

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: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/29/2013 6:34 am
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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: 5/29/2013 Time: 6:34 am
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 LUTHERAN GENERAL HOSPITAL (140223) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,003,028	1,178,538	-88,520	0	1.00
2.00 Subprovider - IPF	0	163,179	-1		0	2.00
3.00 Subprovider - IRF	0	97,156	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	2,263,363	1,178,537	-88,520	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: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 11:29 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 1775 W. DEMPSTER STREET	3.00 PO Box:	4.00 State: IL	5.00 Zip Code: 60068-	6.00 County: COOK	7.00	8.00	9.00	10.00
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Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			11.00	
					V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
Hospital and Hospital-Based Component Identification:									
3.00 Hospital	ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	O	4.00
5.00 Subprovider - IRF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	N	P	O	5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
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.	1	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.	23,672	5,171	0	391	764	520	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 paid 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.	516	257	0	0	120	0	25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 11:29 am		
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.				39.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y			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)	10.41	73.07	0.124701	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140223

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2013 11:29 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	9.97	26.06	0.276714	65.00
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	65.01
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	65.02
65.03		PEDIATRICS	2000	7.34	35.78	0.170223	65.03
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)			9.18	71.62	0.113614	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.	FAMILY MEDICINE	1350	10.53	27.47	0.277105	67.00
67.01		INTERNAL MEDICINE	1400	9.97	55.83	0.151520	67.01
67.02		INTERNAL MEDICINE	3900	1.61	5.81	0.216981	67.02
67.03		PEDIATRICS	2000	7.71	35.67	0.177732	67.03
67.04		OB-GYNE	1750	2.44	11.97	0.169327	67.04
67.05		RMC OSTEO	3630	0.01	0.06	0.142857	67.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 11:29 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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)	Y	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)	Y	N	0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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:	2,447,004	20,418,350	15,935,608	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	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: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	
142.00	Street: 2025 WINDSOR DRIVE	PO Box:			
143.00	City: OAKBROOK	State: IL		Zip Code: 60523	
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 11:29 am		
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 11:29 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		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
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	03/19/2013	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140223

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2013 11:29 am

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00	21.00
		N			N	
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
			Y/N	Date		
			1.00	2.00		
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
			1.00	2.00		
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JULIE		BARGER		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH AND HOSPITALS				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	CORP. 630-929-5758		JULIE.BARGER@ADOVCATEHEALTH.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)	03/27/2012	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.	SR. 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: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	413	151,158	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)		413	151,158	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,614	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,712	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,764	0.00	0	9.01
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)		528	193,248	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	48	17,568		0	16.00
17.00 SUBPROVIDER - IRF	41.00	42	15,372		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	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	99.00				0	25.00
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)		618			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
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	39,573	12,311	95,067			1.00
2.00 HMO	2,253	6,152				2.00
3.00 HMO IPF Subprovider	285	389				3.00
4.00 HMO IRF Subprovider	288	120				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)	39,573	12,311	95,067			7.00
8.00 INTENSIVE CARE UNIT	1,380	1,642	6,096			8.00
9.00 CORONARY CARE UNIT	3,830	328	6,970			9.00
9.01 NEONATAL CARE UNIT	0	6,220	13,405			9.01
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		3,301	9,250			13.00
14.00 Total (see instructions)	44,783	23,802	130,788	197.19	3,320.18	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,826	884	10,536	8.01	78.02	16.00
17.00 SUBPROVIDER - IRF	7,897	773	12,285	0.00	80.23	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
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)				205.20	3,478.43	27.00
28.00 Observation Bed Days		0	5,201			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)		564	2,178			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	9,896	4,136	26,830	1.00
2.00 HMO			472			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NEONATAL CARE UNIT						9.01
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	9,896	4,136	26,830	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	393	114	1,265	16.00
17.00 SUBPROVIDER - IRF	0.00	0	589	30	930	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					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	0.00					25.00
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: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part II Date/Time Prepared: 5/28/2013 11:29 am			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	226,331,028	0	226,331,028	7,289,298.00	31.05	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		2,443,834	0	2,443,834	19,447.00	125.67	4.00
4.01	Physicians - Part A - Teaching		1,042,024	0	1,042,024	12,074.00	86.30	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	11,391,335	0	11,391,335	373,797.00	30.47	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		11,543,232	-495,804	11,047,428	359,715.00	30.71	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		115,715	0	115,715	1,749.00	66.16	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		7,985,692	0	7,985,692	68,020.00	117.40	13.00
14.00	Home office salaries & wage-related costs		36,132,988	0	36,132,988	790,478.00	45.71	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		56,536,782	0	56,536,782			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		3,096,671	0	3,096,671			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		498,689	0	498,689			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		2,794,397	0	2,794,397			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	3,239,702	0	3,239,702	27,290.00	118.71	26.00
27.00	Administrative & General	5.00	29,621,771	224,031	29,845,802	939,997.00	31.75	27.00
28.00	Administrative & General under contract (see inst.)		945,443	0	945,443	5,257.00	179.84	28.00
29.00	Maintenance & Repairs	6.00	5,584,196	0	5,584,196	223,270.00	25.01	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	5,047,878	0	5,047,878	350,241.00	14.41	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	4,381,176	-2,558,712	1,822,464	117,472.00	15.51	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	2,558,712	2,558,712	161,862.00	15.81	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,954,253	176,721	6,130,974	134,384.00	45.62	38.00
39.00	Central Services and Supply	14.00	973,929	0	973,929	102,730.00	9.48	39.00
40.00	Pharmacy	15.00	7,629,154	-337,776	7,291,378	201,722.00	36.15	40.00
41.00	Medical Records & Medical Records Library	16.00	3,457,585	0	3,457,585	157,811.00	21.91	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140223

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2013 11:29 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,268,642	0	1,268,642	37,417.00	33.91	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140223

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2013 11:29 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	214,843,112	0	214,843,112	6,908,684.00	31.10	1.00
2.00	Excluded area salaries (see instructions)	11,543,232	-495,804	11,047,428	359,715.00	30.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	203,299,880	495,804	203,795,684	6,548,969.00	31.12	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,234,395	0	44,234,395	860,247.00	51.42	4.00
5.00	Subtotal wage-related costs (see inst.)	57,035,471	0	57,035,471	0.00	27.99	5.00
6.00	Total (sum of lines 3 thru 5)	304,569,746	495,804	305,065,550	7,409,216.00	41.17	6.00
7.00	Total overhead cost (see instructions)	68,103,729	62,976	68,166,705	2,459,453.00	27.72	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2013 11:29 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,700,836	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	4,874,575	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	589,320	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)	22,904,093	8.00
9.00	Prescription Drug Plan	4,201,133	9.00
10.00	Dental, Hearing and Vision Plan	1,200,302	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	332,635	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)	1,866,248	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,286,199	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	16,067,477	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	337,298	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))	460,038	21.00
22.00	Day Care Cost and Allowances	-5,930,339	22.00
23.00	Tuition Reimbursement	1,572,660	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	57,462,475	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: 140223

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2013 11:29 am

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	115,715	57,462,476	1.00
2.00	Hospital	115,715	54,413,080	2.00
3.00	Subprovider - IPF	0	1,573,181	3.00
4.00	Subprovider - IRF	0	1,476,215	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/28/2013 11:29 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.283759	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			34,140,331	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			263,977,346	6.00
7.00	Medicaid cost (line 1 times line 6)			74,905,948	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)			40,765,617	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 12 and 16)			8,40,765,617	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	37,806,401	8,604,599	46,411,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,727,907	2,441,632	13,169,539	21.00
22.00	Partial payment by patients approved for charity care	926,831	92,766	1,019,597	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,801,076	2,348,866	12,149,942	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)			14,139,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			2,007,598	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			12,131,402	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			3,442,395	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			15,592,337	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			56,357,954	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140223		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	23,055,199	23,055,199	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	10,395,026	10,395,026	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	3,239,702	47,222,396	50,462,098	-651	50,461,447	4.00
5.03	00530	PURCHASING RECEIVING AND STORES	1,370,173	868,639	2,238,812	-573	2,238,239	5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	6,812,898	3,106,623	9,919,521	-37,880	9,881,641	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	21,438,700	129,388,071	150,826,771	-19,485,925	131,340,846	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,584,196	19,237,632	24,821,828	-303,719	24,518,109	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,675,754	2,675,754	8.00
9.00	00900	HOUSEKEEPING	5,047,878	5,360,833	10,408,711	-2,705,125	7,703,586	9.00
10.00	01000	DIETARY	4,381,176	3,782,555	8,163,731	-2,598,687	5,565,044	10.00
11.00	01100	CAFETERIA	0	0	0	2,513,824	2,513,824	11.00
13.00	01300	NURSING ADMINISTRATION	5,954,253	895,823	6,850,076	125,251	6,975,327	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	973,929	103,294	1,077,223	-258,454	818,769	14.00
15.00	01500	PHARMACY	7,629,154	22,818,029	30,447,183	-21,804,422	8,642,761	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,457,585	1,660,008	5,117,593	-2,700	5,114,893	16.00
17.00	01700	SOCIAL SERVICE	1,268,642	244,929	1,513,571	0	1,513,571	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,391,335	0	11,391,335	0	11,391,335	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,326,497	12,650,943	13,977,440	-61,841	13,915,599	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	1,225,275	142,778	1,368,053	-883,982	484,071	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	366,924	366,924	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,437,999	7,044,859	48,482,858	-2,290,839	46,192,019	30.00
31.00	03100	INTENSIVE CARE UNIT	5,182,606	1,681,650	6,864,256	-257,753	6,606,503	31.00
32.00	03200	CORONARY CARE UNIT	5,923,129	2,233,043	8,156,172	-350,243	7,805,929	32.00
32.01	03201	NEONATAL CARE UNIT	8,217,696	1,337,301	9,554,997	-116,304	9,438,693	32.01
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	5,202,499	541,950	5,744,449	-10,111	5,734,338	40.00
41.00	04100	SUBPROVIDER - I RF	4,881,834	714,680	5,596,514	-184,713	5,411,801	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,907,351	1,907,351	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,665,155	6,664,280	18,329,435	-1,553,321	16,776,114	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,712,154	213,839	1,925,993	-1,089	1,924,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,501,481	1,316,228	5,817,709	-69,526	5,748,183	52.00
53.00	05300	ANESTHESIOLOGY	582,484	1,754,311	2,336,795	-58,969	2,277,826	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,074,920	4,631,303	13,706,223	-3,487,140	10,219,083	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,220,267	6,410,485	8,630,752	-793,697	7,837,055	55.00
56.00	05600	RADIOISOTOPE	1,411,755	1,857,305	3,269,060	-309,747	2,959,313	56.00
57.00	05700	CT SCAN	2,037,326	2,002,908	4,040,234	-967,716	3,072,518	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,753,784	2,370,633	4,124,417	-646,981	3,477,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,462,684	866,202	2,328,886	-627,735	1,701,151	59.00
60.00	06000	LABORATORY	0	15,874,182	15,874,182	0	15,874,182	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,877,804	5,877,804	0	5,877,804	62.00
65.00	06500	RESPIRATORY THERAPY	5,054,335	1,047,279	6,101,614	-227,417	5,874,197	65.00
66.00	06600	PHYSICAL THERAPY	4,721,433	518,511	5,239,944	20,139	5,260,083	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,095,401	1,828,406	7,923,807	-609,024	7,314,783	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,297,554	936,115	3,233,669	-188,323	3,045,346	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	966,967	388,781	1,355,748	-134,585	1,221,163	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,137,869	19,137,869	649,541	19,787,410	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	35,434,952	35,434,952	0	35,434,952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,287,490	21,287,490	73.00
74.00	07400	RENAL DIALYSIS	666,481	232,107	898,588	-22,508	876,080	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,184,630	717,991	3,902,621	-73,919	3,828,702	75.00
76.00	03020	REHAB MEDICINE	423,625	98,509	522,134	-55,572	466,562	76.00
76.20	03021	DAY HOSPITAL	660,380	334,932	995,312	-274,345	720,967	76.20
76.30	03022	LITHOTRIPTER	0	1,394,260	1,394,260	0	1,394,260	76.30
76.45	03024	GASTROENTEROLOGY LAB	2,631,054	1,852,966	4,484,020	-389,962	4,094,058	76.45
76.97	07697	CARDIAC REHABILITATION	352,278	80,907	433,185	-38,993	394,192	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	DIABETES CARE CENTER	48,648	3,276	51,924	0	51,924	90.01
90.02	09002	OUTPATIENT CENTER	491,931	220,281	712,212	-100,595	611,617	90.02
90.03	09003	PAIN CLINIC	424,130	301,503	725,633	-122,731	602,902	90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/28/2013 11:29 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)
			1.00	2.00	3.00	4.00	5.00
90.05	09004	WOUND CARE CENTER	413,268	60,527	473,795	-473,795	0
90.06	09005	ANTI-COAG LAB	608,486	154,403	762,889	-51,626	711,263
90.07	09006	HEART RISK ASSESSMENT	142,686	48,251	190,937	-31,941	158,996
91.00	09100	EMERGENCY	8,544,951	3,665,617	12,210,568	-214,338	11,996,230
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	226,097,404	379,332,959	605,430,363	116,982	605,547,345
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	233,624	200,452	434,076	-116,982	317,094
200.00		TOTAL (SUM OF LINES 118-199)	226,331,028	379,533,411	605,864,439	0	605,864,439
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	4,304,378	27,359,577			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,956,898	13,351,924			2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0			3.00
4.00	00400	EMPLOYEE BENEFITS	7,427,527	57,888,974			4.00
5.03	00530	PURCHASING RECEIVING AND STORES	-554	2,237,685			5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	-11,342	9,870,299			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-57,354,483	73,986,363			5.06
6.00	00600	MAINTENANCE & REPAIRS	-705,411	23,812,698			6.00
7.00	00700	OPERATION OF PLANT	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,675,754			8.00
9.00	00900	HOUSEKEEPING	-12,152	7,691,434			9.00
10.00	01000	DIETARY	-2,249,206	3,315,838			10.00
11.00	01100	CAFETERIA	0	2,513,824			11.00
13.00	01300	NURSING ADMINISTRATION	-164,786	6,810,541			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-5,069	813,700			14.00
15.00	01500	PHARMACY	-171,554	8,471,207			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-58,310	5,056,583			16.00
17.00	01700	SOCIAL SERVICE	-137,984	1,375,587			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,391,335			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-9,319,847	4,595,752			22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-139,342	344,729			23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	366,924			23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	-162,710	46,029,309			30.00
31.00	03100	INTENSIVE CARE UNIT	-3,101	6,603,402			31.00
32.00	03200	CORONARY CARE UNIT	-10,185	7,795,744			32.00
32.01	03201	NEONATAL CARE UNIT	-13,205	9,425,488			32.01
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	-116,206	5,618,132			40.00
41.00	04100	SUBPROVIDER - I RF	-8,376	5,403,425			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	1,907,351			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	-46,105	16,730,009			50.00
50.01	03023	ACUPUNCTURE	0	0			50.01
51.00	05100	RECOVERY ROOM	-358	1,924,546			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,241	5,746,942			52.00
53.00	05300	ANESTHESIOLOGY	-303,489	1,974,337			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-62,954	10,156,129			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-356,073	7,480,982			55.00
56.00	05600	RADIOISOTOPE	-13,901	2,945,412			56.00
57.00	05700	CT SCAN	-199	3,072,319			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-2,900	3,474,536			58.00
59.00	05900	CARDIAC CATHETERIZATION	-5,099	1,696,052			59.00
60.00	06000	LABORATORY	0	15,874,182			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,877,804			62.00
65.00	06500	RESPIRATORY THERAPY	-2,217	5,871,980			65.00
66.00	06600	PHYSICAL THERAPY	-1,725	5,258,358			66.00
67.00	06700	OCCUPATIONAL THERAPY	-56,081	7,258,702			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
69.00	06900	ELECTROCARDIOLOGY	-30,782	3,014,564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,311	1,219,852	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,787,410	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	35,434,952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,287,490	73.00
74.00	07400	RENAL DIALYSIS	-405	875,675	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-3,344	3,825,358	75.00
76.00	03020	REHAB MEDICINE	-1,255	465,307	76.00
76.20	03021	DAY HOSPITAL	-31,447	689,520	76.20
76.30	03022	LITHOTRIPTER	0	1,394,260	76.30
76.45	03024	GASTROENTEROLOGY LAB	-1,456	4,092,602	76.45
76.97	07697	CARDIAC REHABILITATION	-1,208	392,984	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	DIABETES CARE CENTER	-218	51,706	90.01
90.02	09002	OUTPATIENT CENTER	-81	611,536	90.02
90.03	09003	PAIN CLINIC	-524	602,378	90.03
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	-242	711,021	90.06
90.07	09006	HEART RISK ASSESSMENT	-212	158,784	90.07
91.00	09100	EMERGENCY	-1,163,921	10,832,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-58,043,768	547,503,577	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-18,764	298,330	190.00
200.00		TOTAL (SUM OF LINES 118-199)	-58,062,532	547,801,907	200.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 11:29 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	175,746	1.00
	TOTALS		0	175,746	
B - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,287,490	1.00
	TOTALS		0	21,287,490	
C - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,675,754	1.00
	TOTALS		0	2,675,754	
D - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	158,212	93,809	1.00
2.00	RADIOISOTOPE	56.00	114,922	68,141	2.00
3.00	CT SCAN	57.00	181,196	107,437	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	159,481	94,561	4.00
	TOTALS		613,811	363,948	
E - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	799,282	84,166	1.00
	TOTALS		799,282	84,166	
F - REHABILITATORS					
1.00	PHYSICAL THERAPY	66.00	14,867	43,256	1.00
2.00	OCCUPATIONAL THERAPY	67.00	20,338	59,172	2.00
	TOTALS		35,205	102,428	
G - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	23,843	0	1.00
	TOTALS		23,843	0	
H - NURSERY					
1.00	NURSERY	43.00	1,106,578	800,773	1.00
	TOTALS		1,106,578	800,773	
I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,558,712	2,026,385	1.00
	TOTALS		2,558,712	2,026,385	
J - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	2,071,273	1.00
	TOTALS		0	2,071,273	
K - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	176,721	0	1.00
	TOTALS		176,721	0	
L - PARAMEDIC PHARMACY					
1.00	PARAMEDIC PRGM-PHARMACY	23.01	338,683	28,241	1.00
2.00		0.00	0	0	2.00
	TOTALS		338,683	28,241	
M - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	397,623	51,172	1.00
	TOTALS		397,623	51,172	
N - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	413,268	60,527	1.00
	TOTALS		413,268	60,527	
O - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,045,757	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,117,953	2.00
	TOTALS		0	26,163,710	
P - RECLASS MISC DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44,191	1.00
4.00		0.00	0	0	4.00
	TOTALS		0	44,191	
Q - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,740,375	1.00
2.00		0.00	0	0	2.00
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

