

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN: 140250 Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/29/2013 12:56 pm

SETTLEMENT SUMMARY

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/29/2013 Time: 12:56 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

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 SOUTH SUBURBAN HOSPITAL (140250) 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	165,278	556,484	-104,062	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	33,456	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	198,734	556,484	-104,062	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: 140250		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 12:54 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 178TH STREET AND KEDZIE AVE			PO Box:						1.00	
2.00	City: HAZELCREST			State: IL		Zip Code: 60429-		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SOUTH SUBURBAN HOSPITAL	140250	29404	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF		SOUTH SUBURBAN NURSING UNIT	145599	29404		05/01/1988	N	P	O	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		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.	4,785	2,458	0	20	533	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00		
							Urban/Rural St	Date of Geogra			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 12:54 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.			V 1.00	XVIII 2.00	XIX 3.00
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140250

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 12:54 pm	
		1.00	2.00	3.00			
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N					75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0			76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N			80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
		V		XIX			
		1.00		2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N			92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Occupational		Speech	
		1.00		2.00		3.00	
		Respiratory					
		4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
		1.00		2.00		3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	5,834,772		16,381,000		0	

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		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
DO NOT USE THIS LINE					
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		119.00
120.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			120.00
Transplant Center Information					
121.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			121.00
122.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				122.00
123.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				123.00
124.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				124.00
125.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				125.00
126.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				130.00
All Providers					
131.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148036		131.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOV'T SERV		Contractor's Number: 00131	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
1.00					
144.00	Are provider based physicians' costs included in Worksheet A?		Y		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					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 12:54 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 12:54 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		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	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/08/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140250

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2013 12:54 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	2.00	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STEVE		PYRCIOCH	41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5762		STEVE.PYRCIOCH@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/08/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT	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: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	183	66,978	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)		183	66,978	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		203	74,298	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	37	13,542		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		240				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	14,604	4,840	36,461			1.00
2.00 HMO	4,988	580				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,604	4,840	36,461			7.00
8.00 INTENSIVE CARE UNIT	3,496	819	5,234			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,326	1,929			13.00
14.00 Total (see instructions)	18,100	6,985	43,624	0.00	1,046.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	6,924	0	10,745	0.00	46.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,092.00	27.00
28.00 Observation Bed Days		619	5,636			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)		231	345			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	4,232	1,275	11,250	1.00
2.00 HMO			0			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,232	1,275	11,250	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140250

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 12:54 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	67,462,736	0	67,462,736	2,273,444.97	29.67
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		465,494	0	465,494	3,713.00	125.37
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		3,500	0	3,500	1.00	3,500.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	2,495,077	0	2,495,077	95,680.00	26.08
10.00	Excluded area salaries (see instructions)		80,376	82,196	162,572	4,550.00	35.73
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		5,122,034	0	5,122,034	94,024.00	54.48
12.00	Contract management and administrative services		1,308,766	0	1,308,766	13,256.00	98.73
13.00	Contract Labor: Physician-Part A - Administrative		2,368,392	0	2,368,392	20,701.00	114.41
14.00	Home office salaries & wage-related costs		11,658,894	0	11,658,894	260,304.00	44.79
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		19,286,230	0	19,286,230		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		758,389	0	758,389		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,730,893	0	1,730,893	16,640.00	104.02
27.00	Administrative & General	5.00	8,273,526	-103,977	8,169,549	279,360.00	29.24
28.00	Administrative & General under contract (see inst.)		1,307,650	0	1,307,650	13,244.00	98.74
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,983,152	0	1,983,152	81,120.00	24.45
31.00	Laundry & Linen Service	8.00	117,513	0	117,513	8,320.00	14.12
32.00	Housekeeping	9.00	1,384,590	0	1,384,590	97,760.00	14.16
33.00	Housekeeping under contract (see instructions)		1,128	0	1,128	12.00	94.00
34.00	Dietary	10.00	1,946,926	-957,496	989,430	58,138.00	17.02
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	957,496	957,496	56,262.00	17.02
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,652,464	0	3,652,464	85,280.00	42.83
39.00	Central Services and Supply	14.00	417,200	37,962	455,162	25,282.00	18.00
40.00	Pharmacy	15.00	2,462,151	0	2,462,151	60,320.00	40.82
41.00	Medical Records & Medical Records Library	16.00	1,060,460	0	1,060,460	54,080.00	19.61

