,069,166	5,069,166	-1,097,034	3,972,132	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	11,665,808	6,958,405	18,624,213	-5,372,463	13,251,750	65.00
66.00	06600	PHYSICAL THERAPY	4,614,319	11,358,450	15,972,769	-10,972,891	4,999,878	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,303,509	521,241	4,824,750	-110,457	4,714,293	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,320,505	1,411,457	4,731,962	-609,568	4,122,394	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	379,425	93,497	472,922	-53,540	419,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	72,170,926	72,170,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	41,428,352	41,428,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,103,284	33,103,284	73.00
74.00	07400	RENAL DIALYSIS	1,438,005	554,451	1,992,456	-391,688	1,600,768	74.00
76.00	03020	DEV EVALUATION	1,092,247	138,713	1,230,960	-33,927	1,197,033	76.00
76.97	07697	CARDIAC REHABILITATION	780,012	79,593	859,605	-12,528	847,077	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	1,683,181	564,812	2,247,993	-211,307	2,036,686	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	15,765,398	9,304,422	25,069,820	-3,974,214	21,095,606	91.00
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet A		
Date/Time Prepared: 5/22/2013 12:43 pm								
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	678,164	281,114	959,278	-192,650	766,628	105.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	316,841,587	524,502,927	841,344,514	1,334,478	842,678,992	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	495	495	0	495	190.00
190.01	19001	OTHER NONREIMB	2,493,918	2,799,307	5,293,225	-1,334,478	3,958,747	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	319,335,505	527,302,729	846,638,234	0	846,638,234	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	797,772	16,274,399				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,737,392	14,527,723				2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0				3.00
4.00	00400	EMPLOYEE BENEFITS	10,634,812	76,748,497				4.00
5.01	00510	NONPATIENT TELEPHONES	-525	2,535,593				5.01
5.02	00511	DATA PROCESSING	-14,807,709	13,005,355				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	-190	4,123,795				5.03
5.04	00513	ADMITTING	0	1,695,709				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	-54,323	14,312,752				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-59,229,761	75,478,691				5.06
6.00	00600	MAINTENANCE & REPAIRS	-418,251	21,001,154				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,543,895				8.00
9.00	00900	HOUSEKEEPING	-33	9,391,070				9.00
10.00	01000	DIETARY	-3,105,310	6,340,965				10.00
11.00	01100	CAFETERIA	0	0				11.00
13.00	01300	NURSING ADMINISTRATION	-39,540	3,241,400				13.00
15.00	01500	PHARMACY	-89,252	9,093,827				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-22,105	6,566,094				16.00
17.00	01700	SOCIAL SERVICE	0	2,573,191				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,972,361	13,465,962				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-594,954	13,158,088				22.00
23.00	02300	PARAMEDIC	-438,635	466,306				23.00
23.01	02301	PASTORAL CARE	-4,800	275,845				23.01
23.02	02302	PHARMACY RESIDENCY	0	185,387				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-854,233	97,502,508				30.00
31.00	03100	INTENSIVE CARE UNIT	-321,589	31,514,176				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	-495,890	8,479,944				31.01
32.00	03200	CORONARY CARE UNIT	0	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - I PF	-191,899	4,614,447				40.00
41.00	04100	SUBPROVIDER - I RF	-464,659	6,112,490				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	3,987,914				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	-1,344,389	37,109,293				50.00
51.00	05100	RECOVERY ROOM	-82	4,852,470				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-41,550	7,837,468				52.00
53.00	05300	ANESTHESIOLOGY	0	1,470,524				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-210,539	31,366,799				54.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	-569,191	23,997,278				60.00
60.01	06001	BLOOD LABORATORY	0	3,972,132				60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
65.00	06500	RESPIRATORY THERAPY	-152,996	13,098,754				65.00
66.00	06600	PHYSICAL THERAPY	-211,628	4,788,250				66.00
67.00	06700	OCCUPATIONAL THERAPY	-12,440	4,701,853				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	-272	4,122,122				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	419,382				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	72,170,926				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	41,428,352				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,103,284				73.00
74.00	07400	RENAL DIALYSIS	0	1,600,768				74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
76.00	03020	DEV EVALUATION	-146	1,196,887	76.00
76.97	07697	CARDIAC REHABILITATION	-6,023	841,054	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	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	-73,652	1,963,034	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	-656,502	20,439,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-8,045	758,583	105.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	-71,223,498	771,455,494	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	495	190.00
190.01	19001	OTHER NONREIMB	0	3,958,747	190.01
190.02	19002	OTHER	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	-71,223,498	775,414,736	200.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
5/22/2013 12:43 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	41,428,352	1.00
	TOTALS		0	41,428,352	
B - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	33,103,284	1.00
	TOTALS		0	33,103,284	
C - RECLASS MEDICAL SUPPLIES COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	113,599,278	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
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
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	113,599,278	
D - RECLASS HOMEBOUND NURSERY					
1.00	NURSERY	43.00	2,124,447	252,361	1.00
	TOTALS		2,124,447	252,361	
E - RECLASS NURSERY					
1.00	NURSERY	43.00	1,470,453	140,653	1.00
	TOTALS		1,470,453	140,653	
F - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMEDIC	23.00	566,849	338,092	1.00
	TOTALS		566,849	338,092	
G - RECLASS PASTORAL CARE					
1.00	PASTORAL CARE	23.01	271,288	9,357	1.00
	TOTALS		271,288	9,357	
H - RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	11,109,362	1.00
	TOTALS		0	11,109,362	
I - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,742,551	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

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6

Date/Time Prepared:
5/22/2013 12:43 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	10,742,551		
J - RECLASS LAND IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	458,595		1.00
	TOTALS		0	458,595		
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	412,619		1.00
	TOTALS		0	412,619		
L - RECLASS CAPITAL INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	32,359		1.00
	TOTALS		0	32,359		
M - RECLASS REMEDIATION COST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,833		1.00
	TOTALS		0	43,833		
N - RECLASS VEHICLE DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	47,780		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
	TOTALS		0	47,780		
O - RECLASS BUILDING RENT						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,419,859		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
	TOTALS		0	3,419,859		
P - RECLASS PHARMACY RESIDENCY						
1.00	PHARMACY RESIDENCY	23.02	175,387	10,000		1.00
	TOTALS		175,387	10,000		
Q - RECLASS SALARY TO CC 4005						
1.00	ADULTS & PEDIATRICS	30.00	60,351	0		1.00
	TOTALS		60,351	0		
R - RECLASS CC 5023 TO NONREIMBURSABLE						
1.00	OTHER NONREIMB	190.01	0	81,642		1.00
	TOTALS		0	81,642		
500.00	Grand Total: Increases		4,668,775	215,229,977		500.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
5/22/2013 12:43 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS IMPLANT COSTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	41,428,352	0		1.00
	TOTALS		0	41,428,352			
B - RECLASS CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	33,103,284	0		1.00
	TOTALS		0	33,103,284			
C - RECLASS MEDICAL SUPPLIES COST							
1.00	NONPATIENT TELEPHONES	5.01	0	39	0		1.00
2.00	DATA PROCESSING	5.02	0	19	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	9,262	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,168	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,322	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,835	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	15,848	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	328	0		8.00
9.00	HOUSEKEEPING	9.00	0	7,168	0		9.00
10.00	DIETARY	10.00	0	433	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	216,037	0		11.00
12.00	PHARMACY	15.00	0	98,314	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	267	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS	22.00	0	8,147	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	6,225,790	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	3,874,019	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,188,277	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	44,877	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	213,868	0		19.00
20.00	OPERATING ROOM	50.00	0	57,620,753	0		20.00
21.00	RECOVERY ROOM	51.00	0	8,518	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	965,927	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,206,818	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,079,956	0		24.00
25.00	LABORATORY	60.00	0	6,720,864	0		25.00
26.00	BLOOD LABORATORY	60.01	0	1,097,034	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	5,083,069	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	10,698,977	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	78,448	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	149,630	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,232	0		31.00
32.00	RENAL DIALYSIS	74.00	0	326,562	0		32.00
33.00	DEV EVALUATION	76.00	0	23,393	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	8,353	0		34.00
35.00	AMBULATORY CARE	90.03	0	105,885	0		35.00
36.00	EMERGENCY	91.00	0	2,409,051	0		36.00
37.00	KIDNEY ACQUISITION	105.00	0	596	0		37.00
38.00	OTHER NONREIMB	190.01	0	95,971	0		38.00
39.00	EMPLOYEE BENEFITS	4.00	0	223	0		39.00
	TOTALS		0	113,599,278			
D - RECLASS HOMEBOUND NURSERY							
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	2,124,447	252,361	0		1.00
	TOTALS		2,124,447	252,361			
E - RECLASS NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,470,453	140,653	0		1.00
	TOTALS		1,470,453	140,653			
F - RECLASS PARAMEDICAL EDUCATION							
1.00	EMERGENCY	91.00	566,849	338,092	0		1.00
	TOTALS		566,849	338,092			
G - RECLASS PASTORAL CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	271,288	9,357	0		1.00
	TOTALS		271,288	9,357			
H - RECLASS BUILDING DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	11,109,362	9		1.00
	TOTALS		0	11,109,362			
I - RECLASS EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	1,778	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	9,708	9		2.00
3.00	DATA PROCESSING	5.02	0	2,122	9		3.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
5/22/2013 12:43 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	PURCHASING RECEIVING AND STORES	5.03	0	293,075	9	4.00	
5.00	ADMINISTRATIVE	5.04	0	21,719	9	5.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	45,492	9	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	280,408	9	7.00	
8.00	MAINTENANCE & REPAIRS	6.00	0	207,609	9	8.00	
9.00	HOUSEKEEPING	9.00	0	20,820	9	9.00	
10.00	DIETARY	10.00	0	21,420	9	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	100,304	9	11.00	
12.00	PHARMACY	15.00	0	145,241	9	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	18,900	9	13.00	
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,979	9	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	788,912	9	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	548,766	9	16.00	
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	319,022	9	17.00	
18.00	SUBPROVIDER - IPF	40.00	0	4,657	9	18.00	
19.00	SUBPROVIDER - IRF	41.00	0	10,879	9	19.00	
20.00	OPERATING ROOM	50.00	0	3,042,813	9	20.00	
21.00	RECOVERY ROOM	51.00	0	20,488	9	21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	275,440	9	22.00	
23.00	ANESTHESIOLOGY	53.00	0	157,271	9	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,500,141	9	24.00	
25.00	LABORATORY	60.00	0	4,338	9	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	289,394	9	26.00	
27.00	PHYSICAL THERAPY	66.00	0	32,289	9	27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	7,475	9	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	459,938	9	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,308	9	30.00	
31.00	RENAL DIALYSIS	74.00	0	65,126	9	31.00	
32.00	DEV EVALUATION	76.00	0	10,534	9	32.00	
33.00	CARDIAC REHABILITATION	76.97	0	4,175	9	33.00	
34.00	AMBULATORY CARE	90.03	0	23,780	9	34.00	
35.00	EMERGENCY	91.00	0	659,391	9	35.00	
36.00	KIDNEY ACQUISITION	105.00	0	24,300	9	36.00	
37.00	OTHER NONREIMB	190.01	0	258,712	0	37.00	
38.00	LAUNDRY & LINEN SERVICE	8.00	0	17,827	0	38.00	
TOTALS							
J - RECLASS LAND IMP. DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	458,595	9	1.00	
TOTALS							
K - RECLASS LEASEHOLD IMP. DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	412,619	11	1.00	
TOTALS							
L - RECLASS CAPITAL INTEREST							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	32,359	11	1.00	
TOTALS							
M - RECLASS REMEDIATION COST							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43,833	11	1.00	
TOTALS							
N - RECLASS VEHICLE DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	22,015	9	1.00	
2.00	DIETARY	10.00	0	400	9	2.00	
3.00	OCCUPATIONAL THERAPY	67.00	0	24,534	9	3.00	
4.00	EMERGENCY	91.00	0	831	9	4.00	
TOTALS							
O - RECLASS BUILDING RENT							
1.00	EMPLOYEE BENEFITS	4.00	0	232,647	10	1.00	
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	392,329	10	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	148,327	10	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	43,815	10	4.00	
5.00	PHARMACY	15.00	0	73,420	10	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	97,643	10	6.00	
7.00	OPERATING ROOM	50.00	0	195,563	10	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	202,998	10	8.00	

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6

Date/Time Prepared:
5/22/2013 12:43 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	622,652		10	9.00
10.00	PHYSICAL THERAPY	66.00	0	241,625		10	10.00
11.00	KIDNEY ACQUISITION	105.00	0	107,403		0	11.00
12.00	OTHER NONREIMB	190.01	0	1,061,437		0	12.00
	TOTALS		0	3,419,859			
P - RECLASS PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	175,387	10,000		0	1.00
	TOTALS		175,387	10,000			
Q - RECLASS SALARY TO CC 4005							
1.00	KIDNEY ACQUISITION	105.00	60,351	0		0	1.00
	TOTALS		60,351	0			
R - RECLASS CC 5023 TO NONREIMBURSABLE							
1.00	AMBULATORY CARE	90.03	0	81,642		0	1.00
	TOTALS		0	81,642			
500.00	Grand Total: Decreases		4,668,775	215,229,977			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part I
Date/Time Prepared:
5/22/2013 12:43 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,452,884	0	0	0	1.00
2.00	Land Improvements	12,269,175	69,493	0	1,724,961	2.00
3.00	Buildings and Fixtures	287,863,861	1,205,188	0	5,552,376	3.00
4.00	Building Improvements	4,057,123	0	0	140,274	4.00
5.00	Fixed Equipment	169,728,009	12,966,684	0	33,550,394	5.00
6.00	Movable Equipment	509,963	26,771	0	57,259	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	481,881,015	14,268,136	0	41,025,264	8.00
9.00	Reconciling Items	-21,877,042	-67,614,847	0	0	9.00
10.00	Total (line 8 minus line 9)	503,758,057	81,882,983	0	41,025,264	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,452,884	0			1.00
2.00	Land Improvements	10,613,707	2,213,769			2.00
3.00	Buildings and Fixtures	283,516,673	67,916,832			3.00
4.00	Building Improvements	3,916,849	256,965			4.00
5.00	Fixed Equipment	149,144,299	77,076,983			5.00
6.00	Movable Equipment	479,475	268,673			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	455,123,887	147,733,222			8.00
9.00	Reconciling Items	-89,491,889	0			9.00
10.00	Total (line 8 minus line 9)	544,615,776	147,733,222			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part II
Date/Time Prepared:
5/22/2013 12:43 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part III
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	544,136,508	0	544,136,508	0.999120	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	479,475	0	479,475	0.000880	0	2.00
3.00	Total (sum of lines 1-2)	544,615,983	0	544,615,983	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	12,365,729	3,419,859	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	14,527,723	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,893,452	3,419,859	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	488,811	0	0	0	16,274,399	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,527,723	2.00
3.00	Total (sum of lines 1-2)	488,811	0	0	0	30,802,122	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140208