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6

Date/Time Prepared:
5/28/2013 11:29 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	5,740,375		
R - RECLASSIFY EQUIPMENT DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,559,496		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
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	TOTALS		0	8,559,496		
S - CAPITAL INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,269,067		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	277,073		2.00
	TOTALS		0	1,546,140		
500.00	Grand Total: Increases		6,463,726	71,781,815		500.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 11:29 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	175,746	0		1.00
	TOTALS		0	175,746			
B - DRUGS CHARGES							
1.00	PHARMACY	15.00	0	21,287,490	0		1.00
	TOTALS		0	21,287,490			
C - LINEN							
1.00	HOUSEKEEPING	9.00	0	2,675,754	0		1.00
	TOTALS		0	2,675,754			
D - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	613,811	363,948	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		613,811	363,948			
E - PARAMEDIC CHAPLAIN							
1.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	799,282	84,166	0		1.00
	TOTALS		799,282	84,166			
F - REHAB DIRECTORS							
1.00	SUBPROVIDER - IRF	41.00	35,205	102,428	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		35,205	102,428			
G - OTHER REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	23,843	0	0		1.00
	TOTALS		23,843	0			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,106,578	800,773	0		1.00
	TOTALS		1,106,578	800,773			
I - CAFETERIA COSTS							
1.00	DIETARY	10.00	2,558,712	2,026,385	0		1.00
	TOTALS		2,558,712	2,026,385			
J - CAFETERIA REVENUE OFFSET							
1.00	CAFETERIA	11.00	0	2,071,273	0		1.00
	TOTALS		0	2,071,273			
K - NURSING ADMIN PERSONNEL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	176,721	0	0		1.00
	TOTALS		176,721	0			
L - PARAMEDIC PHARMACY							
1.00	PHARMACY	15.00	337,776	28,190	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	907	51	0		2.00
	TOTALS		338,683	28,241			
M - CHILD LI FE/PRENATAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	397,623	51,172	0		1.00
	TOTALS		397,623	51,172			
N - WOUND CARE COSTS							
1.00	WOUND CARE CENTER	90.05	413,268	60,527	0		1.00
	TOTALS		413,268	60,527			
O - BOOK DEPRECIATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	26,163,710	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	26,163,710			
P - RECLASS MISCELLANEOUS DEPRECIATION							
1.00		0.00	0	0	9		1.00
4.00	MAINTENANCE & REPAIRS	6.00	0	44,191	9		4.00
	TOTALS		0	44,191			
Q - RECLASS BUILDING RENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	636,736	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	104,981	10		2.00
4.00	NURSING ADMINISTRATION	13.00	0	32,105	10		4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	44,628	10		5.00
6.00	SUBPROVIDER - IRF	41.00	0	646	10		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,590,935	10		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	867,461	10		8.00
9.00	RADIOISOTOPE	56.00	0	215,148	10		9.00
10.00	CT SCAN	57.00	0	358,320	10		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	261,492	10		11.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 11:29 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
12.00	OCCUPATIONAL THERAPY	67.00	0	658,696		10	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	20,760		10	13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	100,864		10	14.00
15.00	REHAB MEDICINE	76.00	0	55,572		10	15.00
16.00	DAY HOSPITAL	76.20	0	273,876		10	16.00
17.00	CARDIAC REHABILITATION	76.97	0	35,916		10	17.00
18.00	OUTPATIENT CENTER	90.02	0	96,290		10	18.00
19.00	PAIN CLINIC	90.03	0	81,228		10	19.00
20.00	ANTI-COAG LAB	90.06	0	51,626		10	20.00
21.00	HEART RISK ASSESSMENT	90.07	0	22,827		10	21.00
22.00	EMERGENCY	91.00	0	112,332		10	22.00
23.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	113,348		10	23.00
24.00	OPERATING ROOM	50.00	0	4,588		0	24.00
	TOTALS		0	5,740,375			
R - RECLASSIFY EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	651		9	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	573		9	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	37,880		9	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	154,547		9	4.00
5.00	HOUSEKEEPING	9.00	0	29,371		9	5.00
6.00	DIETARY	10.00	0	84,863		9	6.00
7.00	NURSING ADMINISTRATION	13.00	0	19,365		9	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	82,708		9	8.00
9.00	PHARMACY	15.00	0	150,966		9	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,700		9	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	17,213		9	11.00
12.00	PARAMED PRGM-PASTORAL EDUC.	23.00	0	534		9	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	832,283		9	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	257,753		9	14.00
15.00	CORONARY CARE UNIT	32.00	0	350,243		9	15.00
16.00	NEONATAL CARE UNIT	32.01	0	116,304		9	16.00
17.00	SUBPROVIDER - IPF	40.00	0	10,111		9	17.00
18.00	SUBPROVIDER - IRF	41.00	0	46,434		9	18.00
19.00	OPERATING ROOM	50.00	0	1,548,733		9	19.00
20.00	RECOVERY ROOM	51.00	0	1,089		9	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	69,526		9	21.00
22.00	ANESTHESIOLOGY	53.00	0	58,969		9	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	918,446		9	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	178,257		9	24.00
25.00	RADIOISOTOPE	56.00	0	277,662		9	25.00
26.00	CT SCAN	57.00	0	898,029		9	26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	639,531		9	27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	627,735		9	28.00
29.00	RESPIRATORY THERAPY	65.00	0	227,417		9	29.00
30.00	PHYSICAL THERAPY	66.00	0	14,141		9	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	53,681		9	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	167,563		9	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	33,721		9	33.00
34.00	RENAL DIALYSIS	74.00	0	22,508		9	34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	73,919		9	35.00
36.00	DAY HOSPITAL	76.20	0	469		9	36.00
37.00	GASTROENTEROLOGY LAB	76.45	0	389,962		9	37.00
38.00	CARDIAC REHABILITATION	76.97	0	3,077		9	38.00
39.00	OUTPATIENT CENTER	90.02	0	4,305		9	39.00
40.00	PAIN CLINIC	90.03	0	41,503		9	40.00
41.00	HEART RISK ASSESSMENT	90.07	0	9,114		9	41.00
42.00	EMERGENCY	91.00	0	102,006		9	42.00
43.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,634		9	43.00
	TOTALS		0	8,559,496			
S - CAPITAL INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,546,140		11	1.00
2.00		0.00	0	0		11	2.00
	TOTALS		0	1,546,140			
500.00	Grand Total: Decreases		6,463,726	71,781,815			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2013 11:29 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	613,158	0	0	0	1.00
2.00	Land Improvements	15,146,557	602,589	0	602,589	2.00
3.00	Buildings and Fixtures	438,992,426	5,762,759	0	5,762,759	3.00
4.00	Building Improvements	5,381,772	2,401,906	0	2,401,906	4.00
5.00	Fixed Equipment	148,523,579	14,525,264	0	14,525,264	5.00
6.00	Movable Equipment	701,581	33,323	0	33,323	6.00
7.00	HIT designated Assets	1,049,285	19,600	0	19,600	7.00
8.00	Subtotal (sum of lines 1-7)	610,408,358	23,345,441	0	23,345,441	8.00
9.00	Reconciling Items	4,641,532	1,555,663	0	1,555,663	9.00
10.00	Total (line 8 minus line 9)	605,766,826	21,789,778	0	21,789,778	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	613,158	0			1.00
2.00	Land Improvements	15,749,146	2,267,338			2.00
3.00	Buildings and Fixtures	444,663,439	92,731,656			3.00
4.00	Building Improvements	7,783,678	3,963,840			4.00
5.00	Fixed Equipment	160,692,355	87,421,129			5.00
6.00	Movable Equipment	734,904	482,612			6.00
7.00	HIT designated Assets	1,068,885	915,884			7.00
8.00	Subtotal (sum of lines 1-7)	631,305,565	187,782,459			8.00
9.00	Reconciling Items	6,197,195	0			9.00
10.00	Total (line 8 minus line 9)	625,108,370	187,782,459			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	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: 140223

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	20,375,444	5,715,066	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	13,074,851	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	33,450,295	5,715,066	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	1,269,067	0	0	0	27,359,577	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	277,073	0	0	0	13,351,924	2.00
3.00	Total (sum of lines 1-2)	1,546,140	0	0	0	40,711,501	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
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)	A	-178,936	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 7.00
8.00 Television and radio service (chapter 21)	A	-184,011	MAINTENANCE & REPAIRS	6.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-17,744,393			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	-6,546,098			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		0		0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines		0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)			*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,708,001	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	18,033	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 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.00
33.02		0		0.00	0 33.02
33.03 COMMUNITY RELATIONS	A	-273,052	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.03
33.04 COUNCIL OF ADVISORS	A	-135,363	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.08 MISC CONSULTING FEES FOR BNA SETTLEM	A	-543,109	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.08
33.10 PUBLIC RELATIONS	A	-77	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.10
33.11 LOEBER RESEARCH	A	-3,596	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.11
33.12 PHYSICIAN SERP INCENTIVE	A	-59,100	EMPLOYEE BENEFITS		4.00	0 33.12
33.13 AMG NICU OUTREACH	A	-8,904	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.13
33.14 MISC PHYSICIAN FEES	A	-1,360	RADIOLOGY-DIAGNOSTIC		54.00	0 33.14
33.15		0			0.00	0 33.15
33.17 PUBLIC AID ASSESSMENT EXPENSE	A	-13,277,895	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.17
33.18 RESEARCH COSTS IN EXCESS OF FUNDING	A	-707,341	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.18
33.19 OFFSET MEN'S ASSOCIATION	A	-4,435	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.19
33.21 CENTER FOR PEDS BRAIN TUMOR	A	-28,211	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.21
33.23		0			0.00	0 33.23
33.24 PARKING LOST COSTS	A	-407,784	MAINTENANCE & REPAIRS		6.00	0 33.24
33.25 LOBBYING COSTS	A	-10,928	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.25
33.26 KOHLS MUSEUM	A	-5,000	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.26
33.27 ADJUST GL INT EXPENSE TO ACTUAL	A	-8,842,132	OTHER ADMIN STRATIVE AND GENERAL		5.06	11 33.27
33.28 RUSSEL RESEARCH	A	-141,593	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 33.28
33.29 PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 33.29
33.30 ADJUST PARKSIDE RENT TO COST	A	-25,309	NEW CAP REL COSTS-BLDG & FIXT		1.00	10 33.30
33.31		0			0.00	0 33.31
43.01		0			0.00	0 43.01
43.02 MISC INC	B	-2,220	EMPLOYEE BENEFITS		4.00	0 43.02
43.03		0			0.00	0 43.03
43.04 MISC INC	B	-3,769	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 43.04
43.05 MISC INC	B	-3,045,762	OTHER ADMIN STRATIVE AND GENERAL		5.06	0 43.05
43.06 MISC INC	B	-65,139	MAINTENANCE & REPAIRS		6.00	0 43.06
43.07 MISC INC	B	-13,350	HOUSEKEEPING		9.00	0 43.07
43.08 MISC INC	B	-2,253,012	DIETARY		10.00	0 43.08
43.09 MISC INC	B	-140,949	NURSING ADMIN STRATION		13.00	0 43.09
43.10 MISC INC	B	-169,257	PHARMACY		15.00	0 43.10
43.11 MISC INC	B	-58,308	MEDICAL RECORDS & LIBRARY		16.00	0 43.11
43.13 MISC INC	B	-131,789	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 43.13
43.14 MISC INC	B	-123,286	PARAMED ED PRGM-PASTORAL EDUC.		23.00	0 43.14
43.16 MISC INC	B	-99,007	ADULTS & PEDIATRICS		30.00	0 43.16
43.18 MISC INC	B	-1,205	INTENSIVE CARE UNIT		31.00	0 43.18
43.19 MISC INC	B	-10,521	NEONATAL CARE UNIT		32.01	0 43.19
43.20 MISC INC	B	-34,352	SUBPROVIDER - IPF		40.00	0 43.20
43.21 MISC INC	B	-2,500	SUBPROVIDER - IRF		41.00	0 43.21
43.22 MISC INC	B	-13,188	OPERATING ROOM		50.00	0 43.22
43.23		0			0.00	0 43.23
43.24 MISC INC	B	-799	DELIVERY ROOM & LABOR ROOM		52.00	0 43.24
43.25 MISC INC	B	-35,425	RADIOLOGY-DIAGNOSTIC		54.00	0 43.25
43.26 MISC INC	B	-315,060	RADIOLOGY-THERAPEUTIC		55.00	0 43.26
43.27 MISC INC	B	-11,334	RADIOISOTOPE		56.00	0 43.27
43.29 MISC INC	B	-2,626	CARDIAC CATHETERIZATION		59.00	0 43.29
43.30 MISC INC	B	-935	RESPIRATORY THERAPY		65.00	0 43.30
43.31 MISC INC	B	-1,295	PHYSICAL THERAPY		66.00	0 43.31
43.32 MISC INC	B	-44,862	OCCUPATIONAL THERAPY		67.00	0 43.32
43.33 MISC INC	B	-30,131	ELECTROCARDIOLOGY		69.00	0 43.33
43.34 MISC INC	B	-801	ELECTROENCEPHALOGRAPHY		70.00	0 43.34
43.35 MISC INC	B	-405	RENAL DIALYSIS		74.00	0 43.35
43.37 MISC INC	B	-551	REHAB MEDICINE		76.00	0 43.37
44.00 MISC INC	B	-31,432	DAY HOSPITAL		76.20	0 44.00
44.01 MISC INC	B	-179	CARDIAC REHABILITATION		76.97	0 44.01

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
44.02 MISC INC	B	-81	OUTPATIENT CENTER		90.02	0 44.02
44.04 MISC INC	B	-93	PAIN CLINIC		90.03	0 44.04
44.05 MISC INC	B	-30,197	EMERGENCY		91.00	0 44.05
44.06		0			0.00	0 44.06
44.10		0			0.00	0 44.10
44.11		0			0.00	0 44.11
44.12		0			0.00	0 44.12
44.13		0			0.00	0 44.13
44.14		0			0.00	0 44.14
44.15		0			0.00	0 44.15
44.18		0			0.00	0 44.18
44.19		0			0.00	0 44.19
44.21		0			0.00	0 44.21
44.22		0			0.00	0 44.22
44.23		0			0.00	0 44.23
44.24		0			0.00	0 44.24
44.25		0			0.00	0 44.25
44.26		0			0.00	0 44.26
44.27		0			0.00	0 44.27
44.28 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-18,764	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190.00	0 44.28
44.29 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,473	CARDIAC CATHETERIZATION		59.00	0 44.29
44.30 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,900	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0 44.30
45.02 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-7,606	EMPLOYEE BENEFITS		4.00	0 45.02
45.03 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-554	PURCHASING RECEIVING AND STORES		5.03	0 45.03
45.04 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-7,573	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 45.04
45.05 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-5,700,503	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.05
45.06 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-48,477	MAINTENANCE & REPAIRS		6.00	0 45.06
45.08 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	1,198	HOUSEKEEPING		9.00	0 45.08
45.09 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	3,806	DIETARY		10.00	0 45.09
45.10 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-23,837	NURSING ADMINISTRATION		13.00	0 45.10
45.11 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-5,069	CENTRAL SERVICES & SUPPLY		14.00	0 45.11
45.12 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,297	PHARMACY		15.00	0 45.12
45.13 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2	MEDICAL RECORDS & LIBRARY		16.00	0 45.13
45.14 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-137,984	SOCIAL SERVICE		17.00	0 45.14
45.15 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-45,444	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 45.15
45.16 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-16,056	PARAMEDICAL PRGM-PASTORAL EDUC.		23.00	0 45.16
45.17 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-63,703	ADULTS & PEDIATRICS		30.00	0 45.17
45.18 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,896	INTENSIVE CARE UNIT		31.00	0 45.18
45.19 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-10,185	CORONARY CARE UNIT		32.00	0 45.19
45.20 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,684	NEONATAL CARE UNIT		32.01	0 45.20
45.21 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,727	SUBPROVIDER - IPF		40.00	0 45.21
45.22 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-5,876	SUBPROVIDER - IRF		41.00	0 45.22
45.23 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-32,917	OPERATING ROOM		50.00	0 45.23
45.24 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-358	RECOVERY ROOM		51.00	0 45.24
45.25 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-442	DELIVERY ROOM & LABOR ROOM		52.00	0 45.25

Provider CCN: 140223

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

Worksheet A-8
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
45.26 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-50	ANESTHESIOLOGY	53.00	0 45.26
45.27 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-24,974	RADIOLOGY-DIAGNOSTIC	54.00	0 45.27
45.28 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-41,013	RADIOLOGY-THERAPEUTIC	55.00	0 45.28
45.29 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,567	RADIOISOTOPE	56.00	0 45.29
45.30 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-199	CT SCAN	57.00	0 45.30
45.31 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,282	RESPIRATORY THERAPY	65.00	0 45.31
45.32 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-430	PHYSICAL THERAPY	66.00	0 45.32
45.33 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-11,219	OCCUPATIONAL THERAPY	67.00	0 45.33
45.34 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-651	ELECTROCARDIOLOGY	69.00	0 45.34
45.35 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-510	ELECTROENCEPHALOGRAPHY	70.00	0 45.35
45.36		0		0.00	0 45.36
45.37 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3,344	ASC (NON-DISTINCT PART)	75.00	0 45.37
45.38 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-704	REHAB MEDICINE	76.00	0 45.38
45.39 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-15	DAY HOSPITAL	76.20	0 45.39
45.40 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,456	GASTROENTEROLOGY LAB	76.45	0 45.40
45.41 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,029	CARDIAC REHABILITATION	76.97	0 45.41
45.42 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-242	ANTI-COAG LAB	90.06	0 45.42
45.43 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-431	PAIN CLINIC	90.03	0 45.43
45.44 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-218	DIABETES CARE CENTER	90.01	0 45.44
45.46 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-23,508	EMERGENCY	91.00	0 45.46
45.47 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-212	HEART RISK ASSESSMENT	90.07	0 45.47
45.48		0		0.00	0 45.48
45.49		0		0.00	0 45.49
45.50		0		0.00	0 45.50
45.51		0		0.00	0 45.51
45.52		0		0.00	0 45.52
45.53		0		0.00	0 45.53
45.55		0		0.00	0 45.55
45.56		0		0.00	0 45.56
45.57		0		0.00	0 45.57
45.58		0		0.00	0 45.58
45.59		0		0.00	0 45.59
45.60		0		0.00	0 45.60
45.61		0		0.00	0 45.61
45.63		0		0.00	0 45.63
45.64		0		0.00	0 45.64
45.65		0		0.00	0 45.65
45.66		0		0.00	0 45.66
45.67		0		0.00	0 45.67
45.68		0		0.00	0 45.68
45.69		0		0.00	0 45.69
45.70		0		0.00	0 45.70
45.71		0		0.00	0 45.71
45.72		0		0.00	0 45.72
45.73		0		0.00	0 45.73
45.74		0		0.00	0 45.74
45.75		0		0.00	0 45.75
45.76		0		0.00	0 45.76
45.77		0		0.00	0 45.77

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
 5/28/2013 11:29 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-58,062,532				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 140223
 Period: From 01/01/2012 To 12/31/2012
 Worksheet A-8-1
 Date/Time Prepared: 5/28/2013 11:29 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXTURES	358,428	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUIPMENT	2,938,865	0	2.00
3.00	4.00	EMPLOYEE BENEFITS	7,497,777	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	18,740,730	36,081,898	4.00
5.00	0	0	29,535,800	36,081,898	5.00

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

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

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

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

6.00	B	LUTHERAN GENER.	100.00	AHCS	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: 140223

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2013 11:29 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	358,428	9		1.00
2.00	2,938,865	9		2.00
3.00	7,497,777	0		3.00
4.00	-17,341,168	0		4.00
5.00	-6,546,098			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	HEALTH CARE		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: 140223