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140250

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 12:54 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	666,293	0	666,293	18,720.00	35.59	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: 140250

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2013 12:54 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	68,768,014	0	68,768,014	2,286,699.97	30.07	1.00
2.00	Excluded area salaries (see instructions)	2,575,453	82,196	2,657,649	100,230.00	26.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,192,561	-82,196	66,110,365	2,186,469.97	30.24	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,458,086	0	20,458,086	388,285.00	52.69	4.00
5.00	Subtotal wage-related costs (see inst.)	19,286,230	0	19,286,230	0.00	29.17	5.00
6.00	Total (sum of lines 3 thru 5)	105,936,877	-82,196	105,854,681	2,574,754.97	41.11	6.00
7.00	Total overhead cost (see instructions)	25,003,946	-66,015	24,937,931	854,538.00	29.18	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2013 12:54 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,236,304	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,523,015	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	183,840	6.00
7.00	Employee Managed Care Program Administration Fees	891,967	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,116,489	8.00
9.00	Prescription Drug Plan	1,132,804	9.00
10.00	Dental, Hearing and Vision Plan	324,227	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	99,245	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)	586,510	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,277,593	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	4,816,880	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	279,411	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))	186,753	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	631,192	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,286,230	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: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/29/2013 12:54 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,112,034	19,286,230	1.00
2.00	Hospital	5,112,034	18,568,728	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	717,502	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:
5/29/2013 12:54 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	30	0	30	4.00
5.00	RVX	24	0	24	5.00
6.00	RVL	92	0	92	6.00
7.00	RHX	10	0	10	7.00
8.00	RHL	1	0	1	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	4	0	4	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	55	0	55	12.00
13.00	RUB	532	0	532	13.00
14.00	RUA	1,271	0	1,271	14.00
15.00	RVC	264	0	264	15.00
16.00	RVB	1,066	0	1,066	16.00
17.00	RVA	2,442	0	2,442	17.00
18.00	RHC	55	0	55	18.00
19.00	RHB	215	0	215	19.00
20.00	RHA	279	0	279	20.00
21.00	RMC	36	0	36	21.00
22.00	RMB	90	0	90	22.00
23.00	RMA	216	0	216	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	3	0	3	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	17	0	17	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	9	0	9	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	16	0	16	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	10	0	10	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	8	0	8	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	11	0	11	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	37	0	37	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	31	0	31	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	69	0	69	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	2	0	2	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:
5/29/2013 12:54 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	4	0	4	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	11	0	11	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	14	0	14	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		6,924	0	6,924	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		2,495,077	28.09	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		8,883,600			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/29/2013 12:54 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.251294	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			11,135,597	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			92,428,484	6.00
7.00	Medicaid cost (line 1 times line 6)			23,226,723	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)			12,091,126	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			12,091,126	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	17,001,698	1,828,403	18,830,101	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,272,425	459,467	4,731,892	21.00
22.00	Partial payment by patients approved for charity care	313,859	22,349	336,208	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,958,566	437,118	4,395,684	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)			8,520,218	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,317,109	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			7,203,109	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,810,098	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			6,205,782	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,296,908	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140250		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/29/2013 12:54 pm							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		4,445,543	4,445,543	2,927,390	7,372,933		1.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0		3.00
4.00 00400 EMPLOYEE BENEFITS	1,730,893	14,656,896	16,387,789	-4,651	16,383,138		4.00
5.01 00510 COMMUNICATIONS	405,805	530,587	936,392	-2,292	934,100		5.01
5.02 00520 DATA PROCESSING	0	9,100,008	9,100,008	-5,348	9,094,660		5.02
5.03 00530 PURCHASING RECEIVING AND STORES	230,070	342,220	572,290	-75,697	496,593		5.03
5.04 00540 ADMINISTRATION	1,598,275	294,757	1,893,032	-37,326	1,855,706		5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	878,668	703,232	1,581,900	-34,683	1,547,217		5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	5,160,708	26,792,528	31,953,236	-821,737	31,131,499		5.06
7.00 00700 OPERATION OF PLANT	1,983,152	4,160,408	6,143,560	-72,410	6,071,150		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	117,513	15,661	133,174	-7,099	126,075		8.00
9.00 00900 HOUSEKEEPING	1,384,590	851,628	2,236,218	-24,093	2,212,125		9.00
10.00 01000 DIETARY	1,946,926	1,147,957	3,094,883	-1,554,557	1,540,326		10.00
11.00 01100 CAFETERIA	0	0	0	1,522,060	1,522,060		11.00
13.00 01300 NURSING ADMINISTRATION	3,652,464	830,317	4,482,781	65,737	4,548,518		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	417,200	357,077	774,277	-110,086	664,191		14.00
15.00 01500 PHARMACY	2,462,151	8,583,027	11,045,178	-8,041,776	3,003,402		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,060,460	1,032,519	2,092,979	-10,514	2,082,465		16.00