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

Worksheet A-8

Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,665,896			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	-8,122,698			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	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	A	-22,105	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		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	294,191	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-391,630	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 REAL ESTATE TAX	A	-127,351	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01 BNA CONSULTING	A	-872,715	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
33.02 NONREIMB PHYSICIAN FEES	A	-8,713,405	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.02

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
33.03 NONREIMB PHYSICIAN FEES	A	-28,173	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.03
34.00 MI SC REV	B	-1,310	EMPLOYEE BENEFITS	4.00	0	34.00
35.00 MI SC REV	B	-525	NONPATIENT TELEPHONES	5.01	0	35.00
38.00 MI SC REV	B	-26,150	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	38.00
39.00 MI SC REV	B	-2,946,108	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
41.00		0		0.00	0	41.00
42.00 MI SC REV	B	-3,103,638	DIETARY	10.00	0	42.00
43.00 MI SC REV	B	-38,243	NURSING ADMINISTRATION	13.00	0	43.00
44.00 MI SC REV	B	-89,252	PHARMACY	15.00	0	44.00
45.00 MI SC REV	B	-543,294	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.00
45.01		0		0.00	0	45.01
45.02 MI SC REV	B	-429,216	PARAMEDIC	23.00	0	45.02
45.03 MI SC REV	B	-4,800	PASTORAL CARE	23.01	0	45.03
45.04 MI SC REV	B	-609,520	ADULTS & PEDIATRICS	30.00	0	45.04
45.05 MI SC REV	A	309	INTENSIVE CARE UNIT	31.00	0	45.05
45.07 MI SC REV	B	-120,890	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.07
45.08 MI SC REV	B	-37,029	SUBPROVIDER - IRF	41.00	0	45.08
45.09 MI SC REV	B	-17,935	OPERATING ROOM	50.00	0	45.09
45.10 MI SC REV	B	-41,550	DELIVERY ROOM & LABOR ROOM	52.00	0	45.10
45.11 MI SC REV	B	-201,012	RADIOLOGY-DIAGNOSTIC	54.00	0	45.11
45.12 MI SC REV	B	-566,491	LABORATORY	60.00	0	45.12
45.13 MI SC REV	B	-2,705	RESPIRATORY THERAPY	65.00	0	45.13
45.14 MI SC REV	B	-45,555	PHYSICAL THERAPY	66.00	0	45.14
45.15 MI SC REV	B	-4,232	OCCUPATIONAL THERAPY	67.00	0	45.15
45.16 MI SC REV	B	-90	ELECTROCARDIOLOGY	69.00	0	45.16
45.17		0		0.00	0	45.17
45.18 MI SC REV	B	-6,023	CARDIAC REHABILITATION	76.97	0	45.18
45.21 MI SC REV	B	-1,405	AMBULATORY CARE	90.03	0	45.21
45.22 MI SC REV	B	-647,769	EMERGENCY	91.00	0	45.22
45.24 NONALLOWABLE COSTS	A	-3,229	EMPLOYEE BENEFITS	4.00	0	45.24
45.26 NONALLOWABLE COSTS	A	-104	DATA PROCESSING	5.02	0	45.26
45.28 NONALLOWABLE COSTS	A	-190	PURCHASING RECEIVING AND STORES	5.03	0	45.28
45.32 NONALLOWABLE COSTS	A	-33	HOUSEKEEPING	9.00	0	45.32
45.33 NONALLOWABLE COSTS	A	-5,804,630	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.33
45.36 NONALLOWABLE COSTS	A	-418,251	MAINTENANCE & REPAIRS	6.00	0	45.36
45.37 NONALLOWABLE COSTS	A	-1,672	DIETARY	10.00	0	45.37
45.38 NONALLOWABLE COSTS	A	-1,297	NURSING ADMINISTRATION	13.00	0	45.38
45.39		0		0.00	0	45.39
45.40		0		0.00	0	45.40
45.41 NONALLOWABLE COSTS	A	-51,660	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.41
45.43 NONALLOWABLE COSTS	A	-9,419	PARAMEDIC	23.00	0	45.43
45.44 NONALLOWABLE COSTS	A	-45,078	ADULTS & PEDIATRICS	30.00	0	45.44
45.45 NONALLOWABLE COSTS	A	-2,967	INTENSIVE CARE UNIT	31.00	0	45.45
45.46 NONALLOWABLE COSTS	A	-82	RECOVERY ROOM	51.00	0	45.46
45.49 NONALLOWABLE COSTS	A	-162	SUBPROVIDER - IPF	40.00	0	45.49
45.50 NONALLOWABLE COSTS	A	-2,760	SUBPROVIDER - IRF	41.00	0	45.50
45.51 NONALLOWABLE COSTS	A	-5,622	OPERATING ROOM	50.00	0	45.51
45.52 NONALLOWABLE COSTS	A	-9,527	RADIOLOGY-DIAGNOSTIC	54.00	0	45.52
45.53 NONALLOWABLE COSTS	A	-2,700	LABORATORY	60.00	0	45.53
45.54 NONALLOWABLE COSTS	A	-182	ELECTROCARDIOLOGY	69.00	0	45.54
45.57 NONALLOWABLE COSTS	A	-291	RESPIRATORY THERAPY	65.00	0	45.57
45.58 NONALLOWABLE COSTS	A	-3,173	PHYSICAL THERAPY	66.00	0	45.58
45.59 NONALLOWABLE COSTS	A	-8,208	OCCUPATIONAL THERAPY	67.00	0	45.59
45.60 NONALLOWABLE COSTS	A	-146	DEVELOPMENT	76.00	0	45.60
45.62 NONALLOWABLE COSTS	A	-375	AMBULATORY CARE	90.03	0	45.62
45.63 NONALLOWABLE COSTS	A	-5,865	EMERGENCY	91.00	0	45.63
45.64 NONALLOWABLE COSTS	A	-1,934	KIDNEY ACQUISITION	105.00	0	45.64
45.65 ELIMINATE P/R AND MARKETING	A	-106,182	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.65
45.66 INTEREST OFFSET	A	-5,267,069	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.66

Provider CCN: 140208

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

Worksheet A-8

Date/Time Prepared:
 5/22/2013 12:43 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
45.67 ELIMINATE MEDICAID ASSESSMENT	A	-25,322,472	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.67
45.71 NONALLOWABLE AHA/IHA	A	-14,003	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.71
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-71,223,498				50.00

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

Provider CCN: 140208

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2013 12:43 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	PERSONNEL	10,639,351	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	8,549,366	23,356,971
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	A&G	17,031,849	27,087,675
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXTURES	NEW CAP. -B&F	503,581	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIPMENT	NEW CAP. -M.E.	4,129,022	0
4.02	30.00	ADULTS & PEDIATRICS	PEDIATRIC PRODUCT LINE	1,468,779	0
4.03	0.00			0	0
5.00	0			42,321,948	50,444,646

* 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	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 140208

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2013 12:43 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	10,639,351	0		1.00
2.00	-14,807,605	0		2.00
3.00	-10,055,826	0		3.00
4.00	503,581	9		4.00
4.01	4,129,022	9		4.01
4.02	1,468,779	0		4.02
4.03	0	0		4.03
5.00	-8,122,698			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE		6.00
7.00			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: 140208

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2013 12:43 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,972,361	1,972,361	0	177,200	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,668,414	1,668,414	0	177,200	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	318,931	318,931	0	177,200	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	375,000	375,000	0	177,200	0	4.00
5.00	40.00	SUBPROVIDER - IPF	191,737	191,737	0	154,100	0	5.00
6.00	41.00	SUBPROVIDER - IRF	424,870	424,870	0	208,000	0	6.00
7.00	50.00	OPERATING ROOM	1,320,832	1,320,832	0	208,000	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	208,000	0	8.00
9.00	65.00	RESPIRATORY THERAPY	150,000	150,000	0	225,300	0	9.00
10.00	66.00	PHYSICAL THERAPY	162,900	162,900	0	177,200	0	10.00
11.00	90.03	AMBULATORY CARE	71,872	71,872	0	208,000	0	11.00
12.00	91.00	EMERGENCY	2,868	2,868	0	208,000	0	12.00
13.00	105.00	KIDNEY ACQUISITION	6,111	6,111	0	208,000	0	13.00
200.00			6,665,896	6,665,896	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	10.00
11.00	90.03	AMBULATORY CARE	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
13.00	105.00	KIDNEY ACQUISITION	0	0	0	0	0	13.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,972,361		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,668,414		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	318,931		3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	375,000		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	191,737		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	424,870		6.00
7.00	50.00	OPERATING ROOM	0	0	0	1,320,832		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	150,000		9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	162,900		10.00
11.00	90.03	AMBULATORY CARE	0	0	0	71,872		11.00
12.00	91.00	EMERGENCY	0	0	0	2,868		12.00
13.00	105.00	KIDNEY ACQUISITION	0	0	0	6,111		13.00
200.00			0	0	0	6,665,896		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	16,274,399	16,274,399				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	14,527,723		14,527,723			2.00
4.00 00400 EMPLOYEE BENEFITS	76,748,497	243,689	2,306	76,994,492		4.00
5.01 00510 NONPATIENT TELEPHONES	2,535,593	7,656	12,589	146,081	2,701,919	5.01
5.02 00511 DATA PROCESSING	13,005,355	35,939	2,752	1,134	29,398	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	4,123,795	4,201	380,053	384,040	29,398	5.03
5.04 00513 ADMINITTING	1,695,709	8,634	28,165	338,857	22,716	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	14,312,752	408,685	58,993	1,474,715	149,661	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	75,478,691	3,263,743	927,174	5,067,608	240,527	5.06
6.00 00600 MAINTENANCE & REPAIRS	21,001,154	3,657,036	269,223	858,533	136,299	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	3,543,895	360	23,118	0	0	8.00
9.00 00900 HOUSEKEEPING	9,391,070	1,666	26,999	1,499,818	17,371	9.00
10.00 01000 DIETARY	6,340,965	5,887	28,296	1,190,230	58,795	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,241,400	278,645	130,072	591,716	36,079	13.00
15.00 01500 PHARMACY	9,093,827	104,573	187,531	2,178,249	44,097	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,566,094	29,337	24,509	859,295	69,486	16.00
17.00 01700 SOCIAL SERVICE	2,573,191	0	0	443,180	24,053	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	13,465,962	0	0	3,763,616	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	13,158,088	78	2,566	0	76,167	22.00
23.00 02300 PARAMEDIC	466,306	17,311	50,084	138,189	16,035	23.00
23.01 02301 PASTORAL CARE	275,845	1,369	77	66,136	6,681	23.01
23.02 02302 PHARMACY RESIDENCY	185,387	124	814	42,757	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	97,502,508	1,115,628	988,646	20,761,516	462,345	30.00
31.00 03100 INTENSIVE CARE UNIT	31,514,176	106,500	711,627	6,294,712	50,778	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	8,479,944	291,747	313,026	1,880,288	48,105	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	4,614,447	31,223	6,039	1,066,804	98,883	40.00
41.00 04100 SUBPROVIDER - I/RF	6,112,490	48,949	14,108	1,353,412	30,734	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3,987,914	167,229	135,071	876,379	44,097	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	37,109,293	1,455,129	3,945,844	6,234,379	179,059	50.00
51.00 05100 RECOVERY ROOM	4,852,470	20,368	26,568	1,047,158	10,690	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,837,468	297,613	357,184	1,637,370	33,407	52.00
53.00 05300 ANESTHESIOLOGY	1,470,524	0	203,945	200,534	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	31,366,799	2,007,048	3,242,125	4,957,173	209,793	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	23,997,278	325,658	5,625	39,593	121,600	60.00
60.01 06001 BLOOD LABORATORY	3,972,132	1,088	0	0	10,690	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	13,098,754	1,095	375,279	2,843,937	34,743	65.00
66.00 06600 PHYSICAL THERAPY	4,788,250	290,965	41,872	1,124,897	28,061	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,701,853	315	41,509	1,049,127	64,141	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,122,122	65	596,437	809,486	49,442	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	419,382	39,963	60,051	92,498	6,681	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	72,170,926	39,810	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	41,428,352	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	33,103,284	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,600,768	264,076	84,454	350,563	0	74.00
76.00 03020 DEV EVALUATION	1,196,887	983	13,660	266,272	32,070	76.00
76.97 07697 CARDIAC REHABILITATION	841,054	0	5,414	190,154	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	1,963,034	1,395	30,837	410,333	65,477	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	20,439,104	490,803	806,077	3,705,163	133,626	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	758,583	110,832	31,512	150,613	0	105.00
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	771,455,494	15,177,415	14,192,231	76,386,515	2,671,185	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	495	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	3,958,747	1,096,984	335,492	607,977	30,734	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	775,414,736	16,274,399	14,527,723	76,994,492	2,701,919	202.00
Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING	13,074,578					5.02
5.03 00512 PURCHASING RECEIVING AND STORES	0	4,921,487				5.03
5.04 00513 ADMINITTING	0	2,348	2,096,429			5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	0	6,505	0	16,411,311		5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	0	95,356	0	0	85,073,099	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	36,493	0	0	25,958,738	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	115	0	0	3,567,488	8.00
9.00 00900 HOUSEKEEPING	0	33,791	0	0	10,970,715	9.00
10.00 01000 DIETARY	0	222,749	0	0	7,846,922	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	0	11,511	0	0	4,289,423	13.00
15.00 01500 PHARMACY	0	8,587	0	0	11,616,864	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	5,259	0	0	7,553,980	16.00
17.00 01700 SOCIAL SERVICE	0	126	0	0	3,040,550	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	17,229,578	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	10,536	0	0	13,247,435	22.00
23.00 02300 PARAMEDIC	0	1,911	0	0	689,836	23.00
23.01 02301 PASTORAL CARE	0	176	0	0	350,284	23.01
23.02 02302 PHARMACY RESIDENCY	0	37	0	0	229,119	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,523,270	297,156	326,606	1,911,890	124,889,565	30.00
31.00 03100 INTENSIVE CARE UNIT	623,221	159,198	137,511	782,219	40,379,942	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	176,433	39,394	38,929	221,445	11,489,311	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	81,523	3,413	17,988	102,321	6,022,641	40.00
41.00 04100 SUBPROVIDER - IRF	85,337	11,013	18,829	107,109	7,781,981	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	74,453	15,857	16,428	93,448	5,410,876	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,210,064	2,252,736	179,800	1,518,778	54,085,082	50.00
51.00 05100 RECOVERY ROOM	227,658	5,477	26,506	285,739	6,502,634	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	164,528	40,095	26,830	206,503	10,600,998	52.00
53.00 05300 ANESTHESIOLOGY	273,724	46,744	41,133	343,557	2,580,161	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,780,421	579,090	192,808	2,234,646	46,569,903	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	991,765	249,563	150,583	1,244,787	27,126,452	60.00
60.01 06001 BLOOD LABORATORY	151,327	40,714	26,751	189,934	4,392,636	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	624,306	194,814	131,720	783,580	18,088,228	65.00
66.00 06600 PHYSICAL THERAPY	251,597	401,292	37,624	315,785	7,280,343	66.00
67.00 06700 OCCUPATIONAL THERAPY	96,771	4,670	13,862	121,459	6,093,707	67.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/22/2013 12:43 pm	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	278,345	7,205	36,083	349,357	6,248,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,429	385	2,407	23,130	662,926	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	678,814	0	125,221	851,994	73,866,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	804,404	0	148,880	1,009,626	43,391,262	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,818,907	0	300,086	2,284,066	37,506,343	73.00
74.00	07400	RENAL DIALYSIS	36,945	12,369	8,130	46,371	2,403,676	74.00
76.00	03020	DEV EVALUATION	15,392	1,352	1,707	19,319	1,547,642	76.00
76.97	07697	CARDIAC REHABILITATION	15,504	604	1,397	19,460	1,073,587	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	39,247	8,207	107	49,260	2,567,897	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,031,259	105,864	88,348	1,294,356	28,094,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	934	1,354	155	1,172	1,055,155	105.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,074,578	4,914,066	2,096,429	16,411,311	769,376,886	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	495	190.00
190.01	19001	OTHER NONREIMB	0	7,421	0	0	6,037,355	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	13,074,578	4,921,487	2,096,429	16,411,311	775,414,736	202.00
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	85,073,099					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,198,973	29,157,711				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	439,632	74,741	4,081,861			8.00
9.00	00900	HOUSEKEEPING	1,351,954	349,794	0	12,672,463		9.00
10.00	01000	DIETARY	967,000	1,083,847	0	592,681	10,490,450	10.00
11.00	01100	CAFETERIA	0	0	0	0	4,990,985	11.00
13.00	01300	NURSING ADMINISTRATION	528,598	218,453	0	142,181	0	13.00
15.00	01500	PHARMACY	1,431,581	397,698	0	141,213	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	930,900	225,844	0	102,733	0	16.00
17.00	01700	SOCIAL SERVICE	374,696	46,521	0	18,151	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,123,253	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,632,521	519,395	0	130,806	0	22.00
23.00	02300	PARAMEDIC	85,011	52,094	50,847	93,779	0	23.00
23.01	02301	PASTORAL CARE	43,167	31,225	0	14,037	0	23.01
23.02	02302	PHARMACY RESIDENCY	28,235	1,739	0	363	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,390,743	9,383,171	2,082,139	2,174,454	4,069,875	30.00
31.00	03100	INTENSIVE CARE UNIT	4,976,141	2,229,037	468,934	888,175	816,928	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,415,862	440,977	49,357	30,372	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	742,188	607,653	59,920	170,980	260,734	40.00
41.00	04100	SUBPROVIDER - IRF	958,997	602,831	80,281	134,920	351,928	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	666,798	332,245	32,594	97,530	0	43.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,665,067	3,446,201	117,689	480,147	0 50.00
51.00	05100	RECOVERY ROOM	801,339	349,636	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,306,393	1,028,078	91,750	31,340	0 52.00
53.00	05300	ANESTHESIOLOGY	317,961	46,204	0	6,292	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,738,949	2,793,648	535,453	1,804,907	0 54.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	3,342,874	829,940	28,474	442,393	0 60.00
60.01	06001	BLOOD LABORATORY	541,318	87,310	0	26,742	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	2,229,067	168,296	0	143,028	0 65.00
66.00	06600	PHYSICAL THERAPY	897,179	279,124	96,722	220,471	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	750,946	210,627	0	315,096	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	770,027	261,693	39,620	133,226	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81,694	4,111	31,213	31,098	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,102,823	507,419	0	778,544	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,347,235	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,622,019	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	296,212	132,605	0	17,788	0 74.00
76.00	03020	DEV EVALUATION	190,721	183,276	0	75,023	0 76.00
76.97	07697	CARDIAC REHABILITATION	132,301	58,576	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	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03	09003	AMBULATORY CARE	316,450	276,752	29,960	240,557	0 90.03
90.04	09004	OTHER	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	3,462,182	1,326,450	231,505	1,544,020	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	130,030	0	0	0	0 105.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	84,329,037	28,587,211	4,026,458	11,023,047	10,490,450 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61	82,053	0	48,402	0 190.00
190.01	19001	OTHER NONREIMB	744,001	488,447	55,403	1,601,014	0 190.01
190.02	19002	OTHER	0	0	0	0	0 190.02
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)	85,073,099	29,157,711	4,081,861	12,672,463	10,490,450 202.00
Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	4,990,985				11.00
13.00	01300	NURSING ADMINISTRATIVE	33,653	5,212,308			13.00
15.00	01500	PHARMACY	130,729	0	13,718,085		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	89,310	0	0	8,902,767	16.00
17.00	01700	SOCIAL SERVICE	36,242	7,454	0	6,776	3,530,390 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	194,151	8,937	0	0	0	22.00
23.00	02300 PARAMEDIC	10,355	50	7,690	0	0	23.00
23.01	02301 PASTORAL CARE	5,177	0	0	0	0	23.01
23.02	02302 PHARMACY RESIDENCY	3,883	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,682,643	2,530,432	3,251,276	3,076,670	2,777,381	30.00
31.00	03100 INTENSIVE CARE UNIT	455,609	724,430	1,880,055	13,002	544,018	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	121,668	193,142	460,313	568,051	208,991	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	78,955	138,564	6,644	420,453	0	40.00
41.00	04100 SUBPROVIDER - I RF	107,430	164,352	49,208	444,442	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	62,128	101,749	158,418	105,113	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	471,141	464,108	3,085,591	1,070,361	0	50.00
51.00	05100 RECOVERY ROOM	72,483	112,079	5,977	44,682	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	130,729	210,712	479,379	70,320	0	52.00
53.00	05300 ANESTHESIOLOGY	19,415	26,002	584,425	29,483	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	357,239	128,142	475,130	921,115	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	1,294	0	0	324,679	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	21,609	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	236,865	5,257	4,856	108,226	0	65.00
66.00	06600 PHYSICAL THERAPY	81,544	3,339	94,124	78,011	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	81,544	3,961	4,602	49,810	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	68,600	97,006	76,353	536,737	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	7,766	8,834	0	5,311	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	99,803	0	73.00
74.00	07400 RENAL DIALYSIS	22,004	33,893	16,242	2,930	0	74.00
76.00	03020 DEV EVALUATION	18,121	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	12,943	18,274	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	28,476	36,039	350,690	1,282	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	317,114	189,061	2,714,660	903,901	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	6,472	7	0	0	0	105.00
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
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	4,945,683	5,205,824	13,705,633	8,902,767	3,530,390	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	45,302	6,484	12,452	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	4,990,985	5,212,308	13,718,085	8,902,767	3,530,390	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