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2013 11:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	7,106,563	365,704	6,740,859	177,200	1	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	177,200	1	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,142,699	0	9,142,699	177,200	1	3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	177,200	1	4.00
5.00	40.00	SUBPROVIDER - IPF	79,201	0	79,201	154,100	1	5.00
6.00	53.00	ANESTHESIOLOGY	303,535	0	303,535	200,300	1	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,303	0	1,303	225,300	1	7.00
8.00	76.45	GASTROENTEROLOGY LAB	0	0	0	177,200	1	8.00
9.00	91.00	EMERGENCY	1,110,301	0	1,110,301	177,200	1	9.00
10.00	4.00	EMPLOYEE BENEFITS	1,409	0	1,409	177,200	1	10.00
200.00			17,745,011	365,704	17,379,307		10	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	85	4	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	85	4	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	85	4	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	85	4	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	74	4	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	96	5	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	108	5	0	0	0	7.00
8.00	76.45	GASTROENTEROLOGY LAB	85	4	0	0	0	8.00
9.00	91.00	EMERGENCY	85	4	0	0	0	9.00
10.00	4.00	EMPLOYEE BENEFITS	85	4	0	0	0	10.00
200.00			873	42	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	85	6,740,774	7,106,478	1.00
2.00	13.00	NURSING ADMINISTRATION	0	85	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	85	9,142,614	9,142,614	3.00
4.00	32.00	CORONARY CARE UNIT	0	85	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	74	79,127	79,127	5.00
6.00	53.00	ANESTHESIOLOGY	0	96	303,439	303,439	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	108	1,195	1,195	7.00
8.00	76.45	GASTROENTEROLOGY LAB	0	85	0	0	8.00
9.00	91.00	EMERGENCY	0	85	1,110,216	1,110,216	9.00
10.00	4.00	EMPLOYEE BENEFITS	0	85	1,324	1,324	10.00
200.00			0	873	17,378,689	17,744,393	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	27,359,577	27,359,577			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	13,351,924		13,351,924		2.00
4.00 00400	EMPLOYEE BENEFITS	57,888,974	141,989	69,293	58,100,256	4.00
5.03 00530	PURCHASING RECEIVING AND STORES	2,237,685	440,984	215,208	356,838	3,250,715
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	9,870,299	358,873	175,136	1,774,303	1,301
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	73,986,363	7,589,653	3,703,872	5,641,690	87,692
6.00 00600	MAINTENANCE & REPAIRS	23,812,698	4,518,104	2,204,909	1,454,309	82,648
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	2,675,754	0	0	0	0
9.00 00900	HOUSEKEEPING	7,691,434	174,810	85,310	1,314,634	28,924
10.00 01000	DIETARY	3,315,838	508,336	248,076	474,630	154,441
11.00 01100	CAFETERIA	2,513,824	39,747	19,397	666,373	0
13.00 01300	NURSING ADMINISTRATION	6,810,541	193,298	94,333	1,596,708	1,648
14.00 01400	CENTRAL SERVICES & SUPPLY	813,700	227,248	110,901	253,643	0
15.00 01500	PHARMACY	8,471,207	136,037	66,388	1,898,915	10,264
16.00 01600	MEDICAL RECORDS & LIBRARY	5,056,583	111,837	54,578	900,469	834
17.00 01700	SOCIAL SERVICE	1,375,587	31,948	15,591	330,396	170
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,391,335	0	0	2,966,680	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,595,752	552,291	269,527	345,464	3,310
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	344,729	20,233	9,874	110,943	543
23.01 02301	PARAMED ED PRGM-PHARMACY	366,924	2,309	1,127	88,204	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	46,029,309	4,655,475	2,271,949	10,607,103	82,621
31.00 03100	INTENSIVE CARE UNIT	6,603,402	399,766	195,092	1,349,722	17,813
32.00 03200	CORONARY CARE UNIT	7,795,744	417,023	203,514	1,542,578	20,703
32.01 03201	NEONATAL CARE UNIT	9,425,488	389,897	190,276	2,140,159	18,092
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	5,618,132	459,096	224,047	1,354,902	2,781
41.00 04100	SUBPROVIDER - IRF	5,403,425	435,905	212,729	1,262,222	6,833
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,907,351	50,146	24,472	288,189	7,324
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,730,009	784,772	382,982	3,037,991	90,876
50.01 03023	ACUPUNCTURE	0	0	0	0	0
51.00 05100	RECOVERY ROOM	1,924,546	67,489	32,936	445,901	2,040
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,746,942	415,620	202,830	1,172,334	27,581
53.00 05300	ANESTHESIOLOGY	1,974,337	7,611	3,714	151,698	45,268
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,156,129	856,639	418,054	2,203,552	4,891
55.00 05500	RADIOLOGY-THERAPEUTIC	7,480,982	376,386	183,683	619,434	0
56.00 05600	RADIOISOTOPE	2,945,412	157,331	76,780	397,597	2,560
57.00 05700	CT SCAN	3,072,319	84,232	41,107	577,776	14,247
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,474,536	182,985	89,300	498,277	13,030
59.00 05900	CARDIAC CATHETERIZATION	1,696,052	246,933	120,508	380,931	0
60.00 06000	LABORATORY	15,874,182	35,386	17,269	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,877,804	0	0	0	154,625
65.00 06500	RESPIRATORY THERAPY	5,871,980	48,658	23,746	1,316,316	11,344
66.00 06600	PHYSICAL THERAPY	5,258,358	27,194	13,271	1,227,279	1,436
67.00 06700	OCCUPATIONAL THERAPY	7,258,702	546,407	266,656	1,598,950	20,136
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	3,014,564	63,384	30,932	598,359	7,221
70.00 07000	ELECTROENCEPHALOGRAPHY	1,219,852	82,300	40,164	251,830	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,787,410	0	0	107,629	807,227
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	35,434,952	0	0	0	1,413,186
73.00 07300	DRUGS CHARGED TO PATIENTS	21,287,490	0	0	0	0
74.00 07400	RENAL DIALYSIS	875,675	29,417	14,356	173,574	2,548
75.00 07500	ASC (NON-DISTINCT PART)	3,825,358	244,949	119,539	829,383	12,427
76.00 03020	REHAB MEDICINE	465,307	23,671	11,552	110,326	291
76.20 03021	DAY HOSPITAL	689,520	71,337	34,813	171,985	247
76.30 03022	LITHOTRIPTER	1,394,260	0	0	0	0
76.45 03024	GASTROENTEROLOGY LAB	4,092,602	183,772	89,684	685,213	39,007
76.97 07697	CARDIAC REHABILITATION	392,984	32,598	15,909	91,745	458
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	DIABETES CARE CENTER	51,706	8,876	4,332	12,670	16