17.00 01700 SOCIAL SERVICE	666,293	74,141	740,434	-924	739,510		17.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	80,376	48,034	128,410	75,631	204,041		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	17,442,476	6,727,297	24,169,773	-2,466,173	21,703,600		30.00
31.00 03100 INTENSIVE CARE UNIT	3,409,059	1,509,395	4,918,454	-436,805	4,481,649		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
41.00 04100 SUBPROVIDER - IIRF	0	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	495,009	809,974	1,304,983	-75,404	1,229,579		43.00
44.00 04400 SKILLED NURSING FACILITY	2,495,077	469,987	2,965,064	-131,226	2,833,838		44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,677,098	10,793,629	14,470,727	-9,236,591	5,234,136		50.00
53.00 05300 ANESTHESIOLOGY	29,559	396,686	426,245	826,350	1,252,595		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,953,632	2,193,610	6,147,242	-803,820	5,343,422		54.00
56.00 05600 RADIOISOTOPE	342,755	475,607	818,362	-50,905	767,457		56.00
56.01 05601 ULTRASOUND	595,529	161,751	757,280	-87,968	669,312		56.01
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	771,152	4,533,470	5,304,622	-3,936,609	1,368,013		59.00
60.00 06000 LABORATORY	0	5,629,845	5,629,845	-4,794	5,625,051		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,744,855	1,744,855	-1,099,640	645,215		62.00
64.00 06400 INTRAVENOUS THERAPY	376,041	230,760	606,801	-136,110	470,691		64.00
65.00 06500 RESPIRATORY THERAPY	1,228,757	482,476	1,711,233	-238,813	1,472,420		65.00
66.00 06600 PHYSICAL THERAPY	87,978	3,940,777	4,028,755	-1,244,588	2,784,167		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	390	390	1,219,019	1,219,409		67.00
68.00 06800 SPEECH PATHOLOGY	186,348	18,834	205,182	-1,472	203,710		68.00
69.00 06900 ELECTROCARDIOLOGY	856,371	401,584	1,257,955	-112,372	1,145,583		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	96,260	45,459	141,719	-37,692	104,027		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,969,960	10,969,960		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,918,702	6,918,702		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	7,953,724	7,953,724		73.00
74.00 07400 RENAL DIALYSIS	365,592	173,989	539,581	-75,715	463,866		74.00
75.00 07500 ASC (NON-DISTINCT PART)	1,219,841	423,810	1,643,651	-176,516	1,467,135		75.00
76.00 03020 PULMONARY FUNCTION TESTING	113,012	14,863	127,875	-5,526	122,349		76.00
76.97 07697 CARDIAC REHABILITATION	219,559	25,683	245,242	-2,744	242,498		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	654,181	1,193,571	1,847,752	-345,070	1,502,682		90.00
91.00 09100 EMERGENCY	4,849,309	2,098,123	6,947,432	-989,431	5,958,001		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
93.00 04040 SLEEP LAB	222,597	207,522	430,119	-12,836	417,283		93.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	26,158	26,158	0	26,158		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0		111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE		1,672,418	1,672,418	0	1,672,418	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	33,440	33,440	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,462,736	120,369,063	187,831,799	0	187,831,799	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,258	57,258	0	57,258	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	67,462,736	120,426,321	187,889,057	0	187,889,057	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,010,279	8,383,212	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	2,250,128	18,633,266	4.00
5.01	00510	COMMUNICATIONS	-93,572	840,528	5.01
5.02	00520	DATA PROCESSING	-4,872,928	4,221,732	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	496,593	5.03
5.04	00540	ADMINISTRATIVE	0	1,855,706	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	-14,621	1,532,596	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-10,781,839	20,349,660	5.06
7.00	00700	OPERATION OF PLANT	-69,867	6,001,283	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	126,075	8.00
9.00	00900	HOUSEKEEPING	0	2,212,125	9.00
10.00	01000	DIETARY	0	1,540,326	10.00
11.00	01100	CAFETERIA	-608,570	913,490	11.00
13.00	01300	NURSING ADMINISTRATION	-148,616	4,399,902	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	664,191	14.00
15.00	01500	PHARMACY	-52	3,003,350	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-8,178	2,074,287	16.00
17.00	01700	SOCIAL SERVICE	-15,505	724,005	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	-20,305	183,736	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,327,717	19,375,883	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,481,649	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-654,559	575,020	43.00
44.00	04400	SKILLED NURSING FACILITY	-24,650	2,809,188	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-96,015	5,138,121	50.00
53.00	05300	ANESTHESIOLOGY	-1,088,930	163,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-125,869	5,217,553	54.00
56.00	05600	RADIOISOTOPE	0	767,457	56.00
56.01	05601	ULTRASOUND	0	669,312	56.01
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	1,368,013	59.00
60.00	06000	LABORATORY	0	5,625,051	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	645,215	62.00
64.00	06400	INTRAVENOUS THERAPY	0	470,691	64.00
65.00	06500	RESPIRATORY THERAPY	-96,000	1,376,420	65.00
66.00	06600	PHYSICAL THERAPY	-26	2,784,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,219,409	67.00
68.00	06800	SPEECH PATHOLOGY	0	203,710	68.00
69.00	06900	ELECTROCARDIOLOGY	-24,200	1,121,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	104,027	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,969,960	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,918,702	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,953,724	73.00
74.00	07400	RENAL DIALYSIS	-15,600	448,266	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,467,135	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	122,349	76.00
76.97	07697	CARDIAC REHABILITATION	0	242,498	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	-129,819	1,372,863	90.00
91.00	09100	EMERGENCY	-39,460	5,918,541	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	SLEEP LAB	0	417,283	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-26,158	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	112.00
113.00	11300	INTEREST EXPENSE	-1,672,418	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
114.00	11400	UTILIZATION REVIEW-SNF	-33,440	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-19,728,507	168,103,292	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,258	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	FUND RAISING	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-19,728,507	168,160,550	200.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6