Period:
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To 12/31/2012

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Cost Center Description	INTERNS & RESIDENTS		Subtotal	PARAMEDIC	PASTORAL CARE	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	19,352,831					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	15,733,245				22.00
23.00 02300 PARAMEDIC	0	0	989,662	989,662		23.00
23.01 02301 PASTORAL CARE	0	0	443,890	567	444,457	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	263,339	337	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,520,023	8,552,450	190,380,822	243,252	297,045	30.00
31.00 03100 INTENSIVE CARE UNIT	2,060,870	1,675,423	57,112,564	72,990	58,181	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	791,687	643,616	16,413,347	20,976	22,354	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	0	8,508,732	10,874	18,569	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	10,676,370	13,644	25,064	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	6,967,451	8,904	23,244	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,027,144	1,648,004	73,560,535	94,010	0	50.00
51.00 05100 RECOVERY ROOM	0	0	7,888,830	10,082	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	13,949,699	17,828	0	52.00
53.00 05300 ANESTHESIOLOGY	430,457	349,948	4,390,348	5,611	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	59,324,486	75,817	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	32,096,106	41,019	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	5,069,615	6,479	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	20,983,823	26,817	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	9,030,857	11,541	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	7,510,293	9,598	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	320,402	260,477	8,812,683	11,263	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	832,953	1,065	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	84,255,551	107,679	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	48,738,497	62,288	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	42,228,165	53,968	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	2,925,350	3,739	0	74.00
76.00 03020 DEV EVALUATION	0	0	2,014,783	2,575	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	1,295,681	1,656	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	3,848,103	4,918	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	3,202,248	2,603,327	44,589,068	56,985	0	91.00
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

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Cost Center Description		INTERNS & RESIDENTS		Subtotal	PARAMEDIC	PASTORAL CARE		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
		21.00	22.00					22A
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,191,664	1,523	0	105.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,352,831	15,733,245	766,293,267	978,005	444,457	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	131,011	167	0	190.00
190.01	19001	OTHER NONREIMB	0	0	8,990,458	11,490	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	19,352,831	15,733,245	775,414,736	989,662	444,457	202.00
Cost Center Description		Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23A.01	23.02	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING RECEIVING AND STORES					5.03	
5.04	00513	ADMINISTRATIVE					5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00	
23.00	02300	PARAMEDIC					23.00	
23.01	02301	PASTORAL CARE					23.01	
23.02	02302	PHARMACY RESIDENCY	263,676	263,676			23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	190,921,119	65,035	190,986,154	-19,072,473	171,913,681	30.00
31.00	03100	INTENSIVE CARE UNIT	57,243,735	19,463	57,263,198	-3,736,293	53,526,905	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	16,456,677	5,595	16,462,272	-1,435,303	15,026,969	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,538,175	2,903	8,541,078	0	8,541,078	40.00
41.00	04100	SUBPROVIDER - IRF	10,715,078	3,643	10,718,721	0	10,718,721	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,999,599	2,380	7,001,979	0	7,001,979	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,654,545	25,043	73,679,588	-3,675,148	70,004,440	50.00
51.00	05100	RECOVERY ROOM	7,898,912	2,686	7,901,598	0	7,901,598	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,967,527	4,749	13,972,276	0	13,972,276	52.00
53.00	05300	ANESTHESIOLOGY	4,395,959	1,495	4,397,454	-780,405	3,617,049	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,400,303	20,196	59,420,499	0	59,420,499	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	32,137,125	10,927	32,148,052	0	32,148,052	60.00
60.01	06001	BLOOD LABORATORY	5,076,094	1,726	5,077,820	0	5,077,820	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	21,010,640	7,144	21,017,784	0	21,017,784	65.00
66.00	06600	PHYSICAL THERAPY	9,042,398	3,074	9,045,472	0	9,045,472	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,519,891	2,557	7,522,448	0	7,522,448	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,823,946	3,000	8,826,946	-580,879	8,246,067	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	834,018	284	834,302	0	834,302	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description			Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23A.01	23.02	24.00	25.00	26.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,363,230	28,683	84,391,913	0	84,391,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,800,785	16,592	48,817,377	0	48,817,377	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,282,133	14,376	42,296,509	0	42,296,509	73.00
74.00	07400	RENAL DIALYSIS	2,929,089	996	2,930,085	0	2,930,085	74.00
76.00	03020	DEV EVALUATION	2,017,358	686	2,018,044	0	2,018,044	76.00
76.97	07697	CARDIAC REHABILITATION	1,297,337	441	1,297,778	0	1,297,778	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	3,853,021	1,310	3,854,331	0	3,854,331	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	44,646,053	15,180	44,661,233	-5,805,575	38,855,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,193,187	406	1,193,593	0	1,193,593	105.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	766,281,610	260,570	766,278,504	-35,086,076	731,192,428	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	131,178	45	131,223	0	131,223	190.00
190.01	19001	OTHER NONREIMB	9,001,948	3,061	9,005,009	0	9,005,009	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	775,414,736	263,676	775,414,736	-35,086,076	740,328,660	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	63	243,689	2,306	246,058	4.00
5.01 00510	NONPATIENT TELEPHONES	11	7,656	12,589	20,256	5.01
5.02 00511	DATA PROCESSING	0	35,939	2,752	38,691	5.02
5.03 00512	PURCHASING RECEIVING AND STORES	682,386	4,201	380,053	1,066,640	5.03
5.04 00513	ADMITTING	0	8,634	28,165	36,799	5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	408,685	58,993	467,678	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	82,713	3,263,743	927,174	4,273,630	5.06
6.00 00600	MAINTENANCE & REPAIRS	3,637	3,657,036	269,223	3,929,896	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	360	23,118	23,478	8.00
9.00 00900	HOUSEKEEPING	0	1,666	26,999	28,665	9.00
10.00 01000	DIETARY	5,331	5,887	28,296	39,514	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	278,645	130,072	408,717	13.00
15.00 01500	PHARMACY	716	104,573	187,531	292,820	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	29,337	24,509	53,846	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	78	2,566	2,644	22.00
23.00 02300	PARAMEDIC	0	17,311	50,084	67,395	23.00
23.01 02301	PASTORAL CARE	0	1,369	77	1,446	23.01
23.02 02302	PHARMACY RESIDENCY	0	124	814	938	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,207,369	1,115,628	988,646	3,311,643	30.00
31.00 03100	INTENSIVE CARE UNIT	14,903	106,500	711,627	833,030	31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	32,970	291,747	313,026	637,743	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	0	31,223	6,039	37,262	40.00
41.00 04100	SUBPROVIDER - I/RF	112	48,949	14,108	63,169	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	167,229	135,071	302,300	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	343,201	1,455,129	3,945,844	5,744,174	50.00
51.00 05100	RECOVERY ROOM	0	20,368	26,568	46,936	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	297,613	357,184	654,797	52.00
53.00 05300	ANESTHESIOLOGY	10,722	0	203,945	214,667	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,192,448	2,007,048	3,242,125	8,441,621	54.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	325,658	5,625	331,283	60.00
60.01 06001	BLOOD LABORATORY	0	1,088	0	1,088	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	106,026	1,095	375,279	482,400	65.00
66.00 06600	PHYSICAL THERAPY	10,300	290,965	41,872	343,137	66.00
67.00 06700	OCCUPATIONAL THERAPY	6,398	315	41,509	48,222	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	65	596,437	596,502	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	178	39,963	60,051	100,192	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,810	0	39,810	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	2,515	264,076	84,454	351,045	74.00
76.00 03020	DEV EVALUATION	270	983	13,660	14,913	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	5,414	5,414	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	0	0	0	0	90.00
90.01 09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03 09003	AMBULATORY CARE	0	1,395	30,837	32,232	90.03
90.04 09004	OTHER	0	0	0	0	90.04
91.00 09100	EMERGENCY	12,395	490,803	806,077	1,309,275	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	110,832	31,512	142,344	481	105.00
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
118.00	5,714,664	15,177,415	14,192,231	35,084,310	244,115	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	9,006	1,096,984	335,492	1,441,482	1,943	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00				0		200.00
201.00				0		201.00
202.00	5,723,670	16,274,399	14,527,723	36,525,792	246,058	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/22/2013 12:43 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	20,723					5.01
5.02	00511	DATA PROCESSING	225	38,920				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	225	0	1,068,092			5.03
5.04	00513	ADMINING	174	0	510	38,566		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,148	0	1,412	0	474,950	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,845	0	20,696	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,045	0	7,920	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	25	0	0	8.00
9.00	00900	HOUSEKEEPING	133	0	7,334	0	0	9.00
10.00	01000	DIETARY	451	0	48,345	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	277	0	2,498	0	0	13.00
15.00	01500	PHARMACY	338	0	1,864	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	533	0	1,141	0	0	16.00
17.00	01700	SOCIAL SERVICE	184	0	27	0	0	17.00
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	584	0	2,287	0	0	22.00
23.00	02300	PARAMEDIC	123	0	415	0	0	23.00
23.01	02301	PASTORAL CARE	51	0	38	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	8	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,550	4,501	64,495	5,382	55,217	30.00
31.00	03100	INTENSIVE CARE UNIT	389	1,842	34,552	2,578	22,591	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	369	521	8,550	730	6,396	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	758	241	741	337	2,955	40.00
41.00	04100	SUBPROVIDER - I/RF	236	252	2,390	353	3,093	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	338	220	3,441	308	2,699	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,373	3,576	488,867	3,371	43,864	50.00
51.00	05100	RECOVERY ROOM	82	673	1,189	497	8,252	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	256	486	8,702	503	5,964	52.00
53.00	05300	ANESTHESIOLOGY	0	809	10,145	771	9,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,609	5,261	125,686	3,615	64,539	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	933	2,931	54,165	2,823	35,951	60.00
60.01	06001	BLOOD LABORATORY	82	447	8,837	502	5,485	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	266	1,845	42,282	2,470	22,630	65.00
66.00	06600	PHYSICAL THERAPY	215	743	87,096	705	9,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	492	286	1,014	260	3,508	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	379	823	1,564	677	10,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51	54	84	45	668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,006	0	2,348	24,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,377	0	2,792	29,159	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,660	0	5,627	66,943	73.00
74.00	07400	RENAL DIALYSIS	0	109	2,685	152	1,339	74.00
76.00	03020	DEV EVALUATION	246	45	293	32	558	76.00
76.97	07697	CARDIAC REHABILITATION	0	46	131	26	562	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	502	116	1,781	2	1,423	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,025	3,047	22,977	1,657	37,382	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3	294	3	34	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,487	38,920	1,066,481	38,566	474,950	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	236	0	1,611	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	20,723	38,920	1,068,092	38,566	474,950	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/22/2013 12:43 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,312,364					5.06
6.00	00600	MAINTENANCE & REPAIRS	162,164	4,103,768				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,286	10,519	56,308			8.00
9.00	00900	HOUSEKEEPING	68,534	49,231	0	158,690		9.00
10.00	01000	DIETARY	49,020	152,545	0	7,422	301,100	10.00
11.00	01100	CAFETERIA	0	0	0	0	143,252	11.00
13.00	01300	NURSING ADMINISTRATION	26,796	30,746	0	1,780	0	13.00
15.00	01500	PHARMACY	72,571	55,974	0	1,768	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,190	31,786	0	1,286	0	16.00
17.00	01700	SOCIAL SERVICE	18,994	6,547	0	227	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	107,633	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	82,757	73,102	0	1,638	0	22.00
23.00	02300	PARAMEDIC	4,309	7,332	701	1,174	0	23.00
23.01	02301	PASTORAL CARE	2,188	4,395	0	176	0	23.01
23.02	02302	PHARMACY RESIDENCY	1,431	245	0	5	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	779,986	1,320,622	28,720	27,231	116,815	30.00
31.00	03100	INTENSIVE CARE UNIT	252,253	313,723	6,469	11,122	23,448	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	71,774	62,065	681	380	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	37,623	85,523	827	2,141	7,484	40.00
41.00	04100	SUBPROVIDER - I/RF	48,614	84,845	1,107	1,690	10,101	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	33,802	46,761	450	1,221	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	337,870	485,032	1,624	6,013	0	50.00
51.00	05100	RECOVERY ROOM	40,622	49,209	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,224	144,696	1,266	392	0	52.00
53.00	05300	ANESTHESIOLOGY	16,118	6,503	0	79	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	290,922	393,189	7,387	22,602	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	169,459	116,809	393	5,540	0	60.00
60.01	06001	BLOOD LABORATORY	27,441	12,288	0	335	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	112,997	23,687	0	1,791	0	65.00
66.00	06600	PHYSICAL THERAPY	45,480	39,285	1,334	2,761	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,067	29,644	0	3,946	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	39,035	36,832	547	1,668	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,141	579	431	389	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	461,446	71,416	0	9,749	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	271,065	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	234,302	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,016	18,663	0	223	0	74.00
76.00	03020	DEV EVALUATION	9,668	25,795	0	939	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,707	8,244	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	16,042	38,951	413	3,012	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	175,507	186,690	3,194	19,335	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,592	0	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,274,646	4,023,473	55,544	138,035	301,100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	11,549	0	606	0	190.00
190.01	19001	OTHER NONREIMB	37,715	68,746	764	20,049	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	4,312,364	4,103,768	56,308	158,690	301,100	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/22/2013 12:43 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	143,252					11.00
13.00	01300	NURSING ADMINISTRATION	966	473,671				13.00
15.00	01500	PHARMACY	3,752	0	436,047			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,563	0	0	141,091		16.00
17.00	01700	SOCIAL SERVICE	1,040	677	0	107	29,219	17.00
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	5,573	812	0	0	0	22.00
23.00	02300	PARAMEDIC	297	5	244	0	0	23.00
23.01	02301	PASTORAL CARE	149	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	111	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,297	229,954	103,346	48,762	22,986	30.00
31.00	03100	INTENSIVE CARE UNIT	13,077	65,833	59,760	206	4,503	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	3,492	17,552	14,632	9,002	1,730	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	2,266	12,592	211	6,663	0	40.00
41.00	04100	SUBPROVIDER - I/RF	3,083	14,936	1,564	7,044	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,783	9,246	5,036	1,666	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,523	42,176	98,079	16,963	0	50.00
51.00	05100	RECOVERY ROOM	2,080	10,185	190	708	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,752	19,149	15,238	1,114	0	52.00
53.00	05300	ANESTHESIOLOGY	557	2,363	18,577	467	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,254	11,645	15,103	14,598	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	37	0	0	5,146	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	342	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,799	478	154	1,715	0	65.00
66.00	06600	PHYSICAL THERAPY	2,340	303	2,992	1,236	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,340	360	146	789	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,969	8,815	2,427	8,506	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	223	803	0	84	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,582	0	73.00
74.00	07400	RENAL DIALYSIS	632	3,080	516	46	0	74.00
76.00	03020	DEV EVALUATION	520	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	372	1,661	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	817	3,275	11,147	20	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	9,102	17,181	86,289	14,325	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	186	1	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	141,952	473,082	435,651	141,091	29,219 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	19001	OTHER NONREIMB	1,300	589	396	0	0 190.01
190.02	19002	OTHER	0	0	0	0	0 190.02
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)	143,252	473,671	436,047	141,091	29,219 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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From 01/01/2012
To 12/31/2012