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	PURCHASING RECEIVING AND STORES		
			NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00	2.00	4.00	5.03		
90.02	09002	OUTPATIENT CENTER	611,536	63,025	30,757	128,115	693	90.02
90.03	09003	PAIN CLINIC	602,378	73,714	35,974	110,457	2,936	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	711,021	42,826	20,900	158,470	2,162	90.06
90.07	09006	HEART RISK ASSESSMENT	158,784	18,916	9,231	37,160	111	90.07
91.00	09100	EMERGENCY	10,832,309	464,022	226,450	2,225,387	45,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	547,503,577	27,095,455	13,223,028	58,039,413	3,250,478	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	298,330	264,122	128,896	60,843	237	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	547,801,907	27,359,577	13,351,924	58,100,256	3,250,715	202.00
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	5.05	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
				5A.05	5.06	6.00	7.00	
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
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	12,179,912					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	91,009,270	91,009,270			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	32,072,668	6,389,998	38,462,666		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,675,754	533,104	0	0	8.00
9.00	00900	HOUSEKEEPING	0	9,295,112	1,851,912	469,858	0	9.00
10.00	01000	DIETARY	0	4,701,321	936,668	1,366,316	0	10.00
11.00	01100	CAFETERIA	0	3,239,341	645,390	106,834	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	8,696,528	1,732,653	519,551	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,405,492	280,023	610,802	0	14.00
15.00	01500	PHARMACY	0	10,582,811	2,108,466	365,644	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,124,301	1,220,175	300,597	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,753,692	349,397	85,872	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,358,015	2,860,619	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,766,344	1,148,858	1,484,459	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	486,322	96,892	54,382	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	458,564	91,362	6,206	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,274,584	64,921,041	12,934,733	12,513,090	0	30.00
31.00	03100	INTENSIVE CARE UNIT	164,583	8,730,378	1,739,397	1,074,500	0	31.00
32.00	03200	CORONARY CARE UNIT	180,179	10,159,741	2,024,176	1,120,883	0	32.00
32.01	03201	NEONATAL CARE UNIT	339,847	12,503,759	2,491,186	1,047,975	0	32.01
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	120,848	7,779,806	1,550,010	1,233,969	0	40.00
41.00	04100	SUBPROVIDER - I/RF	140,908	7,462,022	1,486,696	1,171,634	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	76,079	2,353,561	468,912	134,784	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	868,917	21,895,547	4,362,359	2,109,327	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	158,310	2,631,222	524,232	181,397	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	162,795	7,728,102	1,539,708	1,117,114	0	52.00
53.00	05300	ANESTHESIOLOGY	383,502	2,566,130	511,263	20,457	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	597,314	14,236,579	2,836,425	2,302,493	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	291,649	8,952,134	1,783,578	1,011,659	0	55.00
56.00	05600	RADIOISOTOPE	179,261	3,758,941	748,913	422,877	0	56.00
57.00	05700	CT SCAN	704,636	4,494,317	895,425	226,402	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	398,108	4,656,236	927,685	491,832	0	58.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/28/2013 11:29 am			
Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
59.00	05900	CARDIAC CATHETERIZATION	277,720	2,722,144	542,346	663,713	0	59.00
60.00	06000	LABORATORY	915,569	16,842,406	3,355,597	95,112	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	103,364	6,135,793	1,222,465	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	323,140	7,595,184	1,513,226	130,784	0	65.00
66.00	06600	PHYSICAL THERAPY	161,173	6,688,711	1,332,625	73,092	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	166,970	9,857,821	1,964,023	1,468,645	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	286,635	4,001,095	797,158	170,364	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,572	1,677,718	334,260	221,207	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	382,472	21,084,738	4,200,818	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	556,408	37,404,546	7,452,295	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,299,744	22,587,234	4,500,168	0	0	73.00
74.00	07400	RENAL DIALYSIS	29,415	1,124,985	224,136	79,068	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	281,868	5,313,524	1,058,640	658,380	0	75.00
76.00	03020	REHAB MEDICINE	9,418	620,565	123,638	63,622	0	76.00
76.20	03021	DAY HOSPITAL	21,825	989,727	197,188	191,740	0	76.20
76.30	03022	LITHOTRIPTER	60,097	1,454,357	289,759	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	307,896	5,398,174	1,075,505	493,946	0	76.45
76.97	07697	CARDIAC REHABILITATION	13,032	546,726	108,927	87,619	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	DIABETES CARE CENTER	548	78,148	15,570	23,858	0	90.01
90.02	09002	OUTPATIENT CENTER	20,525	854,651	170,276	169,399	0	90.02
90.03	09003	PAIN CLINIC	26,535	851,994	169,747	198,130	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	16,640	952,019	189,676	115,109	0	90.06
90.07	09006	HEART RISK ASSESSMENT	19,939	244,141	48,641	50,843	0	90.07
91.00	09100	EMERGENCY	773,887	14,568,027	2,902,461	1,247,208	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,179,912	547,049,479	90,859,360	37,752,753	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	752,428	149,910	709,913	0	190.00
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)	12,179,912	547,801,907	91,009,270	38,462,666	0	202.00
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
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
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,208,858					8.00
9.00	00900	HOUSEKEEPING	0	11,616,882				9.00
10.00	01000	DIETARY	0	417,772	7,422,077			10.00
11.00	01100	CAFETERIA	0	32,666	0	4,024,231		11.00
13.00	01300	NURSING ADMINISTRATION	0	158,861	0	138,431	11,246,024	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	186,762	0	21,990	7,215	14.00
15.00	01500	PHARMACY	0	111,801	0	164,632	35,922	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	91,912	0	78,069	0	16.00
17.00	01700	SOCIAL SERVICE	0	26,257	0	28,645	168	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	257,205	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	453,896	0	29,951	6,819	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	16,628	0	9,618	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,898	0	7,647	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,985,929	3,826,070	4,593,447	919,547	4,673,948	30.00
31.00	03100	INTENSIVE CARE UNIT	127,344	328,545	294,546	117,018	501,421	31.00
32.00	03200	CORONARY CARE UNIT	145,602	342,727	336,776	133,738	584,993	32.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
32.01	03201	NEONATAL CARE UNIT	280,027	320,434	647,703	185,547	671,971	32.01
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	220,095	377,305	509,078	117,467	536,191	40.00
41.00	04100	SUBPROVIDER - I/RF	256,631	358,245	593,586	109,432	519,334	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	193,230	41,212	446,941	24,985	129,952	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	644,959	0	263,388	860,242	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	55,465	0	38,659	150,624	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	341,575	0	101,639	434,004	52.00
53.00	05300	ANESTHESIOLOGY	0	6,255	0	13,152	63,800	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	704,022	0	191,043	147,987	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	309,330	0	53,704	1,004	55.00
56.00	05600	RADIOISOTOPE	0	129,301	0	34,471	2,880	56.00
57.00	05700	CT SCAN	0	69,226	0	50,092	139	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	150,385	0	43,200	107,455	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	202,940	0	33,026	108,508	59.00
60.00	06000	LABORATORY	0	29,082	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	39,989	0	114,122	636	65.00
66.00	06600	PHYSICAL THERAPY	0	22,349	0	106,403	473	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	449,061	0	138,626	12,143	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	52,091	0	51,876	225,154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	67,637	0	21,833	11,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,331	107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	24,176	0	15,048	50,423	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	201,310	0	71,906	253,460	75.00
76.00	03020	REHAB MEDICINE	0	19,453	0	9,565	0	76.00
76.20	03021	DAY HOSPITAL	0	58,628	0	14,911	21,826	76.20
76.30	03022	LITHOTRIPTER	0	0	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	151,032	0	59,407	225,640	76.45
76.97	07697	CARDIAC REHABILITATION	0	26,791	0	7,954	28,173	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	DIABETES CARE CENTER	0	7,295	0	1,098	3,582	90.01
90.02	09002	OUTPATIENT CENTER	0	51,796	0	11,107	32,289	90.02
90.03	09003	PAIN CLINIC	0	60,581	0	9,576	22,737	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	35,196	0	13,739	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	15,546	0	3,222	0	90.07
91.00	09100	EMERGENCY	0	381,353	0	192,936	808,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,208,858	11,399,815	7,422,077	4,018,956	11,240,444	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	217,067	0	5,275	5,580	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,208,858	11,616,882	7,422,077	4,024,231	11,246,024	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	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
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,512,284					14.00
15.00 01500 PHARMACY	0	13,369,276				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	13	7,815,067			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	2,244,031		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	17,475,839	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	163,443	817,753	1,388,807	13,259,062	30.00
31.00 03100 INTENSIVE CARE UNIT	0	36,167	105,594	89,055	0	31.00
32.00 03200 CORONARY CARE UNIT	0	20,389	115,600	101,823	0	32.00
32.01 03201 NEONATAL CARE UNIT	0	48,055	218,040	195,830	0	32.01
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	749	77,534	153,917	1,209,401	40.00
41.00 04100 SUBPROVIDER - IRF	0	4,180	90,405	179,468	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	11,464	48,811	135,131	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	94,331	557,483	0	1,538,962	50.00
50.01 03023 ACUPUNCTURE	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	15,169	101,569	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	28,416	104,447	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	213,616	246,049	0	202,575	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	30,036	383,227	0	7,055	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	1,112	187,117	0	0	55.00
56.00 05600 RADIOISOTOPE	0	594,813	115,011	0	0	56.00
57.00 05700 CT SCAN	0	53,884	452,084	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,262	255,420	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	254,905	178,181	0	0	59.00
60.00 06000 LABORATORY	0	0	587,415	0	537,175	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	66,317	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	38,056	207,322	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	1,179	103,406	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	8,245	107,126	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	99,983	183,901	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	59	53,618	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	875,967	0	245,388	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,636,317	0	356,983	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,284,745	834,520	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	10,402	18,872	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	28,018	180,842	0	0	75.00
76.00 03020 REHAB MEDICINE	0	0	6,042	0	0	76.00
76.20 03021 DAY HOSPITAL	0	54	14,003	0	0	76.20
76.30 03022 LI THOTRI PTER	0	0	38,557	0	0	76.30
76.45 03024 GASTROENTEROLOGY LAB	0	62,426	197,541	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	8,361	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 DIABETES CARE CENTER	0	0	352	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	13,897	13,169	0	0	90.02
90.03 09003 PAIN CLINIC	0	24,382	17,024	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	728	10,676	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	12,793	0	0	90.07
91.00	09100	EMERGENCY	0	205,650	496,514	0	721,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,512,284	13,368,828	7,815,067	2,244,031	17,475,839	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	448	0	0	0	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,512,284	13,369,276	7,815,067	2,244,031	17,475,839	202.00
Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			22.00	23.00	23.01	24.00	25.00	
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
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	8,890,327					22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.	0	663,842				23.00
23.01	02301	PARAMED PRGM-PHARMACY	0	0	565,677			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,745,164	437,170	261,887	129,441,091	-20,004,226	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,033	159,228	13,331,226	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32,052	71,233	15,189,733	0	32.00
32.01	03201	NEONATAL CARE UNIT	0	61,644	16,761	18,688,932	0	32.01
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	615,248	48,450	0	14,429,220	-1,824,649	40.00
41.00	04100	SUBPROVIDER - I RF	0	56,493	0	12,288,126	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	3,988,983	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	782,902	0	0	33,109,500	-2,321,864	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	3,698,337	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,395,005	0	52.00
53.00	05300	ANESTHESIOLOGY	103,054	0	0	3,946,351	-305,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,589	0	0	20,842,456	-10,644	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,299,638	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,807,207	0	56.00
57.00	05700	CT SCAN	0	0	0	6,241,569	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,652,475	0	58.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-OTHER PRGM COSTS						
	22.00	23.00	23.01	24.00	25.00		
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	4,705,763	0	59.00	
60.00 06000 LABORATORY	273,272	0	0	21,720,059	-810,447	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,424,575	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,639,319	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	8,328,238	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	14,005,690	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	5,581,622	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,387,500	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	26,416,349	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	46,850,141	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	37,712	39,244,379	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	1,547,110	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	7,766,080	0	75.00	
76.00 03020 REHAB MEDICINE	0	0	0	842,885	0	76.00	
76.20 03021 DAY HOSPITAL	0	0	0	1,488,077	0	76.20	
76.30 03022 LI THOTRI PTER	0	0	0	1,782,673	0	76.30	
76.45 03024 GASTROENTEROLOGY LAB	0	0	0	7,663,671	0	76.45	
76.97 07697 CARDIAC REHABILITATION	0	0	0	814,551	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 DIABETES CARE CENTER	0	0	0	129,903	0	90.01	
90.02 09002 OUTPATIENT CENTER	0	0	0	1,316,584	0	90.02	
90.03 09003 PAIN CLINIC	0	0	0	1,354,171	0	90.03	
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05	
90.06 09005 ANTI-COAG LAB	0	0	0	1,317,143	0	90.06	
90.07 09006 HEART RISK ASSESSMENT	0	0	0	375,186	0	90.07	
91.00 09100 EMERGENCY	367,098	0	18,856	21,909,768	-1,088,707	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,890,327	663,842	565,677	545,961,286	-26,366,166	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,840,621	0	190.00	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	8,890,327	663,842	565,677	547,801,907	-26,366,166	202.00
Cost Center Description							
Total							
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	
5.03 00530	PURCHASING RECEIVING AND STORES					5.03	
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00 00600	MAINTENANCE & REPAIRS					6.00	
7.00 00700	OPERATION OF PLANT					7.00	
8.00 00800	LAUNDRY & LINEN SERVICE					8.00	
9.00 00900	HOUSEKEEPING					9.00	
10.00 01000	DIETARY					10.00	
11.00 01100	CAFETERIA					11.00	
13.00 01300	NURSING ADMINISTRATION					13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00 01500	PHARMACY					15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00 01700	SOCIAL SERVICE					17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00	
23.00 02300	PARAMED PRGM-PASTORAL EDUC.					23.00	
23.01 02301	PARAMED PRGM-PHARMACY					23.01	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		Total	
		26.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	109,436,865	30.00
31.00	03100 INTENSIVE CARE UNIT	13,331,226	31.00
32.00	03200 CORONARY CARE UNIT	15,189,733	32.00
32.01	03201 NEONATAL CARE UNIT	18,688,932	32.01
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	12,604,571	40.00
41.00	04100 SUBPROVIDER - IRF	12,288,126	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	3,988,983	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	30,787,636	50.00
50.01	03023 ACUPUNCTURE	0	50.01
51.00	05100 RECOVERY ROOM	3,698,337	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,395,005	52.00
53.00	05300 ANESTHESIOLOGY	3,640,722	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,831,812	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	12,299,638	55.00
56.00	05600 RADIOISOTOPE	5,807,207	56.00
57.00	05700 CT SCAN	6,241,569	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	6,652,475	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,705,763	59.00
60.00	06000 LABORATORY	20,909,612	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,424,575	62.00
65.00	06500 RESPIRATORY THERAPY	9,639,319	65.00
66.00	06600 PHYSICAL THERAPY	8,328,238	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,005,690	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	5,581,622	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,387,500	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	26,416,349	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	46,850,141	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	39,244,379	73.00
74.00	07400 RENAL DIALYSIS	1,547,110	74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,766,080	75.00
76.00	03020 REHAB MEDICINE	842,885	76.00
76.20	03021 DAY HOSPITAL	1,488,077	76.20
76.30	03022 LITHOTRIPTER	1,782,673	76.30
76.45	03024 GASTROENTEROLOGY LAB	7,663,671	76.45
76.97	07697 CARDIAC REHABILITATION	814,551	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 DIABETES CARE CENTER	129,903	90.01
90.02	09002 OUTPATIENT CENTER	1,316,584	90.02
90.03	09003 PAIN CLINIC	1,354,171	90.03
90.05	09004 WOUND CARE CENTER	0	90.05
90.06	09005 ANTI-COAG LAB	1,317,143	90.06
90.07	09006 HEART RISK ASSESSMENT	375,186	90.07
91.00	09100 EMERGENCY	20,821,061	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
99.00	09900 CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	519,595,120	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,840,621	190.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	521,435,741	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 11:29 am
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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	0	141,989	69,293	211,282	211,282 4.00
5.03 00530	PURCHASING RECEIVING AND STORES	720	440,984	215,208	656,912	1,298 5.03
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	358,873	175,136	534,009	6,452 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	230,268	7,589,653	3,703,872	11,523,793	20,515 5.06
6.00 00600	MAINTENANCE & REPAIRS	82,434	4,518,104	2,204,909	6,805,447	5,288 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	174,810	85,310	260,120	4,780 9.00
10.00 01000	DIETARY	7,830	508,336	248,076	764,242	1,726 10.00
11.00 01100	CAFETERIA	0	39,747	19,397	59,144	2,423 11.00
13.00 01300	NURSING ADMINISTRATION	390	193,298	94,333	288,021	5,806 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	175,246	227,248	110,901	513,395	922 14.00
15.00 01500	PHARMACY	146,326	136,037	66,388	348,751	6,905 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	111,837	54,578	166,415	3,274 16.00
17.00 01700	SOCIAL SERVICE	0	31,948	15,591	47,539	1,201 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	10,788 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	552,291	269,527	821,818	1,256 22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	0	20,233	9,874	30,107	403 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	2,309	1,127	3,436	321 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	173,178	4,655,475	2,271,949	7,100,602	38,585 30.00
31.00 03100	INTENSIVE CARE UNIT	6,375	399,766	195,092	601,233	4,908 31.00
32.00 03200	CORONARY CARE UNIT	23,799	417,023	203,514	644,336	5,609 32.00
32.01 03201	NEONATAL CARE UNIT	1,080	389,897	190,276	581,253	7,782 32.01
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	3,435	459,096	224,047	686,578	4,927 40.00
41.00 04100	SUBPROVIDER - I RF	38,516	435,905	212,729	687,150	4,590 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	50,146	24,472	74,618	1,048 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	170,923	784,772	382,982	1,338,677	11,047 50.00
50.01 03023	ACUPUNCTURE	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	67,489	32,936	100,425	1,621 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,315	415,620	202,830	619,765	4,263 52.00
53.00 05300	ANESTHESIOLOGY	0	7,611	3,714	11,325	552 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	280,495	856,639	418,054	1,555,188	8,013 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,373,446	376,386	183,683	1,933,515	2,252 55.00
56.00 05600	RADIOISOTOPE	6,000	157,331	76,780	240,111	1,446 56.00
57.00 05700	CT SCAN	146,274	84,232	41,107	271,613	2,101 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	979,435	182,985	89,300	1,251,720	1,812 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	246,933	120,508	367,441	1,385 59.00
60.00 06000	LABORATORY	0	35,386	17,269	52,655	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	68,176	48,658	23,746	140,580	4,786 65.00
66.00 06600	PHYSICAL THERAPY	0	27,194	13,271	40,465	4,463 66.00
67.00 06700	OCCUPATIONAL THERAPY	4,560	546,407	266,656	817,623	5,814 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	63,384	30,932	94,316	2,176 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,900	82,300	40,164	124,364	916 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	391 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	900	29,417	14,356	44,673	631 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	244,949	119,539	364,488	3,016 75.00
76.00 03020	REHAB MEDICINE	0	23,671	11,552	35,223	401 76.00
76.20 03021	DAY HOSPITAL	0	71,337	34,813	106,150	625 76.20
76.30 03022	LITHOTRIPTER	0	0	0	0	0 76.30
76.45 03024	GASTROENTEROLOGY LAB	48,000	183,772	89,684	321,456	2,492 76.45
76.97 07697	CARDIAC REHABILITATION	0	32,598	15,909	48,507	334 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	DIABETES CARE CENTER	0	8,876	4,332	13,208	46 90.01
90.02 09002	OUTPATIENT CENTER	0	63,025	30,757	93,782	466 90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
90.03 09003 PAIN CLINIC	0	73,714	35,974	109,688	402	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	42,826	20,900	63,726	576	90.06
90.07 09006 HEART RISK ASSESSMENT	0	18,916	9,231	28,147	135	90.07
91.00 09100 EMERGENCY	0	464,022	226,450	690,472	8,092	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,971,021	27,095,455	13,223,028	44,289,504	211,061	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	394	264,122	128,896	393,412	221	190.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,971,415	27,359,577	13,351,924	44,682,916	211,282	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140223		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 11:29 am	
Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
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
5.03	00530	PURCHASING RECEIVING AND STORES	658,210					5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	263	540,724				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	17,756	0	11,562,064			5.06
6.00	00600	MAINTENANCE & REPAIRS	16,735	0	811,791	7,639,261		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	67,726	0	0	8.00
9.00	00900	HOUSEKEEPING	5,857	0	235,269	93,321	0	9.00
10.00	01000	DIETARY	31,272	0	118,995	271,371	0	10.00
11.00	01100	CAFETERIA	0	0	81,991	21,219	0	11.00
13.00	01300	NURSING ADMINISTRATION	334	0	220,118	103,191	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	35,574	121,314	0	14.00
15.00	01500	PHARMACY	2,078	0	267,862	72,622	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	169	0	155,012	59,703	0	16.00
17.00	01700	SOCIAL SERVICE	35	0	44,388	17,055	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	363,416	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	670	0	145,952	294,836	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.	110	0	12,309	10,801	0	23.00
23.01	02301	PARAMED PRGM-PHARMACY	0	0	11,607	1,233	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,729	56,494	1,643,402	2,485,288	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,607	7,295	220,975	213,412	0	31.00
32.00	03200	CORONARY CARE UNIT	4,192	7,986	257,153	222,624	0	32.00
32.01	03201	NEONATAL CARE UNIT	3,663	15,063	316,483	208,144	0	32.01
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	563	5,356	196,915	245,085	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,384	6,246	188,871	232,704	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,483	3,372	59,571	26,770	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,401	38,513	554,198	418,944	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	413	7,017	66,599	36,028	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,585	7,216	195,606	221,875	0	52.00
53.00	05300	ANESTHESIOLOGY	9,166	16,998	64,951	4,063	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	990	26,475	360,342	457,309	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,927	226,587	200,931	0	55.00
56.00	05600	RADIOISOTOPE	518	7,945	95,143	83,990	0	56.00
57.00	05700	CT SCAN	2,885	31,232	113,756	44,967	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,638	17,645	117,854	97,685	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,309	68,900	131,823	0	59.00
60.00	06000	LABORATORY	0	40,581	426,298	18,891	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	31,309	4,581	155,303	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,297	14,323	192,242	25,976	0	65.00
66.00	06600	PHYSICAL THERAPY	291	7,144	169,298	14,517	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,077	7,401	249,511	291,695	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,462	12,705	101,272	33,837	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,704	42,465	43,935	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	163,450	16,952	533,676	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	286,141	24,662	946,746	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	58,479	571,705	0	0	73.00
74.00	07400	RENAL DIALYSIS	516	1,304	28,474	15,704	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,516	12,493	134,491	130,764	0	75.00
76.00	03020	REHAB MEDICINE	59	417	15,707	12,636	0	76.00
76.20	03021	DAY HOSPITAL	50	967	25,051	38,082	0	76.20
76.30	03022	LITHOTRIPTER	0	2,664	36,811	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	7,898	13,647	136,633	98,105	0	76.45
76.97	07697	CARDIAC REHABILITATION	93	578	13,838	17,402	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	DIABETES CARE CENTER	3	24	1,978	4,739	0	90.01
90.02	09002	OUTPATIENT CENTER	140	910	21,632	33,645	0	90.02
90.03	09003	PAIN CLINIC	594	1,176	21,565	39,352	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	438	738	24,097	22,862	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
90.07	09006	HEART RISK ASSESSMENT	23	884	6,179	10,098	0	90.07
91.00	09100	EMERGENCY	9,309	34,301	368,731	247,714	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	658,162	540,724	11,543,019	7,498,262	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48	0	19,045	140,999	0	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	658,210	540,724	11,562,064	7,639,261	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 11:29 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
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	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	67,726				8.00	
9.00	00900	HOUSEKEEPING	0	599,347			9.00	
10.00	01000	DIETARY	0	21,554	1,209,160		10.00	
11.00	01100	CAFETERIA	0	1,685	0	166,462	11.00	
13.00	01300	NURSING ADMINISTRATION	0	8,196	0	5,726	631,392	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,636	0	910	405	14.00
15.00	01500	PHARMACY	0	5,768	0	6,810	2,017	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,742	0	3,229	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,355	0	1,185	9	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	10,640	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	23,418	0	1,239	383	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	858	0	398	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	98	0	316	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,916	197,397	748,335	38,038	262,409	30.00
31.00	03100	INTENSIVE CARE UNIT	2,688	16,951	47,986	4,841	28,152	31.00
32.00	03200	CORONARY CARE UNIT	3,073	17,682	54,866	5,532	32,844	32.00
32.01	03201	NEONATAL CARE UNIT	5,910	16,532	105,520	7,675	37,727	32.01
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	4,645	19,466	82,936	4,859	30,104	40.00
41.00	04100	SUBPROVIDER - IRF	5,416	18,483	96,704	4,527	29,157	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,078	2,126	72,813	1,034	7,296	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,275	0	10,895	48,297	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2,862	0	1,599	8,457	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,623	0	4,204	24,367	52.00
53.00	05300	ANESTHESIOLOGY	0	323	0	544	3,582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,322	0	7,903	8,309	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,959	0	2,221	56	55.00
56.00	05600	RADIOISOTOPE	0	6,671	0	1,426	162	56.00
57.00	05700	CT SCAN	0	3,572	0	2,072	8	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,759	0	1,787	6,033	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,470	0	1,366	6,092	59.00
60.00	06000	LABORATORY	0	1,500	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,063	0	4,721	36	65.00
66.00	06600	PHYSICAL THERAPY	0	1,153	0	4,401	27	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,168	0	5,734	682	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,688	0	2,146	12,641	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,490	0	903	627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	386	6	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,247	0	622	2,831	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,386	0	2,974	14,230	75.00
76.00	03020	REHAB MEDICINE	0	1,004	0	396	0	76.00
76.20	03021	DAY HOSPITAL	0	3,025	0	617	1,225	76.20
76.30	03022	LITHOTRIPTER	0	0	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	7,792	0	2,457	12,668	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,382	0	329	1,582	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	DIABETES CARE CENTER	0	376	0	45	201	90.01
90.02	09002	OUTPATIENT CENTER	0	2,672	0	459	1,813	90.02
90.03	09003	PAIN CLINIC	0	3,126	0	396	1,277	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	1,816	0	568	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	802	0	133	0	90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
91.00	09100	EMERGENCY	0	19,675	0	7,981	45,367	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,726	588,148	1,209,160	166,244	631,079	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,199	0	218	313	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	67,726	599,347	1,209,160	166,462	631,392	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	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
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	682,156					14.00
15.00 01500 PHARMACY	0	712,813				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1	392,545			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	112,767		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	384,844	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	8,714	41,103	69,789		30.00
31.00 03100 INTENSIVE CARE UNIT	0	1,928	5,308	4,475		31.00
32.00 03200 CORONARY CARE UNIT	0	1,087	5,811	5,117		32.00
32.01 03201 NEONATAL CARE UNIT	0	2,562	10,960	9,841		32.01
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 - IPF	0	40	3,897	7,735		40.00
41.00 04100 SUBPROVIDER - IRF	0	223	4,544	9,019		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	0	611	2,453	6,791		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	5,029	28,021	0		50.00
50.01 03023 ACUPUNCTURE	0	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	809	5,105	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,515	5,250	0		52.00
53.00 05300 ANESTHESIOLOGY	0	11,389	12,367	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,601	19,263	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	59	9,405	0		55.00
56.00 05600 RADIOISOTOPE	0	31,714	5,781	0		56.00
57.00 05700 CT SCAN	0	2,873	22,724	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,080	12,838	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	13,591	8,956	0		59.00
60.00 06000 LABORATORY	0	0	29,526	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,333	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	2,029	10,421	0		65.00
66.00 06600 PHYSICAL THERAPY	0	63	5,198	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	440	5,385	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	5,331	9,244	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3	2,695	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	237,845	0	12,334	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	444,311	0	17,943	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	601,672	41,673	0		73.00
74.00 07400 RENAL DIALYSIS	0	555	949	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	1,494	9,090	0		75.00
76.00 03020 REHAB MEDICINE	0	0	304	0		76.00
76.20 03021 DAY HOSPITAL	0	3	704	0		76.20
76.30 03022 LI THOTRIPTER	0	0	1,938	0		76.30
76.45 03024 GASTROENTEROLOGY LAB	0	3,328	9,929	0		76.45
76.97 07697 CARDIAC REHABILITATION	0	0	420	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 DIABETES CARE CENTER	0	0	18	0		90.01
90.02 09002 OUTPATIENT CENTER	0	741	662	0		90.02
90.03 09003 PAIN CLINIC	0	1,300	856	0		90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0		90.05
90.06	09005	ANTI-COAG LAB	0	39	537	0		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	643	0		90.07
91.00	09100	EMERGENCY	0	10,965	24,957	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	09900	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	682,156	712,789	392,545	112,767	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24	0	0		190.00
200.00		Cross Foot Adjustments					384,844	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	682,156	712,813	392,545	112,767	384,844	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 11:29 am	
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
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
5.03 00530	PURCHASING RECEIVING AND STORES					5.03
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,289,572				22.00
23.00 02300	PARAMED PRGM-PASTORAL EDUC.		54,986			23.00
23.01 02301	PARAMED PRGM-PHARMACY			17,011		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			12,748,801		0 30.00
31.00 03100	INTENSIVE CARE UNIT			1,163,759		0 31.00
32.00 03200	CORONARY CARE UNIT			1,267,912		0 32.00
32.01 03201	NEONATAL CARE UNIT			1,329,115		0 32.01
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			1,293,106		0 40.00
41.00 04100	SUBPROVIDER - IRF			1,289,018		0 41.00
42.00 04200	SUBPROVIDER			0		0 42.00
43.00 04300	NURSERY			264,064		0 43.00
44.00 04400	SKILLED NURSING FACILITY			0		0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			2,505,297		0 50.00
50.01 03023	ACUPUNCTURE			0		0 50.01
51.00 05100	RECOVERY ROOM			230,935		0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			1,107,269		0 52.00
53.00 05300	ANESTHESIOLOGY			135,260		0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,481,715		0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			2,403,912		0 55.00
56.00 05600	RADIOISOTOPE			474,907		0 56.00
57.00 05700	CT SCAN			497,803		0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			1,518,851		0 58.00
59.00 05900	CARDIAC CATHETERIZATION			622,333		0 59.00
60.00 06000	LABORATORY			569,451		0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			194,526		0 62.00
65.00 06500	RESPIRATORY THERAPY			399,474		0 65.00
66.00 06600	PHYSICAL THERAPY			247,020		0 66.00
67.00 06700	OCCUPATIONAL THERAPY			1,411,530		0 67.00
68.00 06800	SPEECH PATHOLOGY			0		0 68.00
69.00 06900	ELECTROCARDIOLOGY			277,818		0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			223,102		0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			965,040		0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT			1,719,803		0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			1,273,529		0 73.00
74.00 07400	RENAL DIALYSIS			97,506		0 74.00
75.00 07500	ASC (NON-DISTINCT PART)			685,942		0 75.00
76.00 03020	REHAB MEDICINE			66,147		0 76.00
76.20 03021	DAY HOSPITAL			176,499		0 76.20
76.30 03022	LI THOTRIPTER			41,413		0 76.30
76.45 03024	GASTROENTEROLOGY LAB			616,405		0 76.45
76.97 07697	CARDIAC REHABILITATION			84,465		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	DIABETES CARE CENTER			20,638		0 90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
90.02 09002 OUTPATIENT CENTER				156,922	0	90.02
90.03 09003 PAIN CLINIC				179,732	0	90.03
90.05 09004 WOUND CARE CENTER				0	0	90.05
90.06 09005 ANTI-COAG LAB				115,397	0	90.06
90.07 09006 HEART RISK ASSESSMENT				47,044	0	90.07
91.00 09100 EMERGENCY				1,467,564	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES				0	0	95.00
99.00 09900 CMHC				0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION				0	0	109.00
110.00 11000 INTESTINAL ACQUISITION				0	0	110.00
111.00 11100 ISLET ACQUISITION				0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	42,371,024	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				565,479	0	190.00
200.00 Cross Foot Adjustments	1,289,572	54,986	17,011	1,746,413	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,289,572	54,986	17,011	44,682,916	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 11:29 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS			4.00
5.03	00530 PURCHASING RECEIVING AND STORES			5.03
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01	02301 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	12,748,801		30.00
31.00	03100 INTENSIVE CARE UNIT	1,163,759		31.00
32.00	03200 CORONARY CARE UNIT	1,267,912		32.00
32.01	03201 NEONATAL CARE UNIT	1,329,115		32.01
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	1,293,106		40.00
41.00	04100 SUBPROVIDER - I RF	1,289,018		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	264,064		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,505,297		50.00
50.01	03023 ACUPUNCTURE	0		50.01
51.00	05100 RECOVERY ROOM	230,935		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,107,269		52.00
53.00	05300 ANESTHESIOLOGY	135,260		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,481,715		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,403,912		55.00
56.00	05600 RADIOISOTOPE	474,907		56.00
57.00	05700 CT SCAN	497,803		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,518,851		58.00
59.00	05900 CARDIAC CATHETERIZATION	622,333		59.00
60.00	06000 LABORATORY	569,451		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	194,526		62.00
65.00	06500 RESPIRATORY THERAPY	399,474		65.00
66.00	06600 PHYSICAL THERAPY	247,020		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,411,530		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	277,818		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	223,102		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	965,040		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,719,803		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,273,529		73.00
74.00	07400 RENAL DIALYSIS	97,506		74.00
75.00	07500 ASC (NON-DISTINCT PART)	685,942		75.00
76.00	03020 REHAB MEDICINE	66,147		76.00
76.20	03021 DAY HOSPITAL	176,499		76.20
76.30	03022 LI THOTRIPTER	41,413		76.30
76.45	03024 GASTROENTEROLOGY LAB	616,405		76.45
76.97	07697 CARDIAC REHABILITATION	84,465		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 DIABETES CARE CENTER	20,638		90.01
90.02	09002 OUTPATIENT CENTER	156,922		90.02
90.03	09003 PAIN CLINIC	179,732		90.03
90.05	09004 WOUND CARE CENTER	0		90.05
90.06	09005 ANTI-COAG LAB	115,397		90.06
90.07	09006 HEART RISK ASSESSMENT	47,044		90.07
91.00	09100 EMERGENCY	1,467,564		91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		Total	
		26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
	OTHER REIMBURSABLE COST CENTERS		
95.00	09500 AMBULANCE SERVICES	0	95.00
99.00	09900 CMHC	0	99.00
	SPECIAL PURPOSE COST CENTERS		
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	42,371,024	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	565,479	190.00
200.00	Cross Foot Adjustments	1,746,413	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	44,682,916	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,599,693				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,599,693			2.00
4.00 00400	EMPLOYEE BENEFITS	8,302	8,302	223,091,326		4.00
5.03 00530	PURCHASING RECEIVING AND STORES	25,784	25,784	1,370,173	81,031,529	5.03
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	20,983	20,983	6,812,898	32,422	1,793,601,159
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	443,761	443,761	21,662,731	2,185,896	0
6.00 00600	MAINTENANCE & REPAIRS	264,170	264,170	5,584,196	2,060,178	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	10,221	10,221	5,047,878	720,987	0
10.00 01000	DIETARY	29,722	29,722	1,822,464	3,849,755	0
11.00 01100	CAFETERIA	2,324	2,324	2,558,712	0	0
13.00 01300	NURSING ADMINISTRATION	11,302	11,302	6,130,974	41,079	0
14.00 01400	CENTRAL SERVICES & SUPPLY	13,287	13,287	973,929	0	0
15.00 01500	PHARMACY	7,954	7,954	7,291,378	255,859	0
16.00 01600	MEDICAL RECORDS & LIBRARY	6,539	6,539	3,457,585	20,797	0
17.00 01700	SOCIAL SERVICE	1,868	1,868	1,268,642	4,249	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	11,391,335	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	32,292	32,292	1,326,497	82,505	0
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	1,183	1,183	425,993	13,547	0
23.01 02301	PARAMED ED PRGM-PHARMACY	135	135	338,683	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	272,202	272,202	40,729,044	2,059,513	187,687,202
31.00 03100	INTENSIVE CARE UNIT	23,374	23,374	5,182,606	444,027	24,235,482
32.00 03200	CORONARY CARE UNIT	24,383	24,383	5,923,129	516,060	26,532,004
32.01 03201	NEONATAL CARE UNIT	22,797	22,797	8,217,696	450,977	50,043,685
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	26,843	26,843	5,202,499	69,334	17,795,304
41.00 04100	SUBPROVIDER - IRF	25,487	25,487	4,846,629	170,320	20,749,267
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	2,932	2,932	1,106,578	182,574	11,202,915
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	45,885	45,885	11,665,155	2,265,281	127,951,189
50.01 03023	ACUPUNCTURE	0	0	0	0	0
51.00 05100	RECOVERY ROOM	3,946	3,946	1,712,154	50,847	23,311,728
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,301	24,301	4,501,481	687,521	23,972,181
53.00 05300	ANESTHESIOLOGY	445	445	582,484	1,128,407	56,472,149
54.00 05400	RADIOLOGY-DIAGNOSTIC	50,087	50,087	8,461,109	121,906	87,956,672
55.00 05500	RADIOLOGY-THERAPEUTIC	22,007	22,007	2,378,479	0	42,946,338
56.00 05600	RADIOISOTOPE	9,199	9,199	1,526,677	63,819	26,396,792
57.00 05700	CT SCAN	4,925	4,925	2,218,522	355,127	103,760,281
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	10,699	10,699	1,913,265	324,805	58,622,851
59.00 05900	CARDIAC CATHETERIZATION	14,438	14,438	1,462,684	0	40,895,256
60.00 06000	LABORATORY	2,069	2,069	0	0	134,820,923
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,854,359	15,220,792
65.00 06500	RESPIRATORY THERAPY	2,845	2,845	5,054,335	282,779	47,583,624
66.00 06600	PHYSICAL THERAPY	1,590	1,590	4,712,457	35,801	23,733,329
67.00 06700	OCCUPATIONAL THERAPY	31,948	31,948	6,139,582	501,920	24,586,990
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	3,706	3,706	2,297,554	180,007	42,208,128
70.00 07000	ELECTROENCEPHALOGRAPHY	4,812	4,812	966,967	0	12,306,225
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	413,268	20,121,823	56,320,389
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	35,227,240	81,933,164
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	191,455,879
74.00 07400	RENAL DIALYSIS	1,720	1,720	666,481	63,510	4,331,504
75.00 07500	ASC (NON-DISTINCT PART)	14,322	14,322	3,184,630	309,763	41,506,161
76.00 03020	REHAB MEDICINE	1,384	1,384	423,625	7,253	1,386,830
76.20 03021	DAY HOSPITAL	4,171	4,171	660,380	6,166	3,213,802
76.30 03022	LITHOTRIPTER	0	0	0	0	8,849,453
76.45 03024	GASTROENTEROLOGY LAB	10,745	10,745	2,631,054	972,335	45,338,811
76.97 07697	CARDIAC REHABILITATION	1,906	1,906	352,278	11,417	1,919,061
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	DIABETES CARE CENTER	519	519	48,648	394	80,765