Date/Time Prepared:
5/29/2013 12:54 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	957,496	564,564	1.00
	TOTALS		957,496	564,564	
B - PATIENT DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,953,724	1.00
	TOTALS		0	7,953,724	
C - PHYSICIAN COMPENSATION					
1.00	UTILIZATION REVIEW-SNF	114.00	0	33,440	1.00
	TOTALS		0	33,440	
D - CENTRAL PROCESSING					
1.00	CENTRAL SERVICES & SUPPLY	14.00	37,962	0	1.00
	TOTALS		37,962	0	
E - MEDICAL DIRECTORS - PHYSICIANS					
1.00	OPERATING ROOM	50.00	15,000	81,015	1.00
2.00	ANESTHESIOLOGY	53.00	0	1,088,930	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	112,462	3.00
4.00	EMERGENCY	91.00	39,000	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	90,000	5.00
6.00	SKILLED NURSING FACILITY	44.00	0	24,650	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	24,200	7.00
8.00	RENAL DIALYSIS	74.00	0	15,600	8.00
9.00	CLINIC	90.00	0	34,400	9.00
	TOTALS		54,000	1,471,257	
F - EDUCATION COST					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	82,196	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		82,196	0	
G - CONTRACTED OR NURSE ASSISTANTS					
1.00	OPERATING ROOM	50.00	0	132,800	1.00
	TOTALS		0	132,800	
H - EQUIP DEPR					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,927,390	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	2,927,390	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
I - OCCUPATIONAL THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	0	1,219,244	1.00
	TOTALS		0	1,219,244	
J - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,888,662	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
	TOTALS		0	17,888,662	
K - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,918,702	1.00
	TOTALS		0	6,918,702	
500.00	Grand Total: Increases		1,131,654	39,109,783	500.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6
Date/Time Prepared:
5/29/2013 12:54 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA COSTS							
1.00	DIETARY	10.00	957,496	564,564	0		1.00
	TOTALS		957,496	564,564			
B - PATIENT DRUGS							
1.00	PHARMACY	15.00	0	7,953,724	0		1.00
	TOTALS		0	7,953,724			
C - PHYSICIAN COMPENSATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33,440	0		1.00
	TOTALS		0	33,440			
D - CENTRAL PROCESSING							
1.00	PURCHASING RECEIVING AND STORES	5.03	37,962	0	0		1.00
	TOTALS		37,962	0			
E - MEDICAL DIRECTORS - PHYSICIANS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	54,000	451,647	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,019,610	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		54,000	1,471,257			
F - EDUCATION COST							
1.00	ADULTS & PEDIATRICS	30.00	15,142	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	12,458	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	12,015	0	0		3.00
4.00	EMERGENCY	91.00	42,581	0	0		4.00
	TOTALS		82,196	0			
G - CONTRACTED OR NURSE ASSISTANTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	132,800	0		1.00
	TOTALS		0	132,800			
H - EQUIP DEPR							
1.00	EMPLOYEE BENEFITS	4.00	0	3,232	9		1.00
2.00	COMMUNICATIONS	5.01	0	2,281	0		2.00
3.00	DATA PROCESSING	5.02	0	5,348	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	28,116	0		4.00
5.00	ADMINISTRATIVE	5.04	0	35,647	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	34,683	0		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	106,365	0		7.00
8.00	OPERATION OF PLANT	7.00	0	66,778	0		8.00
9.00	HOUSEKEEPING	9.00	0	23,803	0		9.00
10.00	DIETARY	10.00	0	31,023	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	24,018	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,616	0		12.00
13.00	PHARMACY	15.00	0	60,469	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,359	0		14.00
15.00	SOCIAL SERVICE	17.00	0	900	0		15.00
16.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	2,862	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	276,115	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	108,067	0		18.00
19.00	NURSERY	43.00	0	41,208	0		19.00
20.00	SKILLED NURSING FACILITY	44.00	0	2,018	0		20.00
21.00	OPERATING ROOM	50.00	0	876,063	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	23,588	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	374,099	0		23.00
24.00	RADIOISOTOPE	56.00	0	46,943	0		24.00
25.00	ULTRASOUND	56.01	0	55,164	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	126,952	0		26.00
27.00	LABORATORY	60.00	0	4,794	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	11,386	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	3,292	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	205	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	28,760	0		31.00
32.00	RENAL DIALYSIS	74.00	0	10,747	0		32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0	141,292	0		33.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6
Date/Time Prepared:
5/29/2013 12:54 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
34.00	PULMONARY FUNCTION TESTING	76.00	0	1,685	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	1,336	0		35.00
36.00	CLINIC	90.00	0	6,494	0		36.00
37.00	EMERGENCY	91.00	0	214,012	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	104,374	0		38.00
39.00	SLEEP LAB	93.00	0	1,296	0		39.00
	TOTALS		0	2,927,390			
I - OCCUPATIONAL THERAPY							
1.00	PHYSICAL THERAPY	66.00	0	1,219,244	0		1.00
	TOTALS		0	1,219,244			
J - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	1,419	0		1.00
2.00	COMMUNICATIONS	5.01	0	11	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	9,619	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,679	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	31,470	0		5.00
6.00	OPERATION OF PLANT	7.00	0	5,632	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	7,099	0		7.00
8.00	HOUSEKEEPING	9.00	0	290	0		8.00
9.00	DIETARY	10.00	0	1,474	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	245	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	116,432	0		11.00
12.00	PHARMACY	15.00	0	27,583	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	155	0		13.00
14.00	SOCIAL SERVICE	17.00	0	24	0		14.00
15.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	3,703	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,155,306	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	316,280	0		17.00
18.00	NURSERY	43.00	0	34,196	0		18.00
19.00	SKILLED NURSING FACILITY	44.00	0	153,858	0		19.00
20.00	OPERATING ROOM	50.00	0	8,589,343	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	238,992	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	542,183	0		22.00
23.00	RADIOISOTOPE	56.00	0	3,962	0		23.00
24.00	ULTRASOUND	56.01	0	32,804	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	3,809,657	0		25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,099,640	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	136,110	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	227,427	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	22,052	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	20	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	1,472	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	32,198	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,932	0		33.00
34.00	RENAL DIALYSIS	74.00	0	80,568	0		34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	35,224	0		35.00
36.00	PULMONARY FUNCTION TESTING	76.00	0	3,841	0		36.00
37.00	CARDIAC REHABILITATION	76.97	0	1,408	0		37.00
38.00	CLINIC	90.00	0	372,976	0		38.00
39.00	EMERGENCY	91.00	0	771,838	0		39.00
40.00	SLEEP LAB	93.00	0	11,540	0		40.00
	TOTALS		0	17,888,662			
K - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,918,702	0		1.00
	TOTALS		0	6,918,702			
500.00	Grand Total: Decreases		1,131,654	39,109,783			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2013 12:54 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	714,843	0	0	0	1.00
2.00	Land Improvements	4,704,253	578,036	0	578,036	2.00
3.00	Buildings and Fixtures	113,188,435	2,384,296	0	2,384,296	3.00
4.00	Building Improvements	493,741	0	0	0	4.00
5.00	Fixed Equipment	48,753,056	5,073,920	0	5,073,920	5.00
6.00	Movable Equipment	18,666	0	0	0	6.00
7.00	HIT designated Assets	802,434	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	168,675,428	8,036,252	0	8,036,252	8.00
9.00	Reconciling Items	-2,229,619	-3,029,387	0	-3,029,387	9.00
10.00	Total (line 8 minus line 9)	170,905,047	11,065,639	0	11,065,639	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,445,543	0	0	0	1.00
3.00	Total (sum of lines 1-2)	4,445,543	0	0	0	3.00
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	1.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2013 12:54 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	714,843	0			1.00
2.00	Land Improvements	5,282,289	2,538,997			2.00
3.00	Buildings and Fixtures	115,572,731	46,535,109			3.00
4.00	Building Improvements	493,741	269,880			4.00
5.00	Fixed Equipment	42,704,377	23,743,160			5.00
6.00	Movable Equipment	18,666	18,666			6.00
7.00	HIT designated Assets	802,434	374,351			7.00
8.00	Subtotal (sum of lines 1-7)	165,589,081	73,480,163			8.00
9.00	Reconciling Items	-5,259,006	0			9.00
10.00	Total (line 8 minus line 9)	170,848,087	73,480,163			10.00
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	4,445,543			1.00
3.00	Total (sum of lines 1-2)	0	4,445,543			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		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	8,383,212	0
3.00	Total (sum of lines 1-2)	0	0	0	8,383,212	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	8,383,212	1.00
3.00	Total (sum of lines 1-2)	0	0	0	0	8,383,212	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140250