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDIC	PASTORAL CARE	PHARMACY RESIDENCY	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMINITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	119,659					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		169,397				22.00
23.00 02300 PARAMEDIC			82,437			23.00
23.01 02301 PASTORAL CARE				8,654		23.01
23.02 02302 PHARMACY RESIDENCY					2,875	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT						31.01
32.00 03200 CORONARY CARE UNIT						32.00
33.00 03300 BURN INTENSIVE CARE UNIT						33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT						34.00
40.00 04000 SUBPROVIDER - I PF						40.00
41.00 04100 SUBPROVIDER - I RF						41.00
42.00 04200 SUBPROVIDER						42.00
43.00 04300 NURSERY						43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM						50.00
51.00 05100 RECOVERY ROOM						51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM						52.00
53.00 05300 ANESTHESIOLOGY						53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC						54.00
57.00 05700 CT SCAN						57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00 05900 CARDIAC CATHETERIZATION						59.00
60.00 06000 LABORATORY						60.00
60.01 06001 BLOOD LABORATORY						60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
65.00 06500 RESPIRATORY THERAPY						65.00
66.00 06600 PHYSICAL THERAPY						66.00
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
74.00 07400 RENAL DIALYSIS						74.00
76.00 03020 DEV EVALUATION						76.00
76.97 07697 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC						88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00 09000 CLINIC						90.00
90.01 09001 FAMILY PRACTICES						90.01
90.02 09002 WOMEN'S HEALTH CENTER						90.02
90.03 09003 AMBULATORY CARE						90.03
90.04 09004 OTHER						90.04
91.00 09100 EMERGENCY						91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF						99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDIC	PASTORAL CARE	PHARMACY RESIDENCY		
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00					
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION				105.00	
109.00	10900	PANCREAS ACQUISITION				109.00	
110.00	11000	INTESTINAL ACQUISITION				110.00	
111.00	11100	ISLET ACQUISITION				111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				190.00	
190.01	19001	OTHER NONREIMB				190.01	
190.02	19002	OTHER				190.02	
200.00		Cross Foot Adjustments	119,659	169,397	82,437	8,654	2,875
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	119,659	169,397	82,437	8,654	2,875

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00511				5.02
5.03	00512				5.03
5.04	00513				5.04
5.05	00550				5.05
5.06	00560				5.06
6.00	00600				6.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	6,237,875	0	6,237,875	30.00
31.00	03100	1,665,490	0	1,665,490	31.00
31.01	03101	841,625	0	841,625	31.01
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	201,033	0	201,033	40.00
41.00	04100	246,802	0	246,802	41.00
42.00	04200	0	0	0	42.00
43.00	04300	412,071	0	412,071	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	7,306,427	0	7,306,427	50.00
51.00	05100	163,969	0	163,969	51.00
52.00	05200	927,771	0	927,771	52.00
53.00	05300	281,619	0	281,619	53.00
54.00	05400	9,423,871	0	9,423,871	54.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	725,597	0	725,597	60.00
60.01	06001	56,847	0	56,847	60.01
62.00	06200	0	0	0	62.00
65.00	06500	708,602	0	708,602	65.00
66.00	06600	540,342	0	540,342	66.00
67.00	06700	132,426	0	132,426	67.00
68.00	06800	0	0	0	68.00
69.00	06900	712,421	0	712,421	69.00
70.00	07000	108,040	0	108,040	70.00
71.00	07100	611,381	0	611,381	71.00
72.00	07200	305,393	0	305,393	72.00
73.00	07300	314,114	0	314,114	73.00
74.00	07400	394,626	0	394,626	74.00
76.00	03020	53,860	0	53,860	76.00
76.97	07697	23,771	0	23,771	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	111,044	0	111,044	90.03
90.04	09004	0	0	0	90.04
91.00	09100	0	0	0	91.00
92.00	09200	1,898,826	0	1,898,826	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	149,938	0	149,938	105.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,555,781	0	34,555,781	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,158	0	12,158	190.00
190.01	19001	OTHER NONREIMB	1,574,831	0	1,574,831	190.01
190.02	19002	OTHER	0	0	0	190.02
200.00		Cross Foot Adjustments	383,022	0	383,022	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	36,525,792	0	36,525,792	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared: 5/22/2013 12:43 pm