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUIREMENT)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)							
	1.00	2.00	4.00	5.03	5.05				
90.02 09002 OUTPATIENT CENTER	3,685	3,685	491,931	17,282	3,022,418			90.02	
90.03 09003 PAIN CLINIC	4,310	4,310	424,130	73,178	3,907,366			90.03	
90.05 09004 WOUND CARE CENTER	0	0	0	0	0			90.05	
90.06 09005 ANTI-COAG LAB	2,504	2,504	608,486	53,889	2,450,323			90.06	
90.07 09006 HEART RISK ASSESSMENT	1,106	1,106	142,686	2,779	2,936,160			90.07	
91.00 09100 EMERGENCY	27,131	27,131	8,544,951	1,145,945	113,957,766			91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)								92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0			95.00	
99.00 09900 CMHC	0	0	0	0	0			99.00	
SPECIAL PURPOSE COST CENTERS									
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0			109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0			110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0			111.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,584,250	1,584,250	222,857,702	81,025,632	1,793,601,159			118.00	
NONREIMBURSABLE COST CENTERS									
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,443	15,443	233,624	5,897	0			190.00	
200.00 Cross Foot Adjustments								200.00	
201.00 Negative Cost Centers								201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	27,359,577	13,351,924	58,100,256	3,250,715	12,179,912			202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	17.103017	8.346554	0.260433	0.040117	0.006791			203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			211,282	658,210	540,724			204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000947	0.008123	0.000301			205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared: 5/28/2013 11:29 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)		
		5A.06	5.06	6.00	7.00	8.00		
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	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-91,009,270	456,792,637			5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	32,072,668	836,693		6.00	
7.00	00700	OPERATION OF PLANT	0	0	0	836,693	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,675,754	0	153,609	8.00	
9.00	00900	HOUSEKEEPING	0	9,295,112	10,221	0	9.00	
10.00	01000	DIETARY	0	4,701,321	29,722	29,722	10.00	
11.00	01100	CAFETERIA	0	3,239,341	2,324	2,324	11.00	
13.00	01300	NURSING ADMINISTRATION	0	8,696,528	11,302	11,302	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,405,492	13,287	13,287	14.00	
15.00	01500	PHARMACY	0	10,582,811	7,954	7,954	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,124,301	6,539	6,539	16.00	
17.00	01700	SOCIAL SERVICE	0	1,753,692	1,868	1,868	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,358,015	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,766,344	32,292	32,292	22.00	
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	486,322	1,183	1,183	23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY	0	458,564	135	135	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	64,921,041	272,202	272,202	95,067	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,730,378	23,374	23,374	6,096	31.00
32.00	03200	CORONARY CARE UNIT	0	10,159,741	24,383	24,383	6,970	32.00
32.01	03201	NEONATAL CARE UNIT	0	12,503,759	22,797	22,797	13,405	32.01
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	7,779,806	26,843	26,843	10,536	40.00
41.00	04100	SUBPROVIDER - I RF	0	7,462,022	25,487	25,487	12,285	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,353,561	2,932	2,932	9,250	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	21,895,547	45,885	45,885	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2,631,222	3,946	3,946	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,728,102	24,301	24,301	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,566,130	445	445	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,236,579	50,087	50,087	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,952,134	22,007	22,007	0	55.00
56.00	05600	RADIOISOTOPE	0	3,758,941	9,199	9,199	0	56.00
57.00	05700	CT SCAN	0	4,494,317	4,925	4,925	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,656,236	10,699	10,699	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,722,144	14,438	14,438	0	59.00
60.00	06000	LABORATORY	0	16,842,406	2,069	2,069	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,135,793	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	7,595,184	2,845	2,845	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,688,711	1,590	1,590	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,857,821	31,948	31,948	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,001,095	3,706	3,706	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,677,718	4,812	4,812	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,084,738	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	37,404,546	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,587,234	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,124,985	1,720	1,720	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,313,524	14,322	14,322	0	75.00
76.00	03020	REHAB MEDICINE	0	620,565	1,384	1,384	0	76.00
76.20	03021	DAY HOSPITAL	0	989,727	4,171	4,171	0	76.20
76.30	03022	LITHOTRIPTER	0	1,454,357	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	5,398,174	10,745	10,745	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	546,726	1,906	1,906	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	DIABETES CARE CENTER	0	78,148	519	519	0	90.01
90.02	09002	OUTPATIENT CENTER	0	854,651	3,685	3,685	0	90.02
90.03	09003	PAIN CLINIC	0	851,994	4,310	4,310	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
			5A.06	5.06	6.00	7.00	8.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	952,019	2,504	2,504	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	244,141	1,106	1,106	0	90.07
91.00	09100	EMERGENCY	0	14,568,027	27,131	27,131	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-91,009,270	456,040,209	821,250	821,250	153,609	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	752,428	15,443	15,443	0	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		91,009,270	38,462,666	0	3,208,858	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.199235	45.969867	0.000000	20.889779	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		11,562,064	7,639,261	0	67,726	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.025311	9.130303	0.000000	0.440899	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.03	00530						5.03
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	826,472					9.00
10.00	01000	29,722	153,609				10.00
11.00	01100	2,324	0	178,232,274			11.00
13.00	01300	11,302	0	6,130,974	4,210,176		13.00
14.00	01400	13,287	0	973,929	2,701	49,145,416	14.00
15.00	01500	7,954	0	7,291,378	13,448	0	15.00
16.00	01600	6,539	0	3,457,585	0	0	16.00
17.00	01700	1,868	0	1,268,642	63	0	17.00
21.00	02100	0	0	11,391,335	0	0	21.00
22.00	02200	32,292	0	1,326,497	2,553	0	22.00
23.00	02300	1,183	0	425,993	0	0	23.00
23.01	02301	135	0	338,683	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	272,202	95,067	40,729,044	1,749,787	0	30.00
31.00	03100	23,374	6,096	5,182,606	187,717	0	31.00
32.00	03200	24,383	6,970	5,923,129	219,004	0	32.00
32.01	03201	22,797	13,405	8,217,696	251,566	0	32.01
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	26,843	10,536	5,202,499	200,734	0	40.00
41.00	04100	25,487	12,285	4,846,629	194,423	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,932	9,250	1,106,578	48,650	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	45,885	0	11,665,155	322,049	0	50.00
50.01	03023	0	0	0	0	0	50.01
51.00	05100	3,946	0	1,712,154	56,389	0	51.00
52.00	05200	24,301	0	4,501,481	162,478	0	52.00
53.00	05300	445	0	582,484	23,885	0	53.00
54.00	05400	50,087	0	8,461,109	55,402	0	54.00
55.00	05500	22,007	0	2,378,479	376	0	55.00
56.00	05600	9,199	0	1,526,677	1,078	0	56.00
57.00	05700	4,925	0	2,218,522	52	0	57.00
58.00	05800	10,699	0	1,913,265	40,228	0	58.00
59.00	05900	14,438	0	1,462,684	40,622	0	59.00
60.00	06000	2,069	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	2,845	0	5,054,335	238	0	65.00
66.00	06600	1,590	0	4,712,457	177	0	66.00
67.00	06700	31,948	0	6,139,582	4,546	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	3,706	0	2,297,554	84,291	0	69.00
70.00	07000	4,812	0	966,967	4,181	0	70.00
71.00	07100	0	0	413,268	40	17,135,837	71.00
72.00	07200	0	0	0	0	32,009,579	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,720	0	666,481	18,877	0	74.00
75.00	07500	14,322	0	3,184,630	94,888	0	75.00
76.00	03020	1,384	0	423,625	0	0	76.00
76.20	03021	4,171	0	660,380	8,171	0	76.20
76.30	03022	0	0	0	0	0	76.30
76.45	03024	10,745	0	2,631,054	84,473	0	76.45
76.97	07697	1,906	0	352,278	10,547	0	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	519	0	48,648	1,341	0	90.01
90.02	09002	3,685	0	491,931	12,088	0	90.02
90.03	09003	4,310	0	424,130	8,512	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	2,504	0	608,486	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	1,106	0	142,686	0	0	90.07
91.00	09100	EMERGENCY	27,131	0	8,544,951	302,512	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	811,029	153,609	177,998,650	4,208,087	49,145,416	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,443	0	233,624	2,089	0	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,616,882	7,422,077	4,024,231	11,246,024	2,512,284	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.055990	48.317983	0.022579	2.671153	0.051119	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	599,347	1,209,160	166,462	631,392	682,156	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.725187	7.871674	0.000934	0.149968	0.013880	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	25,219,746					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	24	1,793,601,159				16.00
17.00 01700 SOCIAL SERVICE	0	0	153,609			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,340		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	17,340	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	308,318	187,687,202	95,067	13,156	13,156	30.00
31.00 03100 INTENSIVE CARE UNIT	68,225	24,235,482	6,096	0	0	31.00
32.00 03200 CORONARY CARE UNIT	38,462	26,532,004	6,970	0	0	32.00
32.01 03201 NEONATAL CARE UNIT	90,651	50,043,685	13,405	0	0	32.01
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	1,413	17,795,304	10,536	1,200	1,200	40.00
41.00 04100 SUBPROVIDER - IRF	7,885	20,749,267	12,285	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	21,626	11,202,915	9,250	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	177,946	127,951,189	0	1,527	1,527	50.00
50.01 03023 ACUPUNCTURE	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	28,614	23,311,728	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	53,604	23,972,181	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	402,965	56,472,149	0	201	201	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	56,660	87,956,672	0	7	7	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,097	42,946,338	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1,122,054	26,396,792	0	0	0	56.00
57.00 05700 CT SCAN	101,646	103,760,281	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	38,223	58,622,851	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	480,853	40,895,256	0	0	0	59.00
60.00 06000 LABORATORY	0	134,820,923	0	533	533	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,220,792	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	71,789	47,583,624	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	2,225	23,733,329	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	15,554	24,586,990	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	188,608	42,208,128	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	112	12,306,225	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	56,320,389	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	81,933,164	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	21,287,489	191,455,879	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	19,622	4,331,504	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	52,853	41,506,161	0	0	0	75.00
76.00 03020 REHAB MEDICINE	0	1,386,830	0	0	0	76.00
76.20 03021 DAY HOSPITAL	101	3,213,802	0	0	0	76.20
76.30 03022 LI THOTRIPTER	0	8,849,453	0	0	0	76.30
76.45 03024 GASTROENTEROLOGY LAB	117,760	45,338,811	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	1,919,061	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 DIABETES CARE CENTER	0	80,765	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
90.02 09002 OUTPATIENT CENTER	26,215	3,022,418	0	0	0	90.02
90.03 09003 PAIN CLINIC	45,995	3,907,366	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	1,373	2,450,323	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	2,936,160	0	0	0	90.07
91.00 09100 EMERGENCY	387,938	113,957,766	0	716	716	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	25,218,900	1,793,601,159	153,609	17,340	17,340	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	846	0	0	0	0	190.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	13,369,276	7,815,067	2,244,031	17,475,839	8,890,327	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.530111	0.004357	14.608721	1,007.833852	512.706286	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	712,813	392,545	112,767	384,844	1,289,572	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.028264	0.000219	0.734117	22.194002	74.369781	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		PARAMED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.	144,359	23.00
23.01	02301	PARAMED PRGM-PHARMACY	0 2,160	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	95,067	1,000 30.00
31.00	03100	INTENSIVE CARE UNIT	6,096	608 31.00
32.00	03200	CORONARY CARE UNIT	6,970	272 32.00
32.01	03201	NEONATAL CARE UNIT	13,405	64 32.01
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	10,536	0 40.00
41.00	04100	SUBPROVIDER - I RF	12,285	0 41.00
42.00	04200	SUBPROVIDER	0	0 42.00
43.00	04300	NURSERY	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0 44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0 50.00
50.01	03023	ACUPUNCTURE	0	0 50.01
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0 56.00
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
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	144 73.00
74.00	07400	RENAL DIALYSIS	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0 75.00
76.00	03020	REHAB MEDICINE	0	0 76.00
76.20	03021	DAY HOSPITAL	0	0 76.20
76.30	03022	LITHOTRIPTER	0	0 76.30
76.45	03024	GASTROENTEROLOGY LAB	0	0 76.45
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	DIABETES CARE CENTER	0	0 90.01
90.02	09002	OUTPATIENT CENTER	0	0 90.02
90.03	09003	PAIN CLINIC	0	0 90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	90.07
91.00	09100 EMERGENCY	0	72	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
99.00	09900 CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	144,359	2,160	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	663,842	565,677	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.598549	261.887500	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	54,986	17,011	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.380898	7.875463	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140223

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 11:29 am

		Title XVIIII			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	109,436,865		109,436,865	0	109,436,865	187,687,202	30.00
31.00	03100	INTENSIVE CARE UNIT	13,331,226		13,331,226	0	13,331,226	24,235,482	31.00
32.00	03200	CORONARY CARE UNIT	15,189,733		15,189,733	0	15,189,733	26,532,004	32.00
32.01	03201	NEONATAL CARE UNIT	18,688,932		18,688,932	0	18,688,932	50,043,685	32.01
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	12,604,571		12,604,571	79,127	12,683,698	17,795,304	40.00
41.00	04100	SUBPROVIDER - I RF	12,288,126		12,288,126	0	12,288,126	20,749,267	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	3,988,983		3,988,983	0	3,988,983	11,202,915	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	30,787,636		30,787,636	0	30,787,636	83,865,266	50.00
50.01	03023	ACUPUNCTURE	0		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,698,337		3,698,337	0	3,698,337	12,403,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,395,005		11,395,005	0	11,395,005	22,350,240	52.00
53.00	05300	ANESTHESIOLOGY	3,640,722		3,640,722	303,439	3,944,161	26,404,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,831,812		20,831,812	1,195	20,833,007	31,829,411	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,299,638		12,299,638	0	12,299,638	2,297,754	55.00
56.00	05600	RADIOISOTOPE	5,807,207		5,807,207	0	5,807,207	10,771,441	56.00
57.00	05700	CT SCAN	6,241,569		6,241,569	0	6,241,569	41,225,485	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,652,475		6,652,475	0	6,652,475	17,455,623	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,705,763		4,705,763	0	4,705,763	22,518,115	59.00
60.00	06000	LABORATORY	20,909,612		20,909,612	0	20,909,612	90,085,252	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,424,575		7,424,575	0	7,424,575	11,785,104	62.00
65.00	06500	RESPIRATORY THERAPY	9,639,319	0	9,639,319	0	9,639,319	44,007,750	65.00
66.00	06600	PHYSICAL THERAPY	8,328,238	0	8,328,238	0	8,328,238	23,247,126	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,005,690	0	14,005,690	0	14,005,690	1,752,127	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,581,622	0	5,581,622	0	5,581,622	20,318,149	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,387,500	0	2,387,500	0	2,387,500	6,451,884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,416,349	0	26,416,349	0	26,416,349	41,173,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,850,141	0	46,850,141	0	46,850,141	63,944,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,244,379	0	39,244,379	0	39,244,379	174,127,102	73.00
74.00	07400	RENAL DIALYSIS	1,547,110	0	1,547,110	0	1,547,110	3,979,270	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,766,080	0	7,766,080	0	7,766,080	3,094,303	75.00
76.00	03020	REHAB MEDICINE	842,885	0	842,885	0	842,885	672,162	76.00
76.20	03021	DAY HOSPITAL	1,488,077	0	1,488,077	0	1,488,077	6,371	76.20
76.30	03022	LI THOTRIPTER	1,782,673	0	1,782,673	0	1,782,673	166,353	76.30
76.45	03024	GASTROENTEROLOGY LAB	7,663,671	0	7,663,671	0	7,663,671	6,519,086	76.45
76.97	07697	CARDIAC REHABILITATION	814,551	0	814,551	0	814,551	136,285	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	DIABETES CARE CENTER	129,903		129,903	0	129,903	2,040	90.01
90.02	09002	OUTPATIENT CENTER	1,316,584		1,316,584	0	1,316,584	28,264	90.02
90.03	09003	PAIN CLINIC	1,354,171		1,354,171	0	1,354,171	6,176	90.03
90.05	09004	WOUND CARE CENTER	0		0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	1,317,143		1,317,143	0	1,317,143	8,554	90.06
90.07	09006	HEART RISK ASSESSMENT	375,186		375,186	0	375,186	20,472	90.07
91.00	09100	EMERGENCY	20,821,061		20,821,061	1,110,216	21,931,277	45,431,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,676,579		5,676,579	0	5,676,579	1,064,499	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
99.00	09900	CMHC	0		0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140223

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 11:29 am

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	
200.00		Subtotal (see instructions)	525,271,699	0	525,271,699	1,493,977	526,765,676	1,147,395,915	200.00
201.00		Less Observation Beds	5,676,579		5,676,579		5,676,579		201.00
202.00		Total (see instructions)	519,595,120	0	519,595,120	1,493,977	521,089,097	1,147,395,915	202.00
Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)				7.00	8.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		187,687,202					30.00
31.00	03100	INTENSIVE CARE UNIT		24,235,482					31.00
32.00	03200	CORONARY CARE UNIT		26,532,004					32.00
32.01	03201	NEONATAL CARE UNIT		50,043,685					32.01
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		17,795,304					40.00
41.00	04100	SUBPROVIDER - I/RF		20,749,267					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		11,202,915					43.00
44.00	04400	SKILLED NURSING FACILITY		0					44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	44,085,923	127,951,189	0.240620	0.000000	0.240620		50.00
50.01	03023	ACUPUNCTURE	0	0	0.000000	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	10,907,992	23,311,728	0.158647	0.000000	0.158647		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,621,941	23,972,181	0.475343	0.000000	0.475343		52.00
53.00	05300	ANESTHESIOLOGY	30,067,344	56,472,149	0.064469	0.000000	0.069843		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,127,261	87,956,672	0.236842	0.000000	0.236855		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	40,648,584	42,946,338	0.286396	0.000000	0.286396		55.00
56.00	05600	RADIOISOTOPE	15,625,351	26,396,792	0.219997	0.000000	0.219997		56.00
57.00	05700	CT SCAN	62,534,796	103,760,281	0.060154	0.000000	0.060154		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,167,228	58,622,851	0.113479	0.000000	0.113479		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,377,141	40,895,256	0.115069	0.000000	0.115069		59.00
60.00	06000	LABORATORY	44,735,671	134,820,923	0.155092	0.000000	0.155092		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,435,688	15,220,792	0.487792	0.000000	0.487792		62.00
65.00	06500	RESPIRATORY THERAPY	3,575,874	47,583,624	0.202576	0.000000	0.202576		65.00
66.00	06600	PHYSICAL THERAPY	486,202	23,733,328	0.350909	0.000000	0.350909		66.00
67.00	06700	OCCUPATIONAL THERAPY	22,834,863	24,586,990	0.569638	0.000000	0.569638		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	21,889,979	42,208,128	0.132240	0.000000	0.132240		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,854,341	12,306,225	0.194008	0.000000	0.194008		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,146,756	56,320,389	0.469037	0.000000	0.469037		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,988,632	81,933,164	0.571809	0.000000	0.571809		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,982,796	217,109,898	0.180758	0.000000	0.180758		73.00
74.00	07400	RENAL DIALYSIS	352,234	4,331,504	0.357176	0.000000	0.357176		74.00
75.00	07500	ASC (NON-DISTINCT PART)	38,411,859	41,506,162	0.187107	0.000000	0.187107		75.00
76.00	03020	REHAB MEDICINE	714,668	1,386,830	0.607778	0.000000	0.607778		76.00
76.20	03021	DAY HOSPITAL	3,207,431	3,213,802	0.463027	0.000000	0.463027		76.20
76.30	03022	LITHOTRIPTER	8,683,100	8,849,453	0.201444	0.000000	0.201444		76.30
76.45	03024	GASTROENTEROLOGY LAB	38,819,725	45,338,811	0.169031	0.000000	0.169031		76.45
76.97	07697	CARDIAC REHABILITATION	1,782,776	1,919,061	0.424453	0.000000	0.424453		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	DIABETES CARE CENTER	78,725	80,765	1.608407	0.000000	1.608407		90.01
90.02	09002	OUTPATIENT CENTER	2,994,154	3,022,418	0.435606	0.000000	0.435606		90.02
90.03	09003	PAIN CLINIC	3,901,190	3,907,366	0.346569	0.000000	0.346569		90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0.000000	0.000000		90.05
90.06	09005	ANTI-COAG LAB	2,441,769	2,450,323	0.537539	0.000000	0.537539		90.06
90.07	09006	HEART RISK ASSESSMENT	2,915,688	2,936,160	0.127781	0.000000	0.127781		90.07
91.00	09100	EMERGENCY	68,526,080	113,957,766	0.182709	0.000000	0.192451		91.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140223