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-93,572	COMMUNICATIONS	5.01 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,518,337		
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-4,478,770		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests		0		0.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-8,177	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)	A	-33,440	0UTILIZATION REVIEW-SNF	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0*** Cost Center Deleted ***	2.00 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00 OTHER NONALLOWABLE EXPENSES	A	-570	EMPLOYEE BENEFITS	4.00 33.00
33.01 OTHER NONALLOWABLE EXPENSES	A	-93,157	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.01
33.02 OTHER NONALLOWABLE EXPENSES	A	-69,867	OPERATION OF PLANT	7.00 33.02
33.03 OTHER NONALLOWABLE EXPENSES	A	-530	CAFETERIA	11.00 33.03
33.04 OTHER NONALLOWABLE EXPENSES	A	-52	PHARMACY	15.00 33.04
33.05 OTHER NONALLOWABLE EXPENSES	A	-2,845	NURSING ADMINISTRATION	13.00 33.05
33.06 OTHER NONALLOWABLE EXPENSES	A	-19	NURSERY	43.00 33.06
33.07 OTHER NONALLOWABLE EXPENSES	A	-26	PHYSICAL THERAPY	66.00 33.07
33.08 OTHER NONALLOWABLE EXPENSES	A	-460	EMERGENCY	91.00 33.08
33.09 OTHER NONALLOWABLE EXPENSES	A	-15,505	SOCIAL SERVICE	17.00 33.09
33.10 OTHER NONALLOWABLE EXPENSES	A	-1	MEDICAL RECORDS & LIBRARY	16.00 33.10
34.00 EMPLOYED PHYSICIANS	A	-162,150	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.00
34.05 EMPLOYED PHYSICIANS	A	-144,171	NURSING ADMINISTRATION	13.00 34.05
36.05 AHP FEE	A	-1,085,040	OTHER ADMINISTRATIVE AND GENERAL	5.06 36.05
37.00		0		0.00 37.00
37.01 BOOKED DEPR TO MC	A	1,548	NEW CAP REL COSTS-BLDG & FIXT	1.00 37.01
38.00		0		0.00 38.00
39.00 BNA SETTLEMENT FEES	A	-189,968	OTHER ADMINISTRATIVE AND GENERAL	5.06 39.00
39.05		0		0.00 39.05