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (GROSS CHARGES)	5.02
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	5.01		
	1.00	2.00	4.00	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	15,770,818					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		11,202,950				2.00
4.00 00400	EMPLOYEE BENEFITS	236,149	1,778	315,830,307			4.00
5.01 00510	NONPATIENT TELEPHONES	7,419	9,708	599,222	2,022		5.01
5.02 00511	DATA PROCESSING	34,827	2,122	4,651		2,575,907,238	5.02
5.03 00512	PURCHASING RECEIVING AND STORES	4,071	293,075	1,575,330	22		5.03
5.04 00513	ADMITTING	8,367	21,719	1,389,987	17		5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	396,039	45,492	6,049,268	112		5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	3,162,753	714,983	20,787,289	180		5.06
6.00 00600	MAINTENANCE & REPAIRS	3,543,874	207,609	3,521,694	102		6.00
8.00 00800	LAUNDRY & LINEN SERVICE	349	17,827	0	0		8.00
9.00 00900	HOUSEKEEPING	1,614	20,820	6,152,242	13		9.00
10.00 01000	DIETARY	5,705	21,820	4,882,312	44		10.00
11.00 01100	CAFETERIA	0	0	0	0		11.00
13.00 01300	NURSING ADMINISTRATION	270,023	100,304	2,427,216	27		13.00
15.00 01500	PHARMACY	101,337	144,613	8,935,160	33		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	28,429	18,900	3,524,821	52		16.00
17.00 01700	SOCIAL SERVICE	0	0	1,817,921	18		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	15,438,323	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	76	1,979	0	57		22.00
23.00 02300	PARAMEDIC	16,775	38,622	566,849	12		23.00
23.01 02301	PASTORAL CARE	1,327	59	271,288	5		23.01
23.02 02302	PHARMACY RESIDENCY	120	628	175,387	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	1,081,107	762,387	85,163,099	346	300,092,622	30.00
31.00 03100	INTENSIVE CARE UNIT	103,205	548,766	25,820,856	38	122,777,985	31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	282,719	241,388	7,712,927	36	34,758,225	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	30,257	4,657	4,376,023	74	16,060,385	40.00
41.00 04100	SUBPROVIDER - I/RF	47,434	10,879	5,551,685	23	16,811,900	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	162,054	104,159	3,594,900	33	14,667,725	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,410,103	3,042,813	25,573,372	134	238,389,188	50.00
51.00 05100	RECOVERY ROOM	19,738	20,488	4,295,432	8	44,849,967	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	288,404	275,440	6,716,477	25	32,412,973	52.00
53.00 05300	ANESTHESIOLOGY	0	157,271	822,589	0	53,925,147	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,944,944	2,500,141	20,334,285	157	350,752,796	54.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	315,581	4,338	162,411	91	195,383,240	60.00
60.01 06001	BLOOD LABORATORY	1,054	0	0	8	29,812,318	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	1,061	289,394	11,665,808	26	122,991,634	65.00
66.00 06600	PHYSICAL THERAPY	281,962	32,289	4,614,319	21	49,566,020	66.00
67.00 06700	OCCUPATIONAL THERAPY	305	32,009	4,303,509	48	19,064,414	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	63	459,938	3,320,505	37	54,835,442	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	38,726	46,308	379,425	5	3,630,519	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,578	0	0	0	133,730,069	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	158,472,109	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	358,477,667	73.00
74.00 07400	RENAL DIALYSIS	255,905	65,126	1,438,005	0	7,278,461	74.00
76.00 03020	DEV EVALUATION	953	10,534	1,092,247	24	3,032,367	76.00
76.97 07697	CARDIAC REHABILITATION	0	4,175	780,012	0	3,054,422	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003	AMBULATORY CARE	1,352	23,780	1,683,181	49	7,731,871	90.03
90.04 09004	OTHER	0	0	0	0	0	90.04
91.00 09100	EMERGENCY	475,616	621,600	15,198,549	100	203,163,772	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)							
	1.00	2.00	4.00	5.01	5.02				
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	107,403	24,300	617,813	0	184,000	105.00	
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	
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,707,778	10,944,238	313,336,389	1,999	2,575,907,238	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01	19001	OTHER NONREIMB	1,063,040	258,712	2,493,918	23	0	190.01	
190.02	19002	OTHER	0	0	0	0	0	190.02	
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)	16,274,399	14,527,723	76,994,492	2,701,919	13,074,578	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	1.031931	1.296777	0.243784	1,336.260633	0.005076	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			246,058	20,723	38,920	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000779	10.248764	0.000015	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES	132,606,579					5.03
5.04	00513	ADMITTING	63,253	1,872,171,288				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	175,283		2,575,907,238			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,569,343			-85,073,099	690,341,637	5.06
6.00	00600	MAINTENANCE & REPAIRS	983,288				25,958,738	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,095				3,567,488	8.00
9.00	00900	HOUSEKEEPING	910,487				10,970,715	9.00
10.00	01000	DIETARY	6,001,912				7,846,922	10.00
11.00	01100	CAFETERIA	0				0	11.00
13.00	01300	NURSING ADMINISTRATION	310,174				4,289,423	13.00
15.00	01500	PHARMACY	231,367				11,616,864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	141,713				7,553,980	16.00
17.00	01700	SOCIAL SERVICE	3,394				3,040,550	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0				17,229,578	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	283,895				13,247,435	22.00
23.00	02300	PARAMEDIC	51,492				689,836	23.00
23.01	02301	PASTORAL CARE	4,755				350,284	23.01
23.02	02302	PHARMACY RESIDENCY	1,005				229,119	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,006,792	291,971,418	300,092,622	0	124,889,565	30.00
31.00	03100	INTENSIVE CARE UNIT	4,289,555	122,777,985	122,777,985	0	40,379,942	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,061,472	34,758,225	34,758,225	0	11,489,311	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	91,953	16,060,385	16,060,385	0	6,022,641	40.00
41.00	04100	SUBPROVIDER - IRF	296,754	16,811,900	16,811,900	0	7,781,981	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	427,250	14,667,725	14,667,725	0	5,410,876	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,697,749	160,535,850	238,389,188	0	54,085,082	50.00
51.00	05100	RECOVERY ROOM	147,584	23,665,719	44,849,967	0	6,502,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,080,340	23,955,085	32,412,973	0	10,600,998	52.00
53.00	05300	ANESTHESIOLOGY	1,259,515	36,725,988	53,925,147	0	2,580,161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,603,415	172,150,003	350,752,796	0	46,569,903	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	6,724,405	134,448,939	195,383,240	0	27,126,452	60.00
60.01	06001	BLOOD LABORATORY	1,097,034	23,884,643	29,812,318	0	4,392,636	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,249,202	117,607,202	122,991,634	0	18,088,228	65.00
66.00	06600	PHYSICAL THERAPY	10,812,717	33,593,142	49,566,020	0	7,280,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	125,837	12,376,785	19,064,414	0	6,093,707	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	194,140	32,217,126	54,835,442	0	6,248,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,379	2,149,342	3,630,519	0	662,926	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	111,804,319	133,730,069	0	73,866,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	132,928,684	158,472,109	0	43,391,262	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	267,933,656	358,477,667	0	37,506,343	73.00
74.00	07400	RENAL DIALYSIS	333,277	7,259,082	7,278,461	0	2,403,676	74.00
76.00	03020	DEV EVALUATION	36,421	1,524,219	3,032,367	0	1,547,642	76.00
76.97	07697	CARDIAC REHABILITATION	16,262	1,247,450	3,054,422	0	1,073,587	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	221,125	95,837	7,731,871	0	2,567,897	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,852,488	78,882,579	203,163,772	0	28,094,600	91.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	36,487	138,000	184,000	0	1,055,155	105.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	132,406,609	1,872,171,288	2,575,907,238	-85,073,099	684,303,787	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	495	190.00
190.01	19001	OTHER NONREIMB	199,969	0	0	0	6,037,355	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	4,921,487	2,096,429	16,411,311		85,073,099	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.037113	0.001120	0.006371		0.123233	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,068,092	38,566	474,950		4,312,364	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008055	0.000021	0.000184		0.006247	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600	737,708					6.00
8.00	00800	1,891	4,646,041				8.00
9.00	00900	8,850		104,727			9.00
10.00	01000	27,422		4,898	1,610,496		10.00
11.00	01100	0		0	766,217	3,856	11.00
13.00	01300	5,527		1,175	0	0	13.00
15.00	01500	10,062		1,167	0	101	15.00
16.00	01600	5,714		849	0	69	16.00
17.00	01700	1,177		150	0	28	17.00
21.00	02100	0		0	0	0	21.00
22.00	02200	13,141		1,081	0	150	22.00
23.00	02300	1,318	57,875	775	0	8	23.00
23.01	02301	790		116	0	4	23.01
23.02	02302	44		3	0	3	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	237,400	2,369,926	17,970	624,808	1,300	30.00
31.00	03100	56,396	533,748	7,340	125,415	352	31.00
31.01	03101	11,157	56,179	251	0	94	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	15,374	68,202	1,413	40,028	61	40.00
41.00	04100	15,252	91,377	1,115	54,028	83	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	8,406	37,099	806	0	48	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	87,191	133,955	3,968	0	364	50.00
51.00	05100	8,846	0	0	0	56	51.00
52.00	05200	26,011	104,431	259	0	101	52.00
53.00	05300	1,169	0	52	0	15	53.00
54.00	05400	70,681	609,461	14,916	0	276	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	20,998	32,410	3,656	0	1	60.00
60.01	06001	2,209	0	221	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	4,258	0	1,182	0	183	65.00
66.00	06600	7,062	110,090	1,822	0	63	66.00
67.00	06700	5,329	0	2,604	0	63	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	6,621	45,096	1,101	0	53	69.00
70.00	07000	104	35,527	257	0	6	70.00
71.00	07100	12,838	0	6,434	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	3,355	0	147	0	17	74.00
76.00	03020	4,637	0	620	0	14	76.00
76.97	07697	1,482	0	0	0	10	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	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	7,002	34,101	1,988	0	22	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	33,560	263,503	12,760	0	245	91.00
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: 140208

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

Worksheet B-1

Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	5
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	723,274	4,582,980	91,096	1,610,496	3,821
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	0	400	0	0
190.01	19001	OTHER NONREIMB	12,358	63,061	13,231	0	35
190.02	19002	OTHER	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	29,157,711	4,081,861	12,672,463	10,490,450	4,990,985
203.00		Unit cost multiplier (Wkst. B, Part I)	39.524732	0.878568	121.004736	6.513801	1,294.342583
204.00		Cost to be allocated (per Wkst. B, Part II)	4,103,768	56,308	158,690	301,100	143,252
205.00		Unit cost multiplier (Wkst. B, Part II)	5.562862	0.012120	1.515273	0.186961	37.150415

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description	NURSING ADMINISTRATION (NURSING HOURS)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS	
					SERVICES-SALARY & FRINGES (IR TIME)	
	13.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	6,416,833					13.00
15.00 01500 PHARMACY	0	2,754,299				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	48,616			16.00
17.00 01700 SOCIAL SERVICE	9,177	0	0	37	38,515	17.00
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	11,002	0	0	0	0	22.00
23.00 02300 PARAMEDIC	62	1,544	0	0	0	23.00
23.01 02301 PASTORAL CARE	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,115,197	652,787	16,801	30,300	11,853	30.00
31.00 03100 INTENSIVE CARE UNIT	891,840	377,475	71	5,935	2,322	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	237,775	92,421	3,102	2,280	892	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	170,585	1,334	2,296	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	202,332	9,880	2,427	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	125,262	31,807	574	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	571,360	619,521	5,845	0	2,284	50.00
51.00 05100 RECOVERY ROOM	137,980	1,200	244	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	259,406	96,249	384	0	0	52.00
53.00 05300 ANESTHESIOLOGY	32,011	117,340	161	0	485	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	157,755	95,396	5,030	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	1,773	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	118	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	6,472	975	591	0	0	65.00
66.00 06600 PHYSICAL THERAPY	4,111	18,898	426	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,876	924	272	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	119,423	15,330	2,931	0	361	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10,875	0	29	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	545	0	0	73.00
74.00 07400 RENAL DIALYSIS	41,725	3,261	16	0	0	74.00
76.00 03020 DEV EVALUATION	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	22,497	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	44,367	70,411	7	0	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	232,751	545,046	4,936	0	3,608	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING HOURS)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS	
						SERVICES-SALAR Y & FRINGES (IR TIME)	
		13.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	9	0	0	0	0	105.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,408,850	2,751,799	48,616	38,515	21,805	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	7,983	2,500	0	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,212,308	13,718,085	8,902,767	3,530,390	19,352,831	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.812287	4.980608	183.124218	91.662729	887.540977	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	473,671	436,047	141,091	29,219	119,659	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.073817	0.158315	2.902152	0.758639	5.487686	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS	Reconciliation	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
		SERVICES-OTHER PRGM COSTS (I.R TIME)					
		22.00	23A	23.00	23.01	23A.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,805				22.00
23.00	02300	PARAMEDIC		-989,662	774,425,074		23.00
23.01	02301	PASTORAL CARE		0	443,890	215,632	23.01
23.02	02302	PHARMACY RESIDENCY		0	263,339	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,853	0	190,380,822	144,114	0
31.00	03100	INTENSIVE CARE UNIT	2,322	0	57,112,564	28,227	0
31.01	03101	NEONATAL INTENSIVE CARE UNIT	892	0	16,413,347	10,845	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	8,508,732	9,009	0
41.00	04100	SUBPROVIDER - IRF	0	0	10,676,370	12,160	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	6,967,451	11,277	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,284	0	73,560,535	0	0
51.00	05100	RECOVERY ROOM	0	0	7,888,830	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	13,949,699	0	0
53.00	05300	ANESTHESIOLOGY	485	0	4,390,348	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	59,324,486	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	32,096,106	0	0
60.01	06001	BLOOD LABORATORY	0	0	5,069,615	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	20,983,823	0	0
66.00	06600	PHYSICAL THERAPY	0	0	9,030,857	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,510,293	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	361	0	8,812,683	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	832,953	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	84,255,551	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	48,738,497	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	42,228,165	0	0
74.00	07400	RENAL DIALYSIS	0	0	2,925,350	0	0
76.00	03020	DEV EVALUATION	0	0	2,014,783	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	1,295,681	0	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	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	0	0	3,848,103	0	0
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,608	0	44,589,068	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	Reconciliation	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation			
	SERVICES-OTHER							
	PRGM COSTS (I.R. TIME)							
	22.00	23A	23.00	23.01	23A.02			
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,191,664	0	0	105.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,805	-989,662	765,303,605	215,632	-263,676	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	131,011	0	0	190.00
190.01	19001	OTHER NONREIMB	0	0	8,990,458	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	15,733,245		989,662	444,457		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	721.542995		0.001278	2.061183		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	169,397		82,437	8,654		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.768723		0.000106	0.040133		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 NONPATIENT TELEPHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMIN TTING		5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMEDIC		23.00
23.01	02301 PASTORAL CARE		23.01
23.02	02302 PHARMACY RESIDENCY	775,151,060	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	190,921,119	30.00
31.00	03100 INTENSIVE CARE UNIT	57,243,735	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	16,456,677	31.01
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	8,538,175	40.00
41.00	04100 SUBPROVIDER - I RF	10,715,078	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	6,999,599	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	73,654,545	50.00
51.00	05100 RECOVERY ROOM	7,898,912	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,967,527	52.00
53.00	05300 ANESTHESIOLOGY	4,395,959	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	59,400,303	54.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	32,137,125	60.00
60.01	06001 BLOOD LABORATORY	5,076,094	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500 RESPIRATORY THERAPY	21,010,640	65.00
66.00	06600 PHYSICAL THERAPY	9,042,398	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,519,891	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	8,823,946	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	834,018	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	84,363,230	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	48,800,785	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,282,133	73.00
74.00	07400 RENAL DIALYSIS	2,929,089	74.00
76.00	03020 DEV EVALUATION	2,017,358	76.00
76.97	07697 CARDIAC REHABILITATION	1,297,337	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	0	90.00
90.01	09001 FAMILY PRACTICES	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	90.02
90.03	09003 AMBULATORY CARE	3,853,021	90.03
90.04	09004 OTHER	0	90.04
91.00	09100 EMERGENCY	44,646,053	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	1,193,187
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	766,017,934
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	131,178
190.01	19001	OTHER NONREIMB	9,001,948
190.02	19002	OTHER	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	263,676
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000340
204.00		Cost to be allocated (per Wkst. B, Part II)	2,875
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000004

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/22/2013 12:43 pm
			Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	171,913,681		171,913,681	0	171,913,681	288,046,572	30.00
31.00	03100	INTENSIVE CARE UNIT	53,526,905		53,526,905	0	53,526,905	122,777,985	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	15,026,969		15,026,969	0	15,026,969	34,758,225	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	8,541,078		8,541,078	0	8,541,078	16,060,385	40.00
41.00	04100	SUBPROVIDER - I RF	10,718,721		10,718,721	0	10,718,721	16,811,900	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	7,001,979		7,001,979	0	7,001,979	14,667,725	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	70,004,440		70,004,440	0	70,004,440	160,535,850	50.00
51.00	05100	RECOVERY ROOM	7,901,598		7,901,598	0	7,901,598	23,665,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,972,276		13,972,276	0	13,972,276	23,955,085	52.00
53.00	05300	ANESTHESIOLOGY	3,617,049		3,617,049	0	3,617,049	36,725,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,420,499		59,420,499	0	59,420,499	172,150,003	54.00
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	32,148,052		32,148,052	0	32,148,052	134,448,939	60.00
60.01	06001	BLOOD LABORATORY	5,077,820		5,077,820	0	5,077,820	23,884,643	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	21,017,784	0	21,017,784	0	21,017,784	117,607,202	65.00
66.00	06600	PHYSICAL THERAPY	9,045,472	0	9,045,472	0	9,045,472	33,593,142	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,522,448	0	7,522,448	0	7,522,448	12,376,785	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,246,067		8,246,067	0	8,246,067	32,217,126	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	834,302		834,302	0	834,302	2,149,342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,391,913		84,391,913	0	84,391,913	111,804,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,817,377		48,817,377	0	48,817,377	132,928,684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,296,509		42,296,509	0	42,296,509	267,933,656	73.00
74.00	07400	RENAL DIALYSIS	2,930,085		2,930,085	0	2,930,085	7,259,082	74.00
76.00	03020	DEV EVALUATION	2,018,044		2,018,044	0	2,018,044	1,524,219	76.00
76.97	07697	CARDIAC REHABILITATION	1,297,778		1,297,778	0	1,297,778	1,247,450	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	FAMILY PRACTICES	0		0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	3,854,331		3,854,331	0	3,854,331	95,837	90.03
90.04	09004	OTHER	0		0	0	0	0	90.04
91.00	09100	EMERGENCY	38,855,658		38,855,658	0	38,855,658	78,882,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,795,478		6,795,478	0	6,795,478	3,924,846	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	1,193,593		1,193,593	0	1,193,593	138,000	105.00
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
200.00		Subtotal (see instructions)	737,987,906	0	737,987,906	0	737,987,906	1,872,171,288	200.00
201.00		Less Observation Beds	6,795,478		6,795,478	0	6,795,478		201.00
202.00		Total (see instructions)	731,192,428	0	731,192,428	0	731,192,428	1,872,171,288	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140208