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,795,376	11,859,875	0.478637	0.000000	0.478637		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00
99.00	09900	CMHC	0	0					99.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
200.00		Subtotal (see instructions)	683,719,138	1,831,115,053					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	683,719,138	1,831,115,053					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/28/2013 11:29 am				
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX			Hospital			
			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	109,436,865		109,436,865	0	0	187,687,202	30.00
31.00	03100	INTENSIVE CARE UNIT	13,331,226		13,331,226	0	0	24,235,482	31.00
32.00	03200	CORONARY CARE UNIT	15,189,733		15,189,733	0	0	26,532,004	32.00
32.01	03201	NEONATAL CARE UNIT	18,688,932		18,688,932	0	0	50,043,685	32.01
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	12,604,571		12,604,571	0	0	17,795,304	40.00
41.00	04100	SUBPROVIDER - I RF	12,288,126		12,288,126	0	0	20,749,267	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	3,988,983		3,988,983	0	0	11,202,915	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	30,787,636		30,787,636	0	0	83,865,266	50.00
50.01	03023	ACUPUNCTURE	0		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,698,337		3,698,337	0	0	12,403,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,395,005		11,395,005	0	0	22,350,240	52.00
53.00	05300	ANESTHESIOLOGY	3,640,722		3,640,722	0	0	26,404,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,831,812		20,831,812	0	0	31,829,411	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,299,638		12,299,638	0	0	2,297,754	55.00
56.00	05600	RADIOISOTOPE	5,807,207		5,807,207	0	0	10,771,441	56.00
57.00	05700	CT SCAN	6,241,569		6,241,569	0	0	41,225,485	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,652,475		6,652,475	0	0	17,455,623	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,705,763		4,705,763	0	0	22,518,115	59.00
60.00	06000	LABORATORY	20,909,612		20,909,612	0	0	90,085,252	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,424,575		7,424,575	0	0	11,785,104	62.00
65.00	06500	RESPIRATORY THERAPY	9,639,319	0	9,639,319	0	0	44,007,750	65.00
66.00	06600	PHYSICAL THERAPY	8,328,238	0	8,328,238	0	0	23,247,126	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,005,690	0	14,005,690	0	0	1,752,127	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,581,622		5,581,622	0	0	20,318,149	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,387,500		2,387,500	0	0	6,451,884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,416,349		26,416,349	0	0	41,173,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,850,141		46,850,141	0	0	63,944,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,244,379		39,244,379	0	0	174,127,102	73.00
74.00	07400	RENAL DIALYSIS	1,547,110		1,547,110	0	0	3,979,270	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,766,080		7,766,080	0	0	3,094,303	75.00
76.00	03020	REHAB MEDICINE	842,885		842,885	0	0	672,162	76.00
76.20	03021	DAY HOSPITAL	1,488,077		1,488,077	0	0	6,371	76.20
76.30	03022	LITHOTRIPTER	1,782,673		1,782,673	0	0	166,353	76.30
76.45	03024	GASTROENTEROLOGY LAB	7,663,671		7,663,671	0	0	6,519,086	76.45
76.97	07697	CARDIAC REHABILITATION	814,551		814,551	0	0	136,285	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	DIABETES CARE CENTER	129,903		129,903	0	0	2,040	90.01
90.02	09002	OUTPATIENT CENTER	1,316,584		1,316,584	0	0	28,264	90.02
90.03	09003	PAIN CLINIC	1,354,171		1,354,171	0	0	6,176	90.03
90.05	09004	WOUND CARE CENTER	0		0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	1,317,143		1,317,143	0	0	8,554	90.06
90.07	09006	HEART RISK ASSESSMENT	375,186		375,186	0	0	20,472	90.07
91.00	09100	EMERGENCY	20,821,061		20,821,061	0	0	45,431,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,676,579		5,676,579	0	0	1,064,499	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
99.00	09900	CMHC	0		0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140223

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 11:29 am

			Title XIX		Hospital		Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges				
			Total Costs	RCE Disallowance	Total Costs	Inpatient				
			1.00	4.00	5.00	6.00				
200.00	Subtotal (see instructions)	0	525,271,699	0	0	1,147,395,915	200.00			
201.00	Less Observation Beds	0	5,676,579		0		201.00			
202.00	Total (see instructions)	0	519,595,120	0	0	1,147,395,915	202.00			
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio					
	Outpatient	Total (col. 6 + col. 7)				7.00	8.00	9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000 ADULTS & PEDIATRICS		187,687,202					30.00		
31.00	03100 INTENSIVE CARE UNIT		24,235,482					31.00		
32.00	03200 CORONARY CARE UNIT		26,532,004					32.00		
32.01	03201 NEONATAL CARE UNIT		50,043,685					32.01		
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		17,795,304					40.00		
41.00	04100 SUBPROVIDER - I/RP		20,749,267					41.00		
42.00	04200 SUBPROVIDER		0					42.00		
43.00	04300 NURSERY		11,202,915					43.00		
44.00	04400 SKILLED NURSING FACILITY		0					44.00		
ANCILLARY SERVICE COST CENTERS										
50.00	05000 OPERATING ROOM		44,085,923	127,951,189	0.240620	0.000000	0.000000	50.00		
50.01	03023 ACUPUNCTURE		0	0	0.000000	0.000000	0.000000	50.01		
51.00	05100 RECOVERY ROOM		10,907,992	23,311,728	0.158647	0.000000	0.000000	51.00		
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,621,941	23,972,181	0.475343	0.000000	0.000000	52.00		
53.00	05300 ANESTHESIOLOGY		30,067,344	56,472,149	0.064469	0.000000	0.000000	53.00		
54.00	05400 RADIOLOGY-DIAGNOSTIC		56,127,261	87,956,672	0.236842	0.000000	0.000000	54.00		
55.00	05500 RADIOLOGY-THERAPEUTIC		40,648,584	42,946,338	0.286396	0.000000	0.000000	55.00		
56.00	05600 RADIOISOTOPE		15,625,351	26,396,792	0.219997	0.000000	0.000000	56.00		
57.00	05700 CT SCAN		62,534,796	103,760,281	0.060154	0.000000	0.000000	57.00		
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		41,167,228	58,622,851	0.113479	0.000000	0.000000	58.00		
59.00	05900 CARDIAC CATHETERIZATION		18,377,141	40,895,256	0.115069	0.000000	0.000000	59.00		
60.00	06000 LABORATORY		44,735,671	134,820,923	0.155092	0.000000	0.000000	60.00		
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		3,435,688	15,220,792	0.487792	0.000000	0.000000	62.00		
65.00	06500 RESPIRATORY THERAPY		3,575,874	47,583,624	0.202576	0.000000	0.000000	65.00		
66.00	06600 PHYSICAL THERAPY		486,202	23,733,328	0.350909	0.000000	0.000000	66.00		
67.00	06700 OCCUPATIONAL THERAPY		22,834,863	24,586,990	0.569638	0.000000	0.000000	67.00		
68.00	06800 SPEECH PATHOLOGY		0	0	0.000000	0.000000	0.000000	68.00		
69.00	06900 ELECTROCARDIOLOGY		21,889,979	42,208,128	0.132240	0.000000	0.000000	69.00		
70.00	07000 ELECTROENCEPHALOGRAPHY		5,854,341	12,306,225	0.194008	0.000000	0.000000	70.00		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		15,146,756	56,320,389	0.469037	0.000000	0.000000	71.00		
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		17,988,632	81,933,164	0.571809	0.000000	0.000000	72.00		
73.00	07300 DRUGS CHARGED TO PATIENTS		42,982,796	217,109,898	0.180758	0.000000	0.000000	73.00		
74.00	07400 RENAL DIALYSIS		352,234	4,331,504	0.357176	0.000000	0.000000	74.00		
75.00	07500 ASC (NON-DISTINCT PART)		38,411,859	41,506,162	0.187107	0.000000	0.000000	75.00		
76.00	03020 REHAB MEDICINE		714,668	1,386,830	0.607778	0.000000	0.000000	76.00		
76.20	03021 DAY HOSPITAL		3,207,431	3,213,802	0.463027	0.000000	0.000000	76.20		
76.30	03022 LI THOTRIPTER		8,683,100	8,849,453	0.201444	0.000000	0.000000	76.30		
76.45	03024 GASTROENTEROLOGY LAB		38,819,725	45,338,811	0.169031	0.000000	0.000000	76.45		
76.97	07697 CARDIAC REHABILITATION		1,782,776	1,919,061	0.424453	0.000000	0.000000	76.97		
OUTPATIENT SERVICE COST CENTERS										
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	0.000000	88.00		
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	0.000000	89.00		
90.00	09000 CLINIC	0	0	0	0.000000	0.000000	0.000000	90.00		
90.01	09001 DIABETES CARE CENTER	78,725	80,765	1.608407	0.000000	0.000000	0.000000	90.01		
90.02	09002 OUTPATIENT CENTER	2,994,154	3,022,418	0.435606	0.000000	0.000000	0.000000	90.02		
90.03	09003 PAIN CLINIC	3,901,190	3,907,366	0.346569	0.000000	0.000000	0.000000	90.03		
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0.000000	0.000000	90.05		
90.06	09005 ANTI-COAG LAB	2,441,769	2,450,323	0.537539	0.000000	0.000000	0.000000	90.06		
90.07	09006 HEART RISK ASSESSMENT	2,915,688	2,936,160	0.127781	0.000000	0.000000	0.000000	90.07		
91.00	09100 EMERGENCY	68,526,080	113,957,766	0.182709	0.000000	0.000000	0.000000	91.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140223

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital		Cost
			Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00	9.00	10.00	11.00					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,795,376	11,859,875	0.478637	0.000000	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000			95.00
99.00	09900	CMHC	0	0						99.00
SPECIAL PURPOSE COST CENTERS										
109.00	10900	PANCREAS ACQUISITION	0	0						109.00
110.00	11000	INTESTINAL ACQUISITION	0	0						110.00
111.00	11100	ISLET ACQUISITION	0	0						111.00
200.00		Subtotal (see instructions)	683,719,138	1,831,115,053						200.00
201.00		Less Observation Beds								201.00
202.00		Total (see instructions)	683,719,138	1,831,115,053						202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/28/2013 11:29 am			
			Title V	Hospital				
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	109,436,865	109,436,865	0	0	187,687,202	30.00
31.00	03100	INTENSIVE CARE UNIT	13,331,226	13,331,226	0	0	24,235,482	31.00
32.00	03200	CORONARY CARE UNIT	15,189,733	15,189,733	0	0	26,532,004	32.00
32.01	03201	NEONATAL CARE UNIT	18,688,932	18,688,932	0	0	50,043,685	32.01
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	12,604,571	12,604,571	0	0	17,795,304	40.00
41.00	04100	SUBPROVIDER - I RF	12,288,126	12,288,126	0	0	20,749,267	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,988,983	3,988,983	0	0	11,202,915	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,787,636	30,787,636	0	0	83,865,266	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,698,337	3,698,337	0	0	12,403,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,395,005	11,395,005	0	0	22,350,240	52.00
53.00	05300	ANESTHESIOLOGY	3,640,722	3,640,722	0	0	26,404,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,831,812	20,831,812	0	0	31,829,411	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,299,638	12,299,638	0	0	2,297,754	55.00
56.00	05600	RADIOISOTOPE	5,807,207	5,807,207	0	0	10,771,441	56.00
57.00	05700	CT SCAN	6,241,569	6,241,569	0	0	41,225,485	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,652,475	6,652,475	0	0	17,455,623	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,705,763	4,705,763	0	0	22,518,115	59.00
60.00	06000	LABORATORY	20,909,612	20,909,612	0	0	90,085,252	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,424,575	7,424,575	0	0	11,785,104	62.00
65.00	06500	RESPIRATORY THERAPY	9,639,319	9,639,319	0	0	44,007,750	65.00
66.00	06600	PHYSICAL THERAPY	8,328,238	8,328,238	0	0	23,247,126	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,005,690	14,005,690	0	0	1,752,127	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,581,622	5,581,622	0	0	20,318,149	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,387,500	2,387,500	0	0	6,451,884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,416,349	26,416,349	0	0	41,173,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,850,141	46,850,141	0	0	63,944,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,244,379	39,244,379	0	0	174,127,102	73.00
74.00	07400	RENAL DIALYSIS	1,547,110	1,547,110	0	0	3,979,270	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,766,080	7,766,080	0	0	3,094,303	75.00
76.00	03020	REHAB MEDICINE	842,885	842,885	0	0	672,162	76.00
76.20	03021	DAY HOSPITAL	1,488,077	1,488,077	0	0	6,371	76.20
76.30	03022	LITHOTRIPTER	1,782,673	1,782,673	0	0	166,353	76.30
76.45	03024	GASTROENTEROLOGY LAB	7,663,671	7,663,671	0	0	6,519,086	76.45
76.97	07697	CARDIAC REHABILITATION	814,551	814,551	0	0	136,285	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	DIABETES CARE CENTER	129,903	129,903	0	0	2,040	90.01
90.02	09002	OUTPATIENT CENTER	1,316,584	1,316,584	0	0	28,264	90.02
90.03	09003	PAIN CLINIC	1,354,171	1,354,171	0	0	6,176	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	1,317,143	1,317,143	0	0	8,554	90.06
90.07	09006	HEART RISK ASSESSMENT	375,186	375,186	0	0	20,472	90.07
91.00	09100	EMERGENCY	20,821,061	20,821,061	0	0	45,431,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,676,579	5,676,579	0	0	1,064,499	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/28/2013 11:29 am	
			Title V		Hospital			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
200.00	Subtotal (see instructions)	525,271,699	0	525,271,699	0	0	1,147,395,915	200.00
201.00	Less Observation Beds	5,676,579		5,676,579		0		201.00
202.00	Total (see instructions)	519,595,120	0	519,595,120	0	0	1,147,395,915	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS		187,687,202					30.00
31.00	03100 INTENSIVE CARE UNIT		24,235,482					31.00
32.00	03200 CORONARY CARE UNIT		26,532,004					32.00
32.01	03201 NEONATAL CARE UNIT		50,043,685					32.01
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		17,795,304					40.00
41.00	04100 SUBPROVIDER - I/RF		20,749,267					41.00
42.00	04200 SUBPROVIDER		0					42.00
43.00	04300 NURSERY		11,202,915					43.00
44.00	04400 SKILLED NURSING FACILITY		0					44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	44,085,923	127,951,189	0.240620	0.000000	0.000000		50.00
50.01	03023 ACUPUNCTURE	0	0	0.000000	0.000000	0.000000		50.01
51.00	05100 RECOVERY ROOM	10,907,992	23,311,728	0.158647	0.000000	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,621,941	23,972,181	0.475343	0.000000	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	30,067,344	56,472,149	0.064469	0.000000	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	56,127,261	87,956,672	0.236842	0.000000	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	40,648,584	42,946,338	0.286396	0.000000	0.000000		55.00
56.00	05600 RADIOISOTOPE	15,625,351	26,396,792	0.219997	0.000000	0.000000		56.00
57.00	05700 CT SCAN	62,534,796	103,760,281	0.060154	0.000000	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	41,167,228	58,622,851	0.113479	0.000000	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	18,377,141	40,895,256	0.115069	0.000000	0.000000		59.00
60.00	06000 LABORATORY	44,735,671	134,820,923	0.155092	0.000000	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,435,688	15,220,792	0.487792	0.000000	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	3,575,874	47,583,624	0.202576	0.000000	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	486,202	23,733,328	0.350909	0.000000	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	22,834,863	24,586,990	0.569638	0.000000	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	21,889,979	42,208,128	0.132240	0.000000	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,854,341	12,306,225	0.194008	0.000000	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,146,756	56,320,389	0.469037	0.000000	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,988,632	81,933,164	0.571809	0.000000	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,982,796	217,109,898	0.180758	0.000000	0.000000		73.00
74.00	07400 RENAL DIALYSIS	352,234	4,331,504	0.357176	0.000000	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	38,411,859	41,506,162	0.187107	0.000000	0.000000		75.00
76.00	03020 REHAB MEDICINE	714,668	1,386,830	0.607778	0.000000	0.000000		76.00
76.20	03021 DAY HOSPITAL	3,207,431	3,213,802	0.463027	0.000000	0.000000		76.20
76.30	03022 LI THOTRIPTER	8,683,100	8,849,453	0.201444	0.000000	0.000000		76.30
76.45	03024 GASTROENTEROLOGY LAB	38,819,725	45,338,811	0.169031	0.000000	0.000000		76.45
76.97	07697 CARDIAC REHABILITATION	1,782,776	1,919,061	0.424453	0.000000	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.01	09001 DIABETES CARE CENTER	78,725	80,765	1.608407	0.000000	0.000000		90.01
90.02	09002 OUTPATIENT CENTER	2,994,154	3,022,418	0.435606	0.000000	0.000000		90.02
90.03	09003 PAIN CLINIC	3,901,190	3,907,366	0.346569	0.000000	0.000000		90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0.000000		90.05
90.06	09005 ANTI-COAG LAB	2,441,769	2,450,323	0.537539	0.000000	0.000000		90.06
90.07	09006 HEART RISK ASSESSMENT	2,915,688	2,936,160	0.127781	0.000000	0.000000		90.07
91.00	09100 EMERGENCY	68,526,080	113,957,766	0.182709	0.000000	0.000000		91.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140223

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,795,376	11,859,875	0.478637	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00
99.00	09900	CMHC	0	0					99.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
200.00		Subtotal (see instructions)	683,719,138	1,831,115,053					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	683,719,138	1,831,115,053					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/28/2013 11:29 am
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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	12,748,801	0	12,748,801	100,268	127.15	30.00
31.00	INTENSIVE CARE UNIT	1,163,759		1,163,759	6,096	190.91	31.00
32.00	CORONARY CARE UNIT	1,267,912		1,267,912	6,970	181.91	32.00
32.01	NEONATAL CARE UNIT	1,329,115		1,329,115	13,405	99.15	32.01
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,293,106	0	1,293,106	10,536	122.73	40.00
41.00	SUBPROVIDER - IRF	1,289,018	0	1,289,018	12,285	104.93	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	264,064		264,064	9,250	28.55	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	19,355,775		19,355,775	158,810		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	39,573	5,031,707				
31.00	INTENSIVE CARE UNIT	1,380	263,456				
32.00	CORONARY CARE UNIT	3,830	696,715				
32.01	NEONATAL CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	3,826	469,565				
41.00	SUBPROVIDER - IRF	7,897	828,632				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	56,506	7,290,075				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140223