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	
40.03 AHA/IHA LOBBYING EXPENSES	A	-8,203	OTHER ADMINISTRATIVE AND GENERAL	5.06	40.03
41.00 ADVERTISING COSTS	A	-42,100	OTHER ADMINISTRATIVE AND GENERAL	5.06	41.00
45.01		0		0.00	45.01
45.02 BOOKED INTEREST EXPENSE	A	-1,672,418	INTEREST EXPENSE	113.00	45.02
45.06		0		0.00	45.06
45.07 HHA EXPENSES	A	-26,158	HOME HEALTH AGENCY	101.00	45.07
45.10		0		0.00	45.10
45.15 PUBLIC AID ASSESSMENT	A	-6,160,458	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.15
45.16		0		0.00	45.16
45.17 OTHER INCOME	B	-10,266	EMPLOYEE BENEFITS	4.00	45.17
45.18 OTHER INCOME	B	-14,621	CASHIERING/ACCOUNTS RECEIVABLE	5.05	45.18
45.19 OTHER INCOME	B	-165,226	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.19
45.24 OTHER INCOME	B	-1,600	NURSING ADMINISTRATION	13.00	45.24
45.25 OTHER INCOME	B	-608,040	CAFETERIA	11.00	45.25
45.27 OTHER INCOME	B	-20,305	PARAMED ED PRGM-(SPECIFY)	23.00	45.27
45.28 OTHER INCOME	B	300	ADULTS & PEDIATRICS	30.00	45.28
45.30 OTHER INCOME	B	-13,407	RADIOLOGY-DIAGNOSTIC	54.00	45.30
45.34 OTHER INCOME	B	-90,896	CLINIC	90.00	45.34
45.35		0		0.00	45.35
45.36		0		0.00	45.36
45.37		0		0.00	45.37
45.38		0		0.00	45.38
45.39		0		0.00	45.39
45.40		0		0.00	45.40
45.41		0		0.00	45.41
45.42		0		0.00	45.42
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,728,507			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140250