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		288,046,572				30.00
31.00	03100	INTENSIVE CARE UNIT		122,777,985				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		34,758,225				31.01
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
40.00	04000	SUBPROVIDER - IPF		16,060,385				40.00
41.00	04100	SUBPROVIDER - IRF		16,811,900				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		14,667,725				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,853,338	238,389,188	0.293656	0.000000	0.293656	50.00
51.00	05100	RECOVERY ROOM	21,184,248	44,849,967	0.176178	0.000000	0.176178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,457,888	32,412,973	0.431070	0.000000	0.431070	52.00
53.00	05300	ANESTHESIOLOGY	17,199,159	53,925,147	0.067075	0.000000	0.067075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,602,793	350,752,796	0.169408	0.000000	0.169408	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	60,934,301	195,383,240	0.164538	0.000000	0.164538	60.00
60.01	06001	BLOOD LABORATORY	5,927,675	29,812,318	0.170326	0.000000	0.170326	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	5,384,432	122,991,634	0.170888	0.000000	0.170888	65.00
66.00	06600	PHYSICAL THERAPY	15,972,878	49,566,020	0.182493	0.000000	0.182493	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,687,629	19,064,414	0.394581	0.000000	0.394581	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,618,316	54,835,442	0.150378	0.000000	0.150378	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,481,177	3,630,519	0.229802	0.000000	0.229802	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,925,750	133,730,069	0.631062	0.000000	0.631062	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,543,425	158,472,109	0.308050	0.000000	0.308050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,544,011	358,477,667	0.117989	0.000000	0.117989	73.00
74.00	07400	RENAL DIALYSIS	19,379	7,278,461	0.402569	0.000000	0.402569	74.00
76.00	03020	DEV EVALUATION	1,508,148	3,032,367	0.665501	0.000000	0.665501	76.00
76.97	07697	CARDIAC REHABILITATION	1,806,972	3,054,422	0.424885	0.000000	0.424885	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	0.000000	0.000000	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0.000000	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0.000000	90.02
90.03	09003	AMBULATORY CARE	7,636,034	7,731,871	0.498499	0.000000	0.498499	90.03
90.04	09004	OTHER	0	0	0.000000	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	124,281,193	203,163,772	0.191253	0.000000	0.191253	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,121,204	12,046,050	0.564125	0.000000	0.564125	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	46,000	184,000				105.00
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
200.00		Subtotal (see instructions)	703,735,950	2,575,907,238				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	703,735,950	2,575,907,238				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/22/2013 12:43 pm
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		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	171,913,681		171,913,681	0	0	288,046,572	30.00
31.00	03100	INTENSIVE CARE UNIT	53,526,905		53,526,905	0	0	122,777,985	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	15,026,969		15,026,969	0	0	34,758,225	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	8,541,078		8,541,078	0	0	16,060,385	40.00
41.00	04100	SUBPROVIDER - I RF	10,718,721		10,718,721	0	0	16,811,900	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	7,001,979		7,001,979	0	0	14,667,725	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	70,004,440		70,004,440	0	0	160,535,850	50.00
51.00	05100	RECOVERY ROOM	7,901,598		7,901,598	0	0	23,665,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,972,276		13,972,276	0	0	23,955,085	52.00
53.00	05300	ANESTHESIOLOGY	3,617,049		3,617,049	0	0	36,725,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,420,499		59,420,499	0	0	172,150,003	54.00
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	32,148,052		32,148,052	0	0	134,448,939	60.00
60.01	06001	BLOOD LABORATORY	5,077,820		5,077,820	0	0	23,884,643	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	21,017,784	0	21,017,784	0	0	117,607,202	65.00
66.00	06600	PHYSICAL THERAPY	9,045,472	0	9,045,472	0	0	33,593,142	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,522,448	0	7,522,448	0	0	12,376,785	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,246,067		8,246,067	0	0	32,217,126	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	834,302		834,302	0	0	2,149,342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,391,913		84,391,913	0	0	111,804,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,817,377		48,817,377	0	0	132,928,684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,296,509		42,296,509	0	0	267,933,656	73.00
74.00	07400	RENAL DIALYSIS	2,930,085		2,930,085	0	0	7,259,082	74.00
76.00	03020	DEV EVALUATION	2,018,044		2,018,044	0	0	1,524,219	76.00
76.97	07697	CARDIAC REHABILITATION	1,297,778		1,297,778	0	0	1,247,450	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	FAMILY PRACTICES	0		0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	3,854,331		3,854,331	0	0	95,837	90.03
90.04	09004	OTHER	0		0	0	0	0	90.04
91.00	09100	EMERGENCY	38,855,658		38,855,658	0	0	78,882,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,795,478		6,795,478	0	0	3,924,846	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	1,193,593		1,193,593	0	0	138,000	105.00
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
200.00		Subtotal (see instructions)	737,987,906	0	737,987,906	0	0	1,872,171,288	200.00
201.00		Less Observation Beds	6,795,478		6,795,478	0	0		201.00
202.00		Total (see instructions)	731,192,428	0	731,192,428	0	0	1,872,171,288	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140208

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2013 12:43 pm

		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	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	288,046,572				30.00
31.00	03100	INTENSIVE CARE UNIT	122,777,985				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	34,758,225				31.01
32.00	03200	CORONARY CARE UNIT	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
40.00	04000	SUBPROVIDER - I PF	16,060,385				40.00
41.00	04100	SUBPROVIDER - I RF	16,811,900				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	14,667,725				43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,853,338	238,389,188	0.293656	0.000000	50.00
51.00	05100	RECOVERY ROOM	21,184,248	44,849,967	0.176178	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,457,888	32,412,973	0.431070	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	17,199,159	53,925,147	0.067075	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,602,793	350,752,796	0.169408	0.000000	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	60,934,301	195,383,240	0.164538	0.000000	60.00
60.01	06001	BLOOD LABORATORY	5,927,675	29,812,318	0.170326	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	5,384,432	122,991,634	0.170888	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,972,878	49,566,020	0.182493	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,687,629	19,064,414	0.394581	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,618,316	54,835,442	0.150378	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,481,177	3,630,519	0.229802	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,925,750	133,730,069	0.631062	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,543,425	158,472,109	0.308050	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,544,011	358,477,667	0.117989	0.000000	73.00
74.00	07400	RENAL DIALYSIS	19,379	7,278,461	0.402569	0.000000	74.00
76.00	03020	DEV EVALUATION	1,508,148	3,032,367	0.665501	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,806,972	3,054,422	0.424885	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	90.02
90.03	09003	AMBULATORY CARE	7,636,034	7,731,871	0.498499	0.000000	90.03
90.04	09004	OTHER	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	124,281,193	203,163,772	0.191253	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,121,204	12,046,050	0.564125	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0			99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	46,000	184,000			105.00
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
200.00		Subtotal (see instructions)	703,735,950	2,575,907,238			200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	703,735,950	2,575,907,238			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/22/2013 12:43 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,237,875	0	6,237,875	145,060	30.00
31.00	INTENSIVE CARE UNIT	1,665,490		1,665,490	28,227	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	841,625		841,625	10,845	31.01
32.00	CORONARY CARE UNIT	0		0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	34.00
40.00	SUBPROVIDER - IPF	201,033	0	201,033	9,009	40.00
41.00	SUBPROVIDER - IRF	246,802	0	246,802	12,160	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	412,071		412,071	11,277	43.00
200.00	Total (lines 30-199)	9,604,896		9,604,896	216,578	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	53,160	2,285,880	30.00
31.00	INTENSIVE CARE UNIT	10,896	642,864	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	31.01
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	4,090	91,248	40.00
41.00	SUBPROVIDER - IRF	7,001	142,120	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	75,147	3,162,112	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/22/2013 12:43 pm
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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	7,306,427	238,389,188	0.030649	48,814,244	1,496,108	50.00
51.00	05100 RECOVERY ROOM	163,969	44,849,967	0.003656	8,539,668	31,221	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	927,771	32,412,973	0.028623	78,681	2,252	52.00
53.00	05300 ANESTHESIOLOGY	281,619	53,925,147	0.005222	10,457,993	54,612	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,423,871	350,752,796	0.026868	77,379,231	2,079,025	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	725,597	195,383,240	0.003714	51,891,316	192,724	60.00
60.01	06001 BLOOD LABORATORY	56,847	29,812,318	0.001907	7,820,278	14,913	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	708,602	122,991,634	0.005761	35,063,611	202,001	65.00
66.00	06600 PHYSICAL THERAPY	540,342	49,566,020	0.010901	5,850,683	63,778	66.00
67.00	06700 OCCUPATIONAL THERAPY	132,426	19,064,414	0.006946	190,085	1,320	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	712,421	54,835,442	0.012992	13,310,895	172,935	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	108,040	3,630,519	0.029759	654,124	19,466	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	611,381	133,730,069	0.004572	37,447,103	171,208	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	305,393	158,472,109	0.001927	54,359,296	104,750	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	314,114	358,477,667	0.000876	83,739,271	73,356	73.00
74.00	07400 RENAL DIALYSIS	394,626	7,278,461	0.054218	4,212,119	228,373	74.00
76.00	03020 DEV EVALUATION	53,860	3,032,367	0.017762	1,143	20	76.00
76.97	07697 CARDIAC REHABILITATION	23,771	3,054,422	0.007782	589,071	4,584	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	0	0	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	111,044	7,731,871	0.014362	80,966	1,163	90.03
90.04	09004 OTHER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	1,898,826	203,163,772	0.009346	30,577,873	285,781	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	246,574	12,046,050	0.020469	1,272,074	26,038	92.00
200.00	Total (Lines 50-199)	25,047,521	2,082,600,446		472,329,725	5,225,628	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIII		Hospital
				PPS

Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	605,332	0	0	605,332	30.00
31.00	03100	INTENSIVE CARE UNIT	0	150,634	0	0	150,634	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	48,925	0	0	48,925	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	32,346	0	0	32,346	40.00
41.00	04100	SUBPROVIDER - IRF	0	42,351	0	0	42,351	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	34,528	0	0	34,528	43.00
200.00		Total (lines 30-199)	0	914,116	0	0	914,116	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	145,060	4.17	53,160	221,677	30.00
31.00	03100	INTENSIVE CARE UNIT	28,227	5.34	10,896	58,185	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	10,845	4.51	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,009	3.59	4,090	14,683	40.00
41.00	04100	SUBPROVIDER - IRF	12,160	3.48	7,001	24,363	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	11,277	3.06	0	0	43.00
200.00		Total (lines 30-199)	216,578		75,147	318,908	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 12:43 pm
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Cost Center Description		Title XVIII				Hospital		
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	119,053	0	119,053	50.00
51.00	05100	RECOVERY ROOM	0	0	12,768	0	12,768	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	22,577	0	22,577	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,106	0	7,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	96,013	0	96,013	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	51,946	0	51,946	60.00
60.01	06001	BLOOD LABORATORY	0	0	8,205	0	8,205	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	33,961	0	33,961	65.00
66.00	06600	PHYSICAL THERAPY	0	0	14,615	0	14,615	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,155	0	12,155	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	14,263	0	14,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,349	0	1,349	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	136,362	0	136,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	78,880	0	78,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	68,344	0	68,344	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,735	0	4,735	74.00
76.00	03020	DEV EVALUATION	0	0	3,261	0	3,261	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,097	0	2,097	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	6,228	0	6,228	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	72,165	0	72,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	23,927	0	23,927	92.00
200.00		Total (lines 50-199)	0	0	790,010	0	790,010	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 12:43 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	119,053	238,389,188	0.000499	0.000499	48,814,244	50.00
51.00	05100 RECOVERY ROOM	12,768	44,849,967	0.000285	0.000285	8,539,668	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	22,577	32,412,973	0.000697	0.000697	78,681	52.00
53.00	05300 ANESTHESIOLOGY	7,106	53,925,147	0.000132	0.000132	10,457,993	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	96,013	350,752,796	0.000274	0.000274	77,379,231	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	51,946	195,383,240	0.000266	0.000266	51,891,316	60.00
60.01	06001 BLOOD LABORATORY	8,205	29,812,318	0.000275	0.000275	7,820,278	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	33,961	122,991,634	0.000276	0.000276	35,063,611	65.00
66.00	06600 PHYSICAL THERAPY	14,615	49,566,020	0.000295	0.000295	5,850,683	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,155	19,064,414	0.000638	0.000638	190,085	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	14,263	54,835,442	0.000260	0.000260	13,310,895	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,349	3,630,519	0.000372	0.000372	654,124	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136,362	133,730,069	0.001020	0.001020	37,447,103	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	78,880	158,472,109	0.000498	0.000498	54,359,296	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	68,344	358,477,667	0.000191	0.000191	83,739,271	73.00
74.00	07400 RENAL DIALYSIS	4,735	7,278,461	0.000651	0.000651	4,212,119	74.00
76.00	03020 DEV EVALUATION	3,261	3,032,367	0.001075	0.001075	1,143	76.00
76.97	07697 CARDIAC REHABILITATION	2,097	3,054,422	0.000687	0.000687	589,071	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	6,228	7,731,871	0.000805	0.000805	80,966	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	72,165	203,163,772	0.000355	0.000355	30,577,873	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	23,927	12,046,050	0.001986	0.001986	1,272,074	92.00
200.00	Total (Lines 50-199)	790,010	2,082,600,446			472,329,725	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 12:43 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	24,358	17,195,466	8,581	50.00
51.00	05100 RECOVERY ROOM	2,434	4,979,328	1,419	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	55	62,911	44	52.00
53.00	05300 ANESTHESIOLOGY	1,380	3,570,711	471	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,202	56,724,449	15,542	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	13,803	805,980	214	60.00
60.01	06001 BLOOD LABORATORY	2,151	1,305,365	359	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	9,678	911,091	251	65.00
66.00	06600 PHYSICAL THERAPY	1,726	731,347	216	66.00
67.00	06700 OCCUPATIONAL THERAPY	121	819,677	523	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,461	4,791,518	1,246	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	243	80,471	30	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	38,196	6,561,431	6,693	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	27,071	9,133,779	4,549	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,994	28,807,943	5,502	73.00
74.00	07400 RENAL DIALYSIS	2,742	12,478	8	74.00
76.00	03020 DEV EVALUATION	1	931	1	76.00
76.97	07697 CARDIAC REHABILITATION	405	913,238	627	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	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	65	3,687,007	2,968	90.03
90.04	09004 OTHER	0	0	0	90.04
91.00	09100 EMERGENCY	10,855	16,691,549	5,925	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,526	1,934,281	3,841	92.00
200.00	Total (Lines 50-199)	178,467	159,720,951	59,010	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.293656	17,195,466	0	0	5,049,552	50.00
51.00 05100 RECOVERY ROOM	0.176178	4,979,328	0	0	877,248	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.431070	62,911	0	0	27,119	52.00
53.00 05300 ANESTHESIOLOGY	0.067075	3,570,711	0	0	239,505	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.169408	56,724,449	0	0	9,609,575	54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.164538	805,980	0	0	132,614	60.00
60.01 06001 BLOOD LABORATORY	0.170326	1,305,365	0	0	222,338	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.170888	911,091	0	0	155,695	65.00
66.00 06600 PHYSICAL THERAPY	0.182493	731,347	0	0	133,466	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.394581	819,677	0	0	323,429	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.150378	4,791,518	0	0	720,539	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.229802	80,471	0	0	18,492	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.631062	6,561,431	0	0	4,140,670	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.308050	9,133,779	0	0	2,813,661	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.117989	28,807,943	0	0	3,399,020	73.00
74.00 07400 RENAL DIALYSIS	0.402569	12,478	0	0	5,023	74.00
76.00 03020 DEV EVALUATION	0.665501	931	0	0	620	76.00
76.97 07697 CARDIAC REHABILITATION	0.424885	913,238	0	0	388,021	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	0.000000	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0.498499	3,687,007	0	0	1,837,969	90.03
90.04 09004 OTHER	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.191253	16,691,549	0	0	3,192,309	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.564125	1,934,281	0	0	1,091,176	92.00
200.00		Subtotal (see instructions)	159,720,951	0	34,378,041	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	159,720,951	0	34,378,041	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140208