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

Worksheet D
Part II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XVIII		
					Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,505,297	127,951,189	0.019580	31,197,830	610,854	50.00
50.01	03023 ACUPUNCTURE	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	230,935	23,311,728	0.009906	5,142,054	50,937	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,107,269	23,972,181	0.046190	28,801	1,330	52.00
53.00	05300 ANESTHESIOLOGY	135,260	56,472,149	0.002395	7,627,407	18,268	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,481,715	87,956,672	0.028215	14,213,712	401,040	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,403,912	42,946,338	0.055975	1,166,863	65,315	55.00
56.00	05600 RADIOISOTOPE	474,907	26,396,792	0.017991	5,582,147	100,428	56.00
57.00	05700 CT SCAN	497,803	103,760,281	0.004798	18,648,124	89,474	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,518,851	58,622,851	0.025909	7,236,880	187,500	58.00
59.00	05900 CARDIAC CATHETERIZATION	622,333	40,895,256	0.015218	12,128,024	184,564	59.00
60.00	06000 LABORATORY	569,451	134,820,923	0.004224	37,889,203	160,044	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	194,526	15,220,792	0.012780	4,875,343	62,307	62.00
65.00	06500 RESPIRATORY THERAPY	399,474	47,583,624	0.008395	12,089,415	101,491	65.00
66.00	06600 PHYSICAL THERAPY	247,020	23,733,328	0.010408	6,049,847	62,967	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,411,530	24,586,990	0.057410	52,551	3,017	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	277,818	42,208,128	0.006582	10,313,460	67,883	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	223,102	12,306,225	0.018129	1,769,465	32,079	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	965,040	56,320,389	0.017135	17,155,109	293,953	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,719,803	81,933,164	0.020990	25,643,465	538,256	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,273,529	217,109,898	0.005866	60,826,554	356,809	73.00
74.00	07400 RENAL DIALYSIS	97,506	4,331,504	0.022511	2,433,178	54,773	74.00
75.00	07500 ASC (NON-DISTINCT PART)	685,942	41,506,162	0.016526	671,605	11,099	75.00
76.00	03020 REHAB MEDICINE	66,147	1,386,830	0.047697	61,505	2,934	76.00
76.20	03021 DAY HOSPITAL	176,499	3,213,802	0.054919	1,534	84	76.20
76.30	03022 LI THOTRIPTER	41,413	8,849,453	0.004680	82,624	387	76.30
76.45	03024 GASTROENTEROLOGY LAB	616,405	45,338,811	0.013596	3,703,016	50,346	76.45
76.97	07697 CARDIAC REHABILITATION	84,465	1,919,061	0.044014	60,861	2,679	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 DIABETES CARE CENTER	20,638	80,765	0.255531	222	57	90.01
90.02	09002 OUTPATIENT CENTER	156,922	3,022,418	0.051919	25,375	1,317	90.02
90.03	09003 PAIN CLINIC	179,732	3,907,366	0.045998	4,474	206	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	115,397	2,450,323	0.047095	8,326	392	90.06
90.07	09006 HEART RISK ASSESSMENT	47,044	2,936,160	0.016022	15,577	250	90.07
91.00	09100 EMERGENCY	1,467,564	113,957,766	0.012878	20,578,272	265,007	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	661,293	11,859,875	0.055759	661,019	36,858	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	23,676,542	1,492,869,194		307,943,842	3,814,905	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/28/2013 11:29 am
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Cost Center Description			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	699,057	0	0	699,057	30.00
31.00	03100	INTENSIVE CARE UNIT	0	187,261	0	0	187,261	31.00
32.00	03200	CORONARY CARE UNIT	0	103,285	0	0	103,285	32.00
32.01	03201	NEONATAL CARE UNIT	0	78,405	0	0	78,405	32.01
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	48,450	0	0	48,450	40.00
41.00	04100	SUBPROVIDER - I RF	0	56,493	0	0	56,493	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	1,172,951	0	0	1,172,951	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	100,268	6.97	39,573	275,824	30.00
31.00	03100	INTENSIVE CARE UNIT	6,096	30.72	1,380	42,394	31.00
32.00	03200	CORONARY CARE UNIT	6,970	14.82	3,830	56,761	32.00
32.01	03201	NEONATAL CARE UNIT	13,405	5.85	0	0	32.01
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 - I PF	10,536	4.60	3,826	17,600	40.00
41.00	04100	SUBPROVIDER - I RF	12,285	4.60	7,897	36,326	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	9,250	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	158,810		56,506	428,905	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:29 am
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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	0	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	37,712	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	REHAB MEDICINE	0	0	0	0	76.00
76.20	03021	DAY HOSPITAL	0	0	0	0	76.20
76.30	03022	LITHOTRIPTER	0	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	18,856	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	36,262	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	92,830	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:29 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	127,951,189	0.000000	0.000000	31,197,830	50.00
50.01	03023 ACUPUNCTURE	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	23,311,728	0.000000	0.000000	5,142,054	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	23,972,181	0.000000	0.000000	28,801	52.00
53.00	05300 ANESTHESIOLOGY	0	56,472,149	0.000000	0.000000	7,627,407	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	87,956,672	0.000000	0.000000	14,213,712	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	42,946,338	0.000000	0.000000	1,166,863	55.00
56.00	05600 RADIOISOTOPE	0	26,396,792	0.000000	0.000000	5,582,147	56.00
57.00	05700 CT SCAN	0	103,760,281	0.000000	0.000000	18,648,124	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58,622,851	0.000000	0.000000	7,236,880	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,895,256	0.000000	0.000000	12,128,024	59.00
60.00	06000 LABORATORY	0	134,820,923	0.000000	0.000000	37,889,203	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,220,792	0.000000	0.000000	4,875,343	62.00
65.00	06500 RESPIRATORY THERAPY	0	47,583,624	0.000000	0.000000	12,089,415	65.00
66.00	06600 PHYSICAL THERAPY	0	23,733,328	0.000000	0.000000	6,049,847	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	24,586,990	0.000000	0.000000	52,551	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	42,208,128	0.000000	0.000000	10,313,460	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	12,306,225	0.000000	0.000000	1,769,465	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	56,320,389	0.000000	0.000000	17,155,109	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	81,933,164	0.000000	0.000000	25,643,465	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,712	217,109,898	0.000174	0.000174	60,826,554	73.00
74.00	07400 RENAL DIALYSIS	0	4,331,504	0.000000	0.000000	2,433,178	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	41,506,162	0.000000	0.000000	671,605	75.00
76.00	03020 REHAB MEDICINE	0	1,386,830	0.000000	0.000000	61,505	76.00
76.20	03021 DAY HOSPITAL	0	3,213,802	0.000000	0.000000	1,534	76.20
76.30	03022 LI THOTRIPTER	0	8,849,453	0.000000	0.000000	82,624	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	45,338,811	0.000000	0.000000	3,703,016	76.45
76.97	07697 CARDIAC REHABILITATION	0	1,919,061	0.000000	0.000000	60,861	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 DIABETES CARE CENTER	0	80,765	0.000000	0.000000	222	90.01
90.02	09002 OUTPATIENT CENTER	0	3,022,418	0.000000	0.000000	25,375	90.02
90.03	09003 PAIN CLINIC	0	3,907,366	0.000000	0.000000	4,474	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,450,323	0.000000	0.000000	8,326	90.06
90.07	09006 HEART RISK ASSESSMENT	0	2,936,160	0.000000	0.000000	15,577	90.07
91.00	09100 EMERGENCY	18,856	113,957,766	0.000165	0.000165	20,578,272	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	36,262	11,859,875	0.003058	0.003058	661,019	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	92,830	1,492,869,194			307,943,842	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:29 am
Title XVIII		Hospital	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	0	10,408,895	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	2,803,531	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,304	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,134,272	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,333,495	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,088,137	0	55.00
56.00	05600 RADIOISOTOPE	0	6,172,345	0	56.00
57.00	05700 CT SCAN	0	22,468,189	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,251,081	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,620,201	0	59.00
60.00	06000 LABORATORY	0	909,325	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,291,567	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,216,784	0	65.00
66.00	06600 PHYSICAL THERAPY	0	365,911	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,891,941	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,383,392	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,508,581	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,995,212	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,442,562	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,584	14,477,062	2,519	73.00
74.00	07400 RENAL DIALYSIS	0	313,614	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	4,811,779	0	75.00
76.00	03020 REHAB MEDICINE	0	115,477	0	76.00
76.20	03021 DAY HOSPITAL	0	584,757	0	76.20
76.30	03022 LITHOTRIPTER	0	6,572,411	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	13,156,152	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	961,015	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 DIABETES CARE CENTER	0	9,732	0	90.01
90.02	09002 OUTPATIENT CENTER	0	1,435,448	0	90.02
90.03	09003 PAIN CLINIC	0	1,727,168	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	1,787,473	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	1,581,742	0	90.07
91.00	09100 EMERGENCY	3,395	14,348,362	2,367	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,021	2,764,827	8,455	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	16,000	189,935,744	13,341	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 11:29 am			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.240620	10,408,895	0	0	2,504,588	50.00
50.01	03023 ACUPUNCTURE	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.158647	2,803,531	0	0	444,772	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.475343	3,304	0	0	1,571	52.00
53.00	05300 ANESTHESIOLOGY	0.064469	7,134,272	0	0	459,939	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.236842	12,333,495	0	0	2,921,090	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.286396	21,088,137	0	0	6,039,558	55.00
56.00	05600 RADIOISOTOPE	0.219997	6,172,345	0	0	1,357,897	56.00
57.00	05700 CT SCAN	0.060154	22,468,189	0	0	1,351,551	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113479	11,251,081	0	0	1,276,761	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.115069	7,620,201	0	0	876,849	59.00
60.00	06000 LABORATORY	0.155092	909,325	0	0	141,029	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487792	1,291,567	0	0	630,016	62.00
65.00	06500 RESPIRATORY THERAPY	0.202576	1,216,784	0	0	246,491	65.00
66.00	06600 PHYSICAL THERAPY	0.350909	365,911	0	0	128,401	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.569638	1,891,941	0	0	1,077,721	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.132240	5,383,392	0	0	711,900	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.194008	1,508,581	0	0	292,677	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.469037	3,995,212	0	0	1,873,902	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.571809	7,442,562	0	0	4,255,724	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180758	14,477,062	0	35,428	2,616,845	73.00
74.00	07400 RENAL DIALYSIS	0.357176	313,614	0	0	112,015	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.187107	4,811,779	0	0	900,318	75.00
76.00	03020 REHAB MEDICINE	0.607778	115,477	0	0	70,184	76.00
76.20	03021 DAY HOSPITAL	0.463027	584,757	0	0	270,758	76.20
76.30	03022 LI THOTRIPTER	0.201444	6,572,411	0	0	1,323,973	76.30
76.45	03024 GASTROENTEROLOGY LAB	0.169031	13,156,152	0	0	2,223,798	76.45
76.97	07697 CARDIAC REHABILITATION	0.424453	961,015	0	0	407,906	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 DIABETES CARE CENTER	1.608407	9,732	0	0	15,653	90.01
90.02	09002 OUTPATIENT CENTER	0.435606	1,435,448	0	0	625,290	90.02
90.03	09003 PAIN CLINIC	0.346569	1,727,168	0	0	598,583	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.537539	1,787,473	0	0	960,836	90.06
90.07	09006 HEART RISK ASSESSMENT	0.127781	1,581,742	0	0	202,117	90.07
91.00	09100 EMERGENCY	0.182709	14,348,362	0	0	2,621,575	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.478637	2,764,827	0	0	1,323,349	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		189,935,744	0	35,428	40,865,637	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		189,935,744	0	35,428	40,865,637	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 11:29 am	
		Title XVIII	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03023	ACUPUNCTURE	0	0	50.01
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
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
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	6,404	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	REHAB MEDICINE	0	0	76.00
76.20	03021	DAY HOSPITAL	0	0	76.20
76.30	03022	LITHOTRIPTER	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	0	76.45
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	DIABETES CARE CENTER	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	6,404	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	6,404	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 11:29 am	
		Component CCN: 14S223		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	2,505,297	127,951,189	0.019580	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	230,935	23,311,728	0.009906	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,107,269	23,972,181	0.046190	0	52.00
53.00	05300	ANESTHESIOLOGY	135,260	56,472,149	0.002395	2,467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,481,715	87,956,672	0.028215	68,879	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,403,912	42,946,338	0.055975	0	55.00
56.00	05600	RADIOISOTOPE	474,907	26,396,792	0.017991	25,589	56.00
57.00	05700	CT SCAN	497,803	103,760,281	0.004798	175,878	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,518,851	58,622,851	0.025909	10,055	58.00
59.00	05900	CARDIAC CATHETERIZATION	622,333	40,895,256	0.015218	0	59.00
60.00	06000	LABORATORY	569,451	134,820,923	0.004224	639,361	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	194,526	15,220,792	0.012780	283	62.00
65.00	06500	RESPIRATORY THERAPY	399,474	47,583,624	0.008395	59,513	65.00
66.00	06600	PHYSICAL THERAPY	247,020	23,733,328	0.010408	129,011	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,411,530	24,586,990	0.057410	115,049	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	277,818	42,208,128	0.006582	48,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	223,102	12,306,225	0.018129	7,853	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	965,040	56,320,389	0.017135	39,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,719,803	81,933,164	0.020990	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,273,529	217,109,898	0.005866	1,165,390	73.00
74.00	07400	RENAL DIALYSIS	97,506	4,331,504	0.022511	34,452	74.00
75.00	07500	ASC (NON-DISTINCT PART)	685,942	41,506,162	0.016526	0	75.00
76.00	03020	REHAB MEDICINE	66,147	1,386,830	0.047697	19,144	76.00
76.20	03021	DAY HOSPITAL	176,499	3,213,802	0.054919	4,445	76.20
76.30	03022	LI THOTRIPTER	41,413	8,849,453	0.004680	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	616,405	45,338,811	0.013596	7,108	76.45
76.97	07697	CARDIAC REHABILITATION	84,465	1,919,061	0.044014	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	20,638	80,765	0.255531	0	90.01
90.02	09002	OUTPATIENT CENTER	156,922	3,022,418	0.051919	0	90.02
90.03	09003	PAIN CLINIC	179,732	3,907,366	0.045998	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	115,397	2,450,323	0.047095	0	90.06
90.07	09006	HEART RISK ASSESSMENT	47,044	2,936,160	0.016022	0	90.07
91.00	09100	EMERGENCY	1,467,564	113,957,766	0.012878	467,721	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,859,875	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	23,015,249	1,492,869,194		3,019,503	30,685,200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:29 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	37,712	0	37,712	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03021 DAY HOSPITAL	0	0	0	0	0	76.20
76.30	03022 LI THOTRIPTER	0	0	0	0	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	18,856	0	18,856	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	56,568	0	56,568	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:29 am
		Title XVIII	Subprovider - IPF