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER NONALLOWABLE EXPENSES	0	33.00
33.01	OTHER NONALLOWABLE EXPENSES	0	33.01
33.02	OTHER NONALLOWABLE EXPENSES	0	33.02
33.03	OTHER NONALLOWABLE EXPENSES	0	33.03
33.04	OTHER NONALLOWABLE EXPENSES	0	33.04
33.05	OTHER NONALLOWABLE EXPENSES	0	33.05
33.06	OTHER NONALLOWABLE EXPENSES	0	33.06
33.07	OTHER NONALLOWABLE EXPENSES	0	33.07
33.08	OTHER NONALLOWABLE EXPENSES	0	33.08
33.09	OTHER NONALLOWABLE EXPENSES	0	33.09
33.10	OTHER NONALLOWABLE EXPENSES	0	33.10
34.00	EMPLOYED PHYSICIANS	0	34.00
34.05	EMPLOYED PHYSICIANS	0	34.05
36.05	AHP FEE	0	36.05
37.00		0	37.00
37.01	BOOKED DEPR TO MC	9	37.01
38.00		0	38.00
39.00	BNA SETTLEMENT FEES	0	39.00
39.05		0	39.05
40.03	AHA/IHA LOBBYING EXPENSES	0	40.03
41.00	ADVERTISING COSTS	0	41.00
45.01		0	45.01
45.02	BOOKED INTEREST EXPENSE	0	45.02
45.06		9	45.06
45.07	HHA EXPENSES	0	45.07
45.10		0	45.10
45.15	PUBLIC AID ASSESSMENT	0	45.15
45.16		0	45.16
45.17	OTHER INCOME	0	45.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 140250