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

Worksheet D
Part V
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		Costs		Hospital	PPS
		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
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	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	DEV EVALUATION	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	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/22/2013 12:43 pm		
		Component CCN: 14S208		Title XVIII		Subprovider - IPF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,306,427	238,389,188	0.030649	9,124	280	50.00
51.00	05100	RECOVERY ROOM	163,969	44,849,967	0.003656	897	3	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	927,771	32,412,973	0.028623	0	0	52.00
53.00	05300	ANESTHESIOLOGY	281,619	53,925,147	0.005222	1,177	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,423,871	350,752,796	0.026868	350,599	9,420	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	725,597	195,383,240	0.003714	733,506	2,724	60.00
60.01	06001	BLOOD LABORATORY	56,847	29,812,318	0.001907	819	2	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	708,602	122,991,634	0.005761	131,571	758	65.00
66.00	06600	PHYSICAL THERAPY	540,342	49,566,020	0.010901	67,868	740	66.00
67.00	06700	OCCUPATIONAL THERAPY	132,426	19,064,414	0.006946	138,499	962	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	712,421	54,835,442	0.012992	167,564	2,177	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,040	3,630,519	0.029759	5,555	165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	611,381	133,730,069	0.004572	52,654	241	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	305,393	158,472,109	0.001927	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,114	358,477,667	0.000876	1,450,277	1,270	73.00
74.00	07400	RENAL DIALYSIS	394,626	7,278,461	0.054218	25,885	1,403	74.00
76.00	03020	DEV EVALUATION	53,860	3,032,367	0.017762	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	23,771	3,054,422	0.007782	0	0	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	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	111,044	7,731,871	0.014362	0	0	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,898,826	203,163,772	0.009346	706,236	6,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,046,050	0.000000	0	0	92.00
200.00		Total (Lines 50-199)	24,800,947	2,082,600,446		3,842,231	26,751	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 12:43 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	119,053	0	119,053	50.00
51.00	05100 RECOVERY ROOM	0	0	12,768	0	12,768	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	22,577	0	22,577	52.00
53.00	05300 ANESTHESIOLOGY	0	0	7,106	0	7,106	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	96,013	0	96,013	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	51,946	0	51,946	60.00
60.01	06001 BLOOD LABORATORY	0	0	8,205	0	8,205	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	33,961	0	33,961	65.00
66.00	06600 PHYSICAL THERAPY	0	0	14,615	0	14,615	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	12,155	0	12,155	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	14,263	0	14,263	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,349	0	1,349	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	136,362	0	136,362	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	78,880	0	78,880	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	68,344	0	68,344	73.00
74.00	07400 RENAL DIALYSIS	0	0	4,735	0	4,735	74.00
76.00	03020 DEV EVALUATION	0	0	3,261	0	3,261	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,097	0	2,097	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	6,228	0	6,228	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	72,165	0	72,165	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	766,083	0	766,083	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 12:43 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	119,053	238,389,188	0.000499	0.000499	9,124	50.00
51.00	05100 RECOVERY ROOM	12,768	44,849,967	0.000285	0.000285	897	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	22,577	32,412,973	0.000697	0.000697	0	52.00
53.00	05300 ANESTHESIOLOGY	7,106	53,925,147	0.000132	0.000132	1,177	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	96,013	350,752,796	0.000274	0.000274	350,599	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	51,946	195,383,240	0.000266	0.000266	733,506	60.00
60.01	06001 BLOOD LABORATORY	8,205	29,812,318	0.000275	0.000275	819	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	33,961	122,991,634	0.000276	0.000276	131,571	65.00
66.00	06600 PHYSICAL THERAPY	14,615	49,566,020	0.000295	0.000295	67,868	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,155	19,064,414	0.000638	0.000638	138,499	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	14,263	54,835,442	0.000260	0.000260	167,564	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,349	3,630,519	0.000372	0.000372	5,555	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136,362	133,730,069	0.001020	0.001020	52,654	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	78,880	158,472,109	0.000498	0.000498	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	68,344	358,477,667	0.000191	0.000191	1,450,277	73.00
74.00	07400 RENAL DIALYSIS	4,735	7,278,461	0.000651	0.000651	25,885	74.00
76.00	03020 DEV EVALUATION	3,261	3,032,367	0.001075	0.001075	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,097	3,054,422	0.000687	0.000687	0	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	6,228	7,731,871	0.000805	0.000805	0	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	72,165	203,163,772	0.000355	0.000355	706,236	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,046,050	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	766,083	2,082,600,446			3,842,231	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 12:43 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	5	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	96	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	195	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	36	0	0	65.00
66.00	06600 PHYSICAL THERAPY	20	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	88	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	44	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	54	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	277	0	0	73.00
74.00	07400 RENAL DIALYSIS	17	0	0	74.00
76.00	03020 DEV EVALUATION	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	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	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	90.03
90.04	09004 OTHER	0	0	0	90.04
91.00	09100 EMERGENCY	251	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	1,085	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/22/2013 12:43 pm
		Component CCN: 14T208	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,306,427	238,389,188	0.030649	81,473	2,497	50.00
51.00	05100	RECOVERY ROOM	163,969	44,849,967	0.003656	39,390	144	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	927,771	32,412,973	0.028623	0	0	52.00
53.00	05300	ANESTHESIOLOGY	281,619	53,925,147	0.005222	17,072	89	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,423,871	350,752,796	0.026868	826,328	22,202	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	725,597	195,383,240	0.003714	1,144,592	4,251	60.00
60.01	06001	BLOOD LABORATORY	56,847	29,812,318	0.001907	89,752	171	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	708,602	122,991,634	0.005761	619,608	3,570	65.00
66.00	06600	PHYSICAL THERAPY	540,342	49,566,020	0.010901	19,038	208	66.00
67.00	06700	OCCUPATIONAL THERAPY	132,426	19,064,414	0.006946	6,557,895	45,551	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	712,421	54,835,442	0.012992	101,364	1,317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,040	3,630,519	0.029759	15,255	454	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	611,381	133,730,069	0.004572	625,563	2,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	305,393	158,472,109	0.001927	2,715	5	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,114	358,477,667	0.000876	3,247,317	2,845	73.00
74.00	07400	RENAL DIALYSIS	394,626	7,278,461	0.054218	266,941	14,473	74.00
76.00	03020	DEV EVALUATION	53,860	3,032,367	0.017762	1,140	20	76.00
76.97	07697	CARDIAC REHABILITATION	23,771	3,054,422	0.007782	0	0	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	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	111,044	7,731,871	0.014362	654	9	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,898,826	203,163,772	0.009346	14,376	134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,046,050	0.000000	0	0	92.00
200.00		Total (lines 50-199)	24,800,947	2,082,600,446		13,670,473	100,800	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 12:43 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	119,053	0	119,053	50.00
51.00	05100 RECOVERY ROOM	0	0	12,768	0	12,768	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	22,577	0	22,577	52.00
53.00	05300 ANESTHESIOLOGY	0	0	7,106	0	7,106	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	96,013	0	96,013	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	51,946	0	51,946	60.00
60.01	06001 BLOOD LABORATORY	0	0	8,205	0	8,205	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	33,961	0	33,961	65.00
66.00	06600 PHYSICAL THERAPY	0	0	14,615	0	14,615	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	12,155	0	12,155	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	14,263	0	14,263	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,349	0	1,349	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	136,362	0	136,362	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	78,880	0	78,880	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	68,344	0	68,344	73.00
74.00	07400 RENAL DIALYSIS	0	0	4,735	0	4,735	74.00
76.00	03020 DEV EVALUATION	0	0	3,261	0	3,261	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,097	0	2,097	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	6,228	0	6,228	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	72,165	0	72,165	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	766,083	0	766,083	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 12:43 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	119,053	238,389,188	0.000499	0.000499	81,473	50.00
51.00	05100 RECOVERY ROOM	12,768	44,849,967	0.000285	0.000285	39,390	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	22,577	32,412,973	0.000697	0.000697	0	52.00
53.00	05300 ANESTHESIOLOGY	7,106	53,925,147	0.000132	0.000132	17,072	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	96,013	350,752,796	0.000274	0.000274	826,328	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	51,946	195,383,240	0.000266	0.000266	1,144,592	60.00
60.01	06001 BLOOD LABORATORY	8,205	29,812,318	0.000275	0.000275	89,752	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	33,961	122,991,634	0.000276	0.000276	619,608	65.00
66.00	06600 PHYSICAL THERAPY	14,615	49,566,020	0.000295	0.000295	19,038	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,155	19,064,414	0.000638	0.000638	6,557,895	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	14,263	54,835,442	0.000260	0.000260	101,364	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,349	3,630,519	0.000372	0.000372	15,255	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136,362	133,730,069	0.001020	0.001020	625,563	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	78,880	158,472,109	0.000498	0.000498	2,715	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	68,344	358,477,667	0.000191	0.000191	3,247,317	73.00
74.00	07400 RENAL DIALYSIS	4,735	7,278,461	0.000651	0.000651	266,941	74.00
76.00	03020 DEV EVALUATION	3,261	3,032,367	0.001075	0.001075	1,140	76.00
76.97	07697 CARDIAC REHABILITATION	2,097	3,054,422	0.000687	0.000687	0	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	6,228	7,731,871	0.000805	0.000805	654	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	72,165	203,163,772	0.000355	0.000355	14,376	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,046,050	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	766,083	2,082,600,446			13,670,473	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 12:43 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	41	0	0	50.00
51.00	05100 RECOVERY ROOM	11	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	226	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	304	0	0	60.00
60.01	06001 BLOOD LABORATORY	25	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	171	0	0	65.00
66.00	06600 PHYSICAL THERAPY	6	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,184	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	26	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	638	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	620	0	0	73.00
74.00	07400 RENAL DIALYSIS	174	0	0	74.00
76.00	03020 DEV EVALUATION	1	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	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	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	1	0	0	90.03
90.04	09004 OTHER	0	0	0	90.04
91.00	09100 EMERGENCY	5	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	6,442	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 12:43 pm
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		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	0.293656	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.176178	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431070	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.067075	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169408	0	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.164538	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.170326	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170888	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.182493	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394581	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150378	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229802	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.631062	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.308050	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117989	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.402569	0	0	0	0	74.00
76.00	03020	DEV EVALUATION	0.665501	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.424885	0	0	0	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	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.498499	0	0	0	0	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.191253	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.564125	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 12:43 pm
		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	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
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	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	DEV EVALUATION	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	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/22/2013 12:43 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		145,060	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		145,060	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)		139,326	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)		53,160	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)		171,913,681	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)		171,913,681	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		280,426,574	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		280,426,574	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.613043	31.00
32.00	Average private room per diem charge (line 29 ÷ line 4)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,012.74	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,171,913,681	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,185.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		63,000,979	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)		63,000,979	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	53,526,905	28,227	1,896.30	10,896	20,662,085	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	15,026,969	10,845	1,385.61	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					107,649,819	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					191,312,883	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)					3,208,606	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,404,095	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,612,701	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					182,700,182	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)					5,734	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,185.12	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,795,478	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/22/2013 12:43 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,237,875	171,913,681	0.036285	6,795,478	246,574	90.00
91.00	Nursing School cost	0	171,913,681	0.000000	6,795,478	0	91.00
92.00	Allied health cost	605,332	171,913,681	0.003521	6,795,478	23,927	92.00
93.00	All other Medical Education	0	171,913,681	0.000000	6,795,478	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S208		Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,009	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,009	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)		9,009	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,090	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)		8,541,078	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)		8,541,078	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		16,060,385	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		16,060,385	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.531810	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,782.70	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)		8,541,078	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)		948.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,877,565	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)		3,877,565	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14S208				Date/Time Prepared: 5/22/2013 12:43 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					648,967	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,526,532	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)					105,931	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,836	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					133,767	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,392,765	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14S208		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/22/2013 12:43 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	201,033	8,541,078	0.023537	0	0	90.00
91.00	Nursing School cost	0	8,541,078	0.000000	0	0	91.00
92.00	Allied health cost	32,346	8,541,078	0.003787	0	0	92.00
93.00	All other Medical Education	0	8,541,078	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14T208		Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,160	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,160	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)		12,160	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)		7,001	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)		10,718,721	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)		10,718,721	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		16,811,900	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		16,811,900	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.637567	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,382.56	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)		10,718,721	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)		881.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,171,171	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,171,171	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T208				Date/Time Prepared: 5/22/2013 12:43 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					3,981,390		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,152,561		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)					166,483		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					107,242		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					273,725		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,878,836		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14T208		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/22/2013 12:43 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	246,802	10,718,721	0.023025	0	0	90.00
91.00	Nursing School cost	0	10,718,721	0.000000	0	0	91.00
92.00	Allied health cost	42,351	10,718,721	0.003951	0	0	92.00
93.00	All other Medical Education	0	10,718,721	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/22/2013 12:43 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		104,302,454	30.00
31.00	03100	INTENSIVE CARE UNIT		48,509,772	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293656	48,814,244	50.00
51.00	05100	RECOVERY ROOM	0.176178	8,539,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431070	78,681	52.00
53.00	05300	ANESTHESIOLOGY	0.067075	10,457,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169408	77,379,231	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.164538	51,891,316	60.00
60.01	06001	BLOOD LABORATORY	0.170326	7,820,278	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170888	35,063,611	65.00
66.00	06600	PHYSICAL THERAPY	0.182493	5,850,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394581	190,085	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150378	13,310,895	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229802	654,124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.631062	37,447,103	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.308050	54,359,296	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117989	83,739,271	73.00
74.00	07400	RENAL DIALYSIS	0.402569	4,212,119	74.00
76.00	03020	DEV EVALUATION	0.665501	1,143	76.00
76.97	07697	CARDIAC REHABILITATION	0.424885	589,071	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498499	80,966	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.191253	30,577,873	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.564125	1,272,074	92.00
200.00		Total (sum of lines 50-94 and 96-98)		472,329,725	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		472,329,725	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S208		Date/Time Prepared: 5/22/2013 12:43 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		6,814,593	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293656	9,124	50.00
51.00	05100	RECOVERY ROOM	0.176178	897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431070	0	52.00
53.00	05300	ANESTHESIOLOGY	0.067075	1,177	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169408	350,599	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.164538	733,506	60.00
60.01	06001	BLOOD LABORATORY	0.170326	819	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170888	131,571	65.00
66.00	06600	PHYSICAL THERAPY	0.182493	67,868	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394581	138,499	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150378	167,564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229802	5,555	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.631062	52,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.308050	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117989	1,450,277	73.00
74.00	07400	RENAL DIALYSIS	0.402569	25,885	74.00
76.00	03020	DEV EVALUATION	0.665501	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.424885	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498499	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.191253	706,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.564125	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,842,231	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,842,231	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T208		Date/Time Prepared: 5/22/2013 12:43 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		9,755,998	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293656	81,473	50.00
51.00	05100	RECOVERY ROOM	0.176178	39,390	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431070	0	52.00
53.00	05300	ANESTHESIOLOGY	0.067075	17,072	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169408	826,328	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.164538	1,144,592	60.00
60.01	06001	BLOOD LABORATORY	0.170326	89,752	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170888	619,608	65.00
66.00	06600	PHYSICAL THERAPY	0.182493	19,038	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394581	6,557,895	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150378	101,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229802	15,255	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.631062	625,563	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.308050	2,715	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117989	3,247,317	73.00
74.00	07400	RENAL DIALYSIS	0.402569	266,941	74.00
76.00	03020	DEV EVALUATION	0.665501	1,140	76.00
76.97	07697	CARDIAC REHABILITATION	0.424885	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	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498499	654	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.191253	14,376	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.564125	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		13,670,473	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		13,670,473	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/22/2013 12:43 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293656	0	50.00
51.00	05100	RECOVERY ROOM	0.176178	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431070	0	52.00
53.00	05300	ANESTHESIOLOGY	0.067075	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169408	0	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.164538	0	60.00
60.01	06001	BLOOD LABORATORY	0.170326	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170888	0	65.00
66.00	06600	PHYSICAL THERAPY	0.182493	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394581	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150378	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229802	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.631062	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.308050	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117989	0	73.00
74.00	07400	RENAL DIALYSIS	0.402569	0	74.00
76.00	03020	DEV EVALUATION	0.665501	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.424885	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	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498499	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.191253	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.564125	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S208	Date/Time Prepared: 5/22/2013 12:43 pm		
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293656	0	0 50.00
51.00	05100	RECOVERY ROOM	0.176178	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431070	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.067075	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169408	0	0 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.164538	0	0 60.00
60.01	06001	BLOOD LABORATORY	0.170326	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0.170888	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.182493	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394581	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.150378	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229802	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.631062	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.308050	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117989	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.402569	0	0 74.00
76.00	03020	DEV EVALUATION	0.665501	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.424885	0	0 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	0.000000	0	0 90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0 90.02
90.03	09003	AMBULATORY CARE	0.498499	0	0 90.03
90.04	09004	OTHER	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.191253	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.564125	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		0	0 200.00
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)		0	0 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T208		Date/Time Prepared: 5/22/2013 12:43 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293656	0	50.00
51.00	05100	RECOVERY ROOM	0.176178	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431070	0	52.00
53.00	05300	ANESTHESIOLOGY	0.067075	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169408	0	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.164538	0	60.00
60.01	06001	BLOOD LABORATORY	0.170326	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170888	0	65.00
66.00	06600	PHYSICAL THERAPY	0.182493	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394581	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150378	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229802	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.631062	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.308050	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117989	0	73.00
74.00	07400	RENAL DIALYSIS	0.402569	0	74.00
76.00	03020	DEV EVALUATION	0.665501	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.424885	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	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498499	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.191253	74	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.564125	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		74	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		74	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 140208		Period: From 01/01/2012 To 12/31/2012		Worksheet D-4	
		Component CCN:				Date/Time Prepared: 5/22/2013 12:43 pm	
		Kidney		Hospital		PPS	
Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	3,310	1,185.12	2	2,370	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,896.30	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,385.61	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		3,310		2	2,370	7.00
Cost Center Description		C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.293656	48,683	14,296	8.00
9.00	RECOVERY ROOM		51.00	0.176178	3,290	580	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.431070	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.067075	6,504	436	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.169408	104,984	17,785	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.164538	254,866	41,935	18.00
18.01	BLOOD LABORATORY		60.01	0.170326	8,110	1,381	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.170888	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.182493	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.394581	405	160	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	49,390	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.150378	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.229802	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.631062	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.308050	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.117989	26,361	3,110	31.00
32.00	RENAL DIALYSIS		74.00	0.402569	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION		76.00	0.665501	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.424885	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES		90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER		90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE		90.03	0.498499	0	0	37.03
37.04	OTHER		90.04	0.000000	0	0	37.04
38.00	EMERGENCY		91.00	0.191253	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.564125	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)				502,593	79,683	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 5/22/2013 12:43 pm	
		Kidney	Hospital	PPS	
Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	2	0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0 43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0 43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0 44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0 45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0 46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0 47.00
48.00	TOTAL (sum of lines 42 through 47)			2	0 48.00
Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	0	0.000000	0 51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0 51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0 51.02
51.03	AMBULATORY CARE	23.03	0	0.000000	0 51.03
51.04	OTHER	23.04	0	0.000000	0 51.04
52.00	EMERGENCY	24.00	0	0.000000	0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0 53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0 55.00
Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	82,053		505,903	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	1,193,593		1,193,593	59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	1,275,646		1,699,496	61.00
62.00	Total Usable Organs (see instructions)		4		62.00
63.00	Medicare Usable Organs (see instructions)		1		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.250000		64.00
65.00	Medicare Cost/Charges (see instructions)	318,912		424,874	65.00
66.00	Revenue for Organs Sold	0		0	66.00
67.00	Subtotal (line 65 minus line 66)	318,912		424,874	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	318,912	0	424,874	69.00
Cost Center Description		Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		4	0	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs		0	0	73.00
74.00	Total (sum of lines 70 thru 73)		4	0	74.00
75.00	Organs Transplanted		4	0	0 75.00
76.00	Organs Sold to Other Hospitals		0	0	0 76.00
77.00	Organs Sold to OPOs		0	0	0 77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0 78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0 79.00
80.00	Organs Sold Outside the U.S.		0	0	0 80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	81.00
82.00	Organs Used for Research		0	0	82.00
83.00	Unusable/Discarded Organs		0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		4	0	84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		125,177,683	1.00
2.00	Outlier payments for discharges. (see instructions)		7,180,364	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		27,704,199	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		587.77	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		171.79	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.		35.62	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)		6.82	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)		214.23	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		218.05	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)		214.23	12.00
13.00	Total allowable FTE count for the prior year.		214.23	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.		216.59	14.00
15.00	Sum of lines 12 through 14 divided by 3.		215.02	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		215.02	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.365823	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.369636	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.365823	21.00
22.00	IME payment adjustment (see instructions)		27,775,886	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)		3.82	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)		27,775,886	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.05	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		25.15	31.00
32.00	Sum of lines 30 and 31		29.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.31	33.00
34.00	Disproportionate share adjustment (see instructions)		16,661,150	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)		176,795,083	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)		176,795,083	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		12,220,271	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).		10,465,531	52.00
53.00	Nursing and Allied Health Managed Care payment		152,777	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)		318,912	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).		279,862	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			178,467 58.00
59.00	Total (sum of amounts on lines 49 through 58)			200,410,903 59.00
60.00	Primary payer payments			112,956 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			200,297,947 61.00
62.00	Deductibles billed to program beneficiaries			9,582,068 62.00
63.00	Coinsurance billed to program beneficiaries			897,647 63.00
64.00	Allowable bad debts (see instructions)			2,800,869 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,960,608 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,758,299 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			191,778,840 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)			82,458 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-307,813 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)			191,553,485 71.00
72.00	Interim payments			193,685,738 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)			-2,132,253 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			14,986,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,319,031	2.00
3.00	PPS payments		33,013,764	3.00
4.00	Outlier payment (see instructions)		158,117	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.897	5.00
6.00	Line 2 times line 5		30,784,171	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		59,010	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		33,230,891	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,971,641	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		26,259,250	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,744,395	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)		28,003,645	30.00
31.00	Primary payer payments		9,452	31.00
32.00	Subtotal (line 30 minus line 31)		27,994,193	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,613,730	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,129,611	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,110,843	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		29,123,804	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)		29,123,804	40.00
41.00	Interim payments		26,290,486	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)		2,833,318	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/22/2013 12:43 pm
		Component CCN: 14S208	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			0 40.00
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2013 12:43 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		191,837,601		26,190,788	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	09/03/2012	1,252,429	09/03/2012	65,357	3.01	
3.02		11/12/2012	595,708	11/12/2012	34,341	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,848,137		99,698	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)		193,685,738		26,290,486	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		2,833,318	6.01	
6.02	SETTLEMENT TO PROGRAM		2,132,253		0	6.02	
7.00	Total Medicare program liability (see instructions)		191,553,485		29,123,804	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208
Component CCN: 14S208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2013 12:43 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,337,186		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	09/03/2012	4,336		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		4,336		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)		3,341,522		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		956		0	6.02
7.00	Total Medicare program liability (see instructions)		3,340,566		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208
Component CCN: 14T208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2013 12:43 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		9,814,623			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/03/2012	1,263			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	11/12/2012	1,537			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-274			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)		9,814,349			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		15,744			0 6.02
7.00	Total Medicare program liability (see instructions)		9,798,605			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140208