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	127,951,189	0.000000	0.000000	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	23,311,728	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	23,972,181	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	56,472,149	0.000000	0.000000	2,467	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	87,956,672	0.000000	0.000000	68,879	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	42,946,338	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	26,396,792	0.000000	0.000000	25,589	56.00
57.00	05700 CT SCAN	0	103,760,281	0.000000	0.000000	175,878	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58,622,851	0.000000	0.000000	10,055	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,895,256	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	134,820,923	0.000000	0.000000	639,361	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,220,792	0.000000	0.000000	283	62.00
65.00	06500 RESPIRATORY THERAPY	0	47,583,624	0.000000	0.000000	59,513	65.00
66.00	06600 PHYSICAL THERAPY	0	23,733,328	0.000000	0.000000	129,011	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	24,586,990	0.000000	0.000000	115,049	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	42,208,128	0.000000	0.000000	48,180	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	12,306,225	0.000000	0.000000	7,853	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	56,320,389	0.000000	0.000000	39,125	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	81,933,164	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,712	217,109,898	0.000174	0.000174	1,165,390	73.00
74.00	07400 RENAL DIALYSIS	0	4,331,504	0.000000	0.000000	34,452	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	41,506,162	0.000000	0.000000	0	75.00
76.00	03020 REHAB MEDICINE	0	1,386,830	0.000000	0.000000	19,144	76.00
76.20	03021 DAY HOSPITAL	0	3,213,802	0.000000	0.000000	4,445	76.20
76.30	03022 LI THOTRIPTER	0	8,849,453	0.000000	0.000000	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	45,338,811	0.000000	0.000000	7,108	76.45
76.97	07697 CARDIAC REHABILITATION	0	1,919,061	0.000000	0.000000	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 DIABETES CARE CENTER	0	80,765	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CENTER	0	3,022,418	0.000000	0.000000	0	90.02
90.03	09003 PAIN CLINIC	0	3,907,366	0.000000	0.000000	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,450,323	0.000000	0.000000	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	2,936,160	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	18,856	113,957,766	0.000165	0.000165	467,721	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,859,875	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	56,568	1,492,869,194			3,019,503	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:29 am
	Component CCN: 14S223	Title XVIIII	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	0	0	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0	50.01
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	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	203	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 REHAB MEDICINE	0	0	0	76.00
76.20	03021 DAY HOSPITAL	0	0	0	76.20
76.30	03022 LI THOTRIPTER	0	0	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	0	0	76.45
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 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	77	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	280	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 11:29 am	
		Component CCN: 14T223		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,505,297	127,951,189	0.019580	56	1 50.00
50.01	03023	ACUPUNCTURE	0	0	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	230,935	23,311,728	0.009906	1,549	15 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,107,269	23,972,181	0.046190	0	0 52.00
53.00	05300	ANESTHESIOLOGY	135,260	56,472,149	0.002395	4,937	12 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,481,715	87,956,672	0.028215	237,783	6,709 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,403,912	42,946,338	0.055975	90,731	5,079 55.00
56.00	05600	RADIOISOTOPE	474,907	26,396,792	0.017991	233,138	4,194 56.00
57.00	05700	CT SCAN	497,803	103,760,281	0.004798	265,246	1,273 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,518,851	58,622,851	0.025909	101,509	2,630 58.00
59.00	05900	CARDIAC CATHETERIZATION	622,333	40,895,256	0.015218	0	0 59.00
60.00	06000	LABORATORY	569,451	134,820,923	0.004224	1,009,442	4,264 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	194,526	15,220,792	0.012780	71,658	916 62.00
65.00	06500	RESPIRATORY THERAPY	399,474	47,583,624	0.008395	785,929	6,598 65.00
66.00	06600	PHYSICAL THERAPY	247,020	23,733,328	0.010408	8,276,447	86,141 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,411,530	24,586,990	0.057410	3,791	218 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	277,818	42,208,128	0.006582	71,834	473 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	223,102	12,306,225	0.018129	10,233	186 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	965,040	56,320,389	0.017135	597,197	10,233 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,719,803	81,933,164	0.020990	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,273,529	217,109,898	0.005866	3,208,190	18,819 73.00
74.00	07400	RENAL DIALYSIS	97,506	4,331,504	0.022511	175,425	3,949 74.00
75.00	07500	ASC (NON-DISTINCT PART)	685,942	41,506,162	0.016526	3,380	56 75.00
76.00	03020	REHAB MEDICINE	66,147	1,386,830	0.047697	195,960	9,347 76.00
76.20	03021	DAY HOSPITAL	176,499	3,213,802	0.054919	0	0 76.20
76.30	03022	LI THOTRIPTER	41,413	8,849,453	0.004680	0	0 76.30
76.45	03024	GASTROENTEROLOGY LAB	616,405	45,338,811	0.013596	16,030	218 76.45
76.97	07697	CARDIAC REHABILITATION	84,465	1,919,061	0.044014	207	9 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	DIABETES CARE CENTER	20,638	80,765	0.255531	576	147 90.01
90.02	09002	OUTPATIENT CENTER	156,922	3,022,418	0.051919	0	0 90.02
90.03	09003	PAIN CLINIC	179,732	3,907,366	0.045998	0	0 90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	0 90.05
90.06	09005	ANTI-COAG LAB	115,397	2,450,323	0.047095	0	0 90.06
90.07	09006	HEART RISK ASSESSMENT	47,044	2,936,160	0.016022	0	0 90.07
91.00	09100	EMERGENCY	1,467,564	113,957,766	0.012878	9,207	119 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,859,875	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	23,015,249	1,492,869,194		15,370,455	161,606 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:29 am
	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	0	0	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	37,712	0	37,712	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03021 DAY HOSPITAL	0	0	0	0	0	76.20
76.30	03022 LI THOTRIPTER	0	0	0	0	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	18,856	0	18,856	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	56,568	0	56,568	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223 Component CCN: 14T223		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:29 am		
				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	0	127,951,189	0.000000	0.000000	56	50.00
50.01	03023	ACUPUNCTURE	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	23,311,728	0.000000	0.000000	1,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,972,181	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	56,472,149	0.000000	0.000000	4,937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	87,956,672	0.000000	0.000000	237,783	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	42,946,338	0.000000	0.000000	90,731	55.00
56.00	05600	RADIOISOTOPE	0	26,396,792	0.000000	0.000000	233,138	56.00
57.00	05700	CT SCAN	0	103,760,281	0.000000	0.000000	265,246	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58,622,851	0.000000	0.000000	101,509	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,895,256	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	134,820,923	0.000000	0.000000	1,009,442	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,220,792	0.000000	0.000000	71,658	62.00
65.00	06500	RESPIRATORY THERAPY	0	47,583,624	0.000000	0.000000	785,929	65.00
66.00	06600	PHYSICAL THERAPY	0	23,733,328	0.000000	0.000000	8,276,447	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,586,990	0.000000	0.000000	3,791	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42,208,128	0.000000	0.000000	71,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,306,225	0.000000	0.000000	10,233	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	56,320,389	0.000000	0.000000	597,197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	81,933,164	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,712	217,109,898	0.000174	0.000174	3,208,190	73.00
74.00	07400	RENAL DIALYSIS	0	4,331,504	0.000000	0.000000	175,425	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	41,506,162	0.000000	0.000000	3,380	75.00
76.00	03020	REHAB MEDICINE	0	1,386,830	0.000000	0.000000	195,960	76.00
76.20	03021	DAY HOSPITAL	0	3,213,802	0.000000	0.000000	0	76.20
76.30	03022	LITHOTRIPTER	0	8,849,453	0.000000	0.000000	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	45,338,811	0.000000	0.000000	16,030	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,919,061	0.000000	0.000000	207	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	DIABETES CARE CENTER	0	80,765	0.000000	0.000000	576	90.01
90.02	09002	OUTPATIENT CENTER	0	3,022,418	0.000000	0.000000	0	90.02
90.03	09003	PAIN CLINIC	0	3,907,366	0.000000	0.000000	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0	2,450,323	0.000000	0.000000	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	2,936,160	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	18,856	113,957,766	0.000165	0.000165	9,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,859,875	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	56,568	1,492,869,194			15,370,455	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:29 am
Title XVII		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	0	0	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0	50.01
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	0	1,927	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	8,937	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	3,374	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	536	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,236	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	558	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 REHAB MEDICINE	0	0	0	76.00
76.20	03021 DAY HOSPITAL	0	0	0	76.20
76.30	03022 LI THOTRIPTER	0	0	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	0	0	76.45
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 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	2	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	560	16,010	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 11:29 am			
		Component CCN: 14T223	Title XVIII	Subprovider - IRF	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	0.240620	0	0	0	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.158647	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475343	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064469	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236842	1,927	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.286396	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.219997	0	0	0	56.00
57.00	05700	CT SCAN	0.060154	8,937	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.113479	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115069	0	0	0	59.00
60.00	06000	LABORATORY	0.155092	3,374	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487792	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.202576	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.350909	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.569638	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132240	536	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194008	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.469037	1,236	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.571809	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180758	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.357176	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187107	0	0	0	75.00
76.00	03020	REHAB MEDICINE	0.607778	0	0	0	76.00
76.20	03021	DAY HOSPITAL	0.463027	0	0	0	76.20
76.30	03022	LITHOTRIPTER	0.201444	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.169031	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.424453	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	1.608407	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.435606	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.346569	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.537539	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.127781	0	0	0	90.07
91.00	09100	EMERGENCY	0.182709	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.478637	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00		Subtotal (see instructions)		16,010	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)		16,010	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 11:29 am
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03023 ACUPUNCTURE	0	0		50.01
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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
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
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 REHAB MEDICINE	0	0		76.00
76.20 03021 DAY HOSPITAL	0	0		76.20
76.30 03022 LI THOTRIPTER	0	0		76.30
76.45 03024 GASTROENTEROLOGY LAB	0	0		76.45
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 DIABETES CARE CENTER	0	0		90.01
90.02 09002 OUTPATIENT CENTER	0	0		90.02
90.03 09003 PAIN CLINIC	0	0		90.03
90.05 09004 WOUND CARE CENTER	0	0		90.05
90.06 09005 ANTI-COAG LAB	0	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	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: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2013 11:29 am
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)		100,268	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		100,268	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)		95,067	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)		39,573	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)		109,436,865	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)		109,436,865	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		198,890,117	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		198,890,117	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.550238	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,092.10	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)		27,109,436,865	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)		1,091.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		43,191,555	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)		43,191,555	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		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	13,331,226	6,096	2,186.88	1,380	3,017,894	43.00
44.00	CORONARY CARE UNIT	15,189,733	6,970	2,179.30	3,830	8,346,719	44.00
44.01	NEONATAL CARE UNIT	18,688,932	13,405	1,394.18	0	0	44.01
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)					71,401,683	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					125,957,851	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)					6,366,857	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,830,905	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,197,762	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					115,760,089	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)					5,201	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,091.44	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,676,579	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 11:29 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,748,801	109,436,865	0.116495	5,676,579	661,293	90.00
91.00	Nursing School cost	0	109,436,865	0.000000	5,676,579	0	91.00
92.00	Allied health cost	699,057	109,436,865	0.006388	5,676,579	36,262	92.00
93.00	All other Medical Education	0	109,436,865	0.000000	5,676,579	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S223		Date/Time Prepared: 5/28/2013 11:29 am
		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)		10,536	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,536	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)		10,536	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,826	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)		12,683,698	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)		12,683,698	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		17,795,304	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		17,795,304	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.712755	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)		1,689.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,683,698	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)		1,203.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,605,892	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)		4,605,892	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14S223				Date/Time Prepared: 5/28/2013 11:29 am	
		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
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01
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)					610,110	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,216,002	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)					487,165	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					30,965	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					518,130	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,697,872	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: 140223 Component CCN: 14S223		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 11:29 am	
		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	1,293,106	12,683,698	0.101950	0	0	90.00
91.00	Nursing School cost	0	12,683,698	0.000000	0	0	91.00
92.00	Allied health cost	48,450	12,683,698	0.003820	0	0	92.00
93.00	All other Medical Education	0	12,683,698	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14T223		Date/Time Prepared: 5/28/2013 11:29 am
		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)		12,285	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,285	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)		12,285	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)		7,897	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)		12,288,126	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)		12,288,126	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		20,749,267	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		20,749,267	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.592220	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)		1,688.99	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 12,288,126	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)		1,000.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,898,974	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)		7,898,974	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T223				Date/Time Prepared: 5/28/2013 11:29 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01
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)					4,478,216	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,377,190	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)					864,958	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					162,166	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,027,124	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,350,066	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: 140223 Component CCN: 14T223		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 11:29 am	
		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	1,289,018	12,288,126	0.104899	0	0	90.00
91.00	Nursing School cost	0	12,288,126	0.000000	0	0	91.00
92.00	Allied health cost	56,493	12,288,126	0.004597	0	0	92.00
93.00	All other Medical Education	0	12,288,126	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 11:29 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		80,344,435	30.00
31.00	03100	INTENSIVE CARE UNIT		5,273,699	31.00
32.00	03200	CORONARY CARE UNIT		14,196,242	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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	0.240620	31,197,830	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.158647	5,142,054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475343	28,801	52.00
53.00	05300	ANESTHESIOLOGY	0.069843	7,627,407	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236855	14,213,712	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.286396	1,166,863	55.00
56.00	05600	RADIOISOTOPE	0.219997	5,582,147	56.00
57.00	05700	CT SCAN	0.060154	18,648,124	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.113479	7,236,880	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115069	12,128,024	59.00
60.00	06000	LABORATORY	0.155092	37,889,203	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487792	4,875,343	62.00
65.00	06500	RESPIRATORY THERAPY	0.202576	12,089,415	65.00
66.00	06600	PHYSICAL THERAPY	0.350909	6,049,847	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.569638	52,551	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132240	10,313,460	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194008	1,769,465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.469037	17,155,109	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.571809	25,643,465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180758	60,826,554	73.00
74.00	07400	RENAL DIALYSIS	0.357176	2,433,178	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187107	671,605	75.00
76.00	03020	REHAB MEDICINE	0.607778	61,505	76.00
76.20	03021	DAY HOSPITAL	0.463027	1,534	76.20
76.30	03022	LITHOTRIPTER	0.201444	82,624	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.169031	3,703,016	76.45
76.97	07697	CARDIAC REHABILITATION	0.424453	60,861	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	DIABETES CARE CENTER	1.608407	222	90.01
90.02	09002	OUTPATIENT CENTER	0.435606	25,375	90.02
90.03	09003	PAIN CLINIC	0.346569	4,474	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.537539	8,326	90.06
90.07	09006	HEART RISK ASSESSMENT	0.127781	15,577	90.07
91.00	09100	EMERGENCY	0.192451	20,578,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.478637	661,019	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		307,943,842	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)		307,943,842	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S223		Date/Time Prepared: 5/28/2013 11:29 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		6,479,630	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	0.240620	0	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.158647	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475343	0	52.00
53.00	05300	ANESTHESIOLOGY	0.069843	2,467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236855	68,879	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.286396	0	55.00
56.00	05600	RADIOISOTOPE	0.219997	25,589	56.00
57.00	05700	CT SCAN	0.060154	175,878	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.113479	10,055	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115069	0	59.00
60.00	06000	LABORATORY	0.155092	639,361	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487792	283	62.00
65.00	06500	RESPIRATORY THERAPY	0.202576	59,513	65.00
66.00	06600	PHYSICAL THERAPY	0.350909	129,011	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.569638	115,049	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132240	48,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194008	7,853	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.469037	39,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.571809	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180758	1,165,390	73.00
74.00	07400	RENAL DIALYSIS	0.357176	34,452	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187107	0	75.00
76.00	03020	REHAB MEDICINE	0.607778	19,144	76.00
76.20	03021	DAY HOSPITAL	0.463027	4,445	76.20
76.30	03022	LITHOTRIPTER	0.201444	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.169031	7,108	76.45
76.97	07697	CARDIAC REHABILITATION	0.424453	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	DIABETES CARE CENTER	1.608407	0	90.01
90.02	09002	OUTPATIENT CENTER	0.435606	0	90.02
90.03	09003	PAIN CLINIC	0.346569	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.537539	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.127781	0	90.07
91.00	09100	EMERGENCY	0.192451	467,721	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.478637	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,019,503	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)		3,019,503	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T223		Date/Time Prepared: 5/28/2013 11:29 am	
		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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		13,321,581	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	0.240620	56	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.158647	1,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475343	0	52.00
53.00	05300	ANESTHESIOLOGY	0.069843	4,937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236855	237,783	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.286396	90,731	55.00
56.00	05600	RADIOISOTOPE	0.219997	233,138	56.00
57.00	05700	CT SCAN	0.060154	265,246	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.113479	101,509	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115069	0	59.00
60.00	06000	LABORATORY	0.155092	1,009,442	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487792	71,658	62.00
65.00	06500	RESPIRATORY THERAPY	0.202576	785,929	65.00
66.00	06600	PHYSICAL THERAPY	0.350909	8,276,447	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.569638	3,791	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132240	71,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194008	10,233	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.469037	597,197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.571809	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180758	3,208,190	73.00
74.00	07400	RENAL DIALYSIS	0.357176	175,425	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.187107	3,380	75.00
76.00	03020	REHAB MEDICINE	0.607778	195,960	76.00
76.20	03021	DAY HOSPITAL	0.463027	0	76.20
76.30	03022	LITHOTRIPTER	0.201444	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.169031	16,030	76.45
76.97	07697	CARDIAC REHABILITATION	0.424453	207	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	DIABETES CARE CENTER	1.608407	576	90.01
90.02	09002	OUTPATIENT CENTER	0.435606	0	90.02
90.03	09003	PAIN CLINIC	0.346569	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.537539	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.127781	0	90.07
91.00	09100	EMERGENCY	0.192451	9,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.478637	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		15,370,455	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)		15,370,455	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 11:29 am
		Title XVIIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		86,267,785	1.00
2.00	Outlier payments for discharges. (see instructions)		3,605,258	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		5,513,816	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		513.79	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)		188.61	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)		3.55	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.		7.04	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)		198.92	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		200.35	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)		198.92	12.00
13.00	Total allowable FTE count for the prior year.		194.94	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.		190.60	14.00
15.00	Sum of lines 12 through 14 divided by 3.		194.82	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		194.82	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.379182	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.366828	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.366828	21.00
22.00	IME payment adjustment (see instructions)		16,716,917	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)		1.43	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)		16,716,917	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.75	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		22.95	31.00
32.00	Sum of lines 30 and 31		25.70	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.42	33.00
34.00	Disproportionate share adjustment (see instructions)		8,989,103	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)		115,579,063	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)		115,579,063	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		9,002,917	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).		6,089,653	52.00
53.00	Nursing and Allied Health Managed Care payment		25,250	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		374,979	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 11:29 am
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		16,000	58.00
59.00	Total (sum of amounts on lines 49 through 58)		131,087,862	59.00
60.00	Primary payer payments		64,182	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		131,023,680	61.00
62.00	Deductibles billed to program beneficiaries		8,031,532	62.00
63.00	Coinsurance billed to program beneficiaries		585,888	63.00
64.00	Allowable bad debts (see instructions)		1,349,723	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		944,806	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,139,302	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		123,351,066	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)		55,164	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-168,838	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)		123,237,392	71.00
72.00	Interim payments		121,234,364	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)		2,003,028	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		13,319,678	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: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 11:29 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,404	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,852,296	2.00
3.00	PPS payments		35,014,339	3.00
4.00	Outlier payment (see instructions)		139,398	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		33,539,735	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		13,341	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,404	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		35,428	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)		35,428	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)		35,428	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		29,024	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)		6,404	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)		35,167,078	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		7,957,373	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)		27,216,109	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,734,225	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)		28,950,334	30.00
31.00	Primary payer payments		11,747	31.00
32.00	Subtotal (line 30 minus line 31)		28,938,587	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)		1,386,702	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		970,691	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,233,285	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		29,909,278	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)		29,909,278	40.00
41.00	Interim payments		28,730,740	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)		1,178,538	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: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 11:29 am
		Component CCN: 14S223	Title XVIIII	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		1	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)		-1	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: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 11:29 am
		Component CCN: 14T223	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)		2,168	2.00
3.00	PPS payments		1,689	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)		1,689	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		588	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)		1,101	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)		1,101	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,101	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)		1,101	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)		1,101	40.00
41.00	Interim payments		1,101	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: 140223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 11:29 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		121,268,481		28,664,303	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	10/24/2012	69,875	08/20/2012	56,717	3.01	
3.02			0	10/24/2012	9,720	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/20/2012	103,992		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)		-34,117		66,437	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)		121,234,364		28,730,740	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		2,003,028		1,178,538	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		123,237,392		29,909,278	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: 140223
Component CCN: 14S223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 11:29 am
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		3,293,721		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	08/20/2012	7,813		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	10/24/2012	6,665		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)		1,148		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)		3,294,869		1	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		163,179		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		3,458,048		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: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/28/2013 11:29 am	
		Title XVIII		Subprovider - IRF PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		10,402,577		1,101
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/20/2012	31,125		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-31,125		0
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)		10,371,452		1,101
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		97,156		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		10,468,608		1,101
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/28/2013 11:29 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			26,830 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			44,783 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,253 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			121,538 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,831,115,053 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			46,411,000 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,897,071 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,985,591 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-88,520 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/28/2013 11:29 am
		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)			3,285,286 1.00
2.00	Net IPF PPS Outlier Payments			103,358 2.00
3.00	Net IPF PPS ECT Payments			55,924 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)			3.45 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.)			3.57 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)			3.45 8.00
9.00	Average Daily Census (see instructions)			28.786885 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.060026 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			197,203 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,641,771 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)			3,641,771 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,641,771 18.00
19.00	Deductibles			224,168 19.00
20.00	Subtotal (line 18 minus line 19)			3,417,603 20.00
21.00	Coinsurance			58,089 21.00
22.00	Subtotal (line 20 minus line 21)			3,359,514 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			115,220 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			80,654 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			97,411 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,440,168 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)			17,880 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)			3,458,048 31.00
32.00	Interim payments			3,294,869 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)			163,179 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			103,358 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: 140223 Component CCN: 14T223	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/28/2013 11:29 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			9,715,153 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0281 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			440,038 3.00
4.00	Outlier Payments			349,135 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)			0.10 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.)			0.31 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)			0.10 9.00
10.00	Average Daily Census (see instructions)			33.565574 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.002047 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			19,887 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			10,524,213 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)			10,524,213 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			10,524,213 19.00
20.00	Deductibles			42,724 20.00
21.00	Subtotal (line 19 minus line 20)			10,481,489 21.00
22.00	Coinsurance			61,214 22.00
23.00	Subtotal (line 21 minus line 22)			10,420,275 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			16,353 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			11,447 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			15,197 26.00
27.00	Subtotal (sum of lines 23 and 25)			10,431,722 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)			36,886 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)			10,468,608 32.00
33.00	Interim payments			10,371,452 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)			97,156 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			349,135 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: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 11:29 am
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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.		194.81	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		3.05	3.00
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	3.01
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))		7.21	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		7.25	4.02
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)		206.22	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		208.44	6.00
7.00	Enter the lesser of line 5 or line 6		206.22	7.00

		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.	136.89	59.10	195.99	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.	135.43	58.47	193.90	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	135.43	58.47		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	136.15	54.70		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	134.91	49.92		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	135.50	54.36		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	135.50	54.36		17.00
18.00	Per resident amount	102,123.99	97,999.28		18.00
19.00	Approved amount for resident costs	13,837,801	5,327,241	19,165,042	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)			2.22	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)			19,165,042	25.00

		Inpatient Part A	Managed care		
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	56,506	2,826		26.00
27.00	Total Inpatient Days (see instructions)	144,359	144,359		27.00
28.00	Ratio of inpatient days to total inpatient days	0.391427	0.019576		28.00
29.00	Program direct GME amount	7,501,715	375,175		29.00
30.00	Reduction for direct GME payments for Medicare managed care		53,012		30.00
31.00	Net Program direct GME amount			7,823,878	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 11:29 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		4,331,504	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		143,551,043	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		64,182	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		143,486,861	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		40,874,209	42.00
43.00	Primary payer payments (see instructions)		11,747	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		40,862,462	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		184,349,323	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.778342	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.221658	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		7,823,878	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		6,089,653	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,734,225	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140223 Period: From 01/01/2012 To 12/31/2012 Worksheet G Date/Time Prepared: 5/28/2013 11:29 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	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				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	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: 140223

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

Worksheet G-1

Date/Time Prepared:
5/28/2013 11:29 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		2,994,225,555		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		102,093,445			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: 140223

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2013 11:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	198,890,117		198,890,117	1.00
2.00	SUBPROVIDER - IPF	17,795,304		17,795,304	2.00
3.00	SUBPROVIDER - IRF	20,749,267		20,749,267	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	0		0	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)	237,434,688		237,434,688	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,235,482		24,235,482	11.00
12.00	CORONARY CARE UNIT	26,532,004		26,532,004	12.00
12.01	NEONATAL CARE UNIT	50,043,685		50,043,685	12.01
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)	100,811,171		100,811,171	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	338,245,859		338,245,859	17.00
18.00	Ancillary services	765,164,193	584,449,731	1,349,613,924	18.00
19.00	Outpatient services	45,663,740	88,846,947	134,510,687	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	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	1,064,499	10,795,376	11,859,875	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,150,138,291	684,092,054	1,834,230,345	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		605,864,439		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)	3			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)		3		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		605,864,436		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140223

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

Worksheet G-3

Date/Time Prepared:
5/28/2013 11:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,834,230,345	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,142,186,991	2.00
3.00	Net patient revenues (line 1 minus line 2)	692,043,354	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	605,864,436	4.00
5.00	Net income from service to patients (line 3 minus line 4)	86,178,918	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	5,559	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	1,175,516	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,146,771	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	72,561	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	103,108	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	43,417	21.00
22.00	Rental of hospital space	192,691	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROGRAM FEES	20,405	24.00
24.01	GRANT RECOVERIES	729,327	24.01
24.02	RESTRICTED FUND INCOME	1,126,356	24.02
24.03	MISC INCOME	1,041,129	24.03
24.04	INTER-CO REVENUES	5,887,447	24.04
24.05	MEDICARE EHR INCENTIVE FUNDS	1,985,591	24.05
24.06	MEDICAD EHR INCENTIVE FUNDS	1,528,005	24.06
24.07		0	24.07
25.00	Total other income (sum of lines 6-24)	16,057,883	25.00
26.00	Total (line 5 plus line 25)	102,236,801	26.00
27.00	NON OPERATING LOSS	143,356	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	143,356	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	102,093,445	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140223

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

Worksheet I-5

Date/Time Prepared:
5/28/2013 11:29 am

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140223	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/28/2013 11:29 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,946,067	1.00
2.00	Capital DRG outlier payments		434,943	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		332.07	3.00
4.00	Number of interns & residents (see instructions)		194.82	4.00
5.00	Indirect medical education percentage (see instructions)		18.01	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		1,250,987	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.75	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		22.95	8.00
9.00	Sum of lines 7 and 8		25.70	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.34	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		370,920	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		9,002,917	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