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

Worksheet E-1
Part II
Date/Time Prepared:
5/22/2013 12:43 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			39,309 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			64,056 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			13,810 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			178,398 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			2,575,907,238 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			61,574,193 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)			2,136,379 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,144,209 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-7,830 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,491,653 1.00
2.00	Net IPF PPS Outlier Payments			91,320 2.00
3.00	Net IPF PPS ECT Payments			66,517 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			24.614754 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,649,490 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,649,490 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,649,490 18.00
19.00	Deductibles			261,112 19.00
20.00	Subtotal (line 18 minus line 19)			3,388,378 20.00
21.00	Coinsurance			63,580 21.00
22.00	Subtotal (line 20 minus line 21)			3,324,798 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,324,798 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			15,768 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,340,566 31.00
32.00	Interim payments			3,341,522 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			-956 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			91,320 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			9,304,680 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0251 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			315,391 3.00
4.00	Outlier Payments			309,472 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			33.224044 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			9,929,543 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			9,929,543 17.00
18.00	Primary payer payments			2,299 18.00
19.00	Subtotal (line 17 less line 18).			9,927,244 19.00
20.00	Deductibles			50,816 20.00
21.00	Subtotal (line 19 minus line 20)			9,876,428 21.00
22.00	Coinsurance			108,628 22.00
23.00	Subtotal (line 21 minus line 22)			9,767,800 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,767,800 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			30,805 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,798,605 32.00
33.00	Interim payments			9,814,349 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-15,744 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			33,000 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			309,472 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/22/2013 12:43 pm
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	Title XVII	Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		171.79
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		30.17
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		7.71
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)		209.67
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		218.05
7.00	Enter the lesser of line 5 or line 6		209.67

				Primary Care	Other	Total	
				1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.			135.06	76.59	211.65	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.			129.87	73.65	203.52	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year				0.00		10.00
11.00	Total weighted FTE count			129.87	73.65		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)			135.42	74.26		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)			137.41	76.10		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).			134.23	74.67		14.00
15.00	Adjustment for residents in initial years of new programs			0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure			0.00	0.00		16.00
17.00	Adjusted rolling average FTE count			134.23	74.67		17.00
18.00	Per resident amount			136,658.40	129,403.45		18.00
19.00	Approved amount for resident costs			18,343,657	9,662,556	28,006,213	19.00

				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					8.38	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)					0.00	23.00
24.00	Multiply line 22 time line 23					0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					28,006,213	25.00

				Inpatient Part A	Managed care		
				1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days			75,147	13,810		26.00
27.00	Total Inpatient Days (see instructions)			199,567	199,567		27.00
28.00	Ratio of inpatient days to total inpatient days			0.376550	0.069200		28.00
29.00	Program direct GME amount			10,545,740	1,938,030		29.00
30.00	Reduction for direct GME payments for Medicare managed care				273,844		30.00
31.00	Net Program direct GME amount					12,209,926	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		4,735	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		7,278,461	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000651	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		205,991,976	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		318,912	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		115,255	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		206,195,633	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		34,378,041	42.00
43.00	Primary payer payments (see instructions)		9,452	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		34,368,589	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		240,564,222	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.857133	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.142867	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		12,209,926	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		10,465,531	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,744,395	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140208 Period: From 01/01/2012 To 12/31/2012 Worksheet G Date/Time Prepared: 5/22/2013 12:43 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	271,203,000	0	0	0	1.00
2.00	Temporary investments	64,328,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	444,953,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	153,907,000	0	0	0	9.00
10.00	Due from other funds	23,343,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	957,734,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	105,426,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,885,749,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,067,117,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,754,541,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,303,751,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,619,691,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	171,365,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,791,056,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,052,541,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	177,853,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	349,585,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	49,164,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	466,058,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,042,660,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,105,889,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	807,673,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,913,562,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,956,222,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,096,319,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,096,319,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,052,541,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140208

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

Worksheet G-1

Date/Time Prepared:
5/22/2013 12:43 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,032,077,717		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		64,241,283			2.00
3.00	Total (sum of line 1 and line 2)		3,096,319,000		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)		3,096,319,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,096,319,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			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: 140208

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/22/2013 12:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	280,426,574		280,426,574	1.00
2.00	SUBPROVIDER - IPF	16,060,385		16,060,385	2.00
3.00	SUBPROVIDER - IRF	16,811,900		16,811,900	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)	313,298,859		313,298,859	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	122,777,985		122,777,985	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	34,758,225		34,758,225	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	157,536,210		157,536,210	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	470,835,069		470,835,069	17.00
18.00	Ancillary services	1,312,065,302	597,125,333	1,909,190,635	18.00
19.00	Outpatient services	78,882,579	124,281,193	203,163,772	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	AMBULATORY CARE	95,837	7,870,395	7,966,232	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,861,878,787	729,276,921	2,591,155,708	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		846,638,234		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)		846,638,234		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140208

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

Worksheet G-3

Date/Time Prepared:
5/22/2013 12:43 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,591,155,708	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,692,984,145	2.00
3.00	Net patient revenues (line 1 minus line 2)	898,171,563	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	846,638,234	4.00
5.00	Net income from service to patients (line 3 minus line 4)	51,533,329	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	14,052,941	24.00
25.00	Total other income (sum of lines 6-24)	14,052,941	25.00
26.00	Total (line 5 plus line 25)	65,586,270	26.00
27.00	NET NONOPERATING	1,344,987	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,344,987	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	64,241,283	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140208

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

Worksheet I-5

Date/Time Prepared:
5/22/2013 12:43 pm

		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: 140208	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/22/2013 12:43 pm
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		10,079,830	1.00
2.00	Capital DRG outlier payments		189,994	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		487.43	3.00
4.00	Number of interns & residents (see instructions)		215.02	4.00
5.00	Indirect medical education percentage (see instructions)		13.26	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		1,336,585	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.05	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		25.15	8.00
9.00	Sum of lines 7 and 8		29.20	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.09	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		613,862	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		12,220,271	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