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.18	OTHER INCOME	0	45.18
45.19	OTHER INCOME	0	45.19
45.24	OTHER INCOME	0	45.24
45.25	OTHER INCOME	0	45.25
45.27	OTHER INCOME	0	45.27
45.28	OTHER INCOME	0	45.28
45.30	OTHER INCOME	0	45.30
45.34	OTHER INCOME	0	45.34
45.35		0	45.35
45.36		0	45.36
45.37		0	45.37
45.38		0	45.38
45.39		0	45.39
45.40		0	45.40
45.41		0	45.41
45.42		0	45.42
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140250

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 12:54 pm

	Line No.	Cost Center	Expense Items	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		5.06 OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE ALLOCATION	1.00
2.00		5.02 DATA PROCESSING	HOME OFFICE ALLOCATION	2.00
3.00		4.00 EMPLOYEE BENEFITS	HOME OFFICE PERSONNEL ALLOC	3.00
4.00		1.00 NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE DEPR	4.00
4.01		0.00		4.01
4.02		0.00		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			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	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00		B		0.00	6.00
7.00				0.00	7.00
8.00				0.00	8.00
9.00				0.00	9.00
10.00				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: 140250

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2013 12:54 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	3,708,615	6,584,152	-2,875,537	0		1.00
2.00	2,209,841	7,082,769	-4,872,928	0		2.00
3.00	2,260,964	0	2,260,964	0		3.00
4.00	1,008,731	0	1,008,731	9		4.00
4.01	0	0	0	0		4.01
4.02	0	0	0	0		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	9,188,151	13,666,921	-4,478,770		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			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	ADVOCATE HEALTH	100.00	HOME OFFICE	6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140250

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 12:54 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00		30.00ADULTS & PEDIATRICS	2,328,017	2,328,017	1.00
2.00		43.00NURSERY	654,540	654,540	2.00
3.00		50.00OPERATING ROOM	96,015	96,015	3.00
4.00		53.00ANESTHESIOLOGY	1,088,930	1,088,930	4.00
5.00		65.00RESPIRATORY THERAPY	96,000	96,000	5.00
6.00		54.00RADIOLOGY-DIAGNOSTIC	112,462	112,462	6.00
7.00		91.00EMERGENCY	39,000	39,000	7.00
8.00		90.00CLINIC	38,923	38,923	8.00
9.00		44.00SKILLED NURSING FACILITY	24,650	24,650	9.00
10.00		69.00ELECTROCARDIOLOGY	24,200	24,200	10.00
11.00		74.00RENAL DIALYSIS	15,600	15,600	11.00
200.00			4,518,337	4,518,337	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140250

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 12:54 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	200,300	0	0	0	1.00
2.00	0	177,200	0	0	0	2.00
3.00	0	177,200	0	0	0	3.00
4.00	0	200,300	0	0	0	4.00
5.00	0	177,200	0	0	0	5.00
6.00	0	225,300	0	0	0	6.00
7.00	0	208,000	0	0	0	7.00
8.00	0	177,200	0	0	0	8.00
9.00	0	177,200	0	0	0	9.00
10.00	0	177,200	0	0	0	10.00
11.00	0	177,200	0	0	0	11.00
200.00	0		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140250

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 12:54 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140250

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 12:54 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	2,328,017	1.00
2.00	0	654,540	2.00
3.00	0	96,015	3.00
4.00	0	1,088,930	4.00
5.00	0	96,000	5.00
6.00	0	112,462	6.00
7.00	0	39,000	7.00
8.00	0	38,923	8.00
9.00	0	24,650	9.00
10.00	0	24,200	10.00
11.00	0	15,600	11.00
200.00	0	4,518,337	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL	EMPLOYEE BENEFITS	COMMUNI CATIONS	DATA PROCESSING	
		RELATED COSTS NEW BLDG & FIXT				
	0	1.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	8,383,212	8,383,212				1.00
4.00 00400 EMPLOYEE BENEFITS	18,633,266	50,547	18,683,813			4.00
5.01 00510 COMMUNI CATIONS	840,528	30,461	115,347	986,336		5.01
5.02 00520 DATA PROCESSING	4,221,732	79,498	0	14,952	4,316,182	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	496,593	118,580	76,186	6,752	0	5.03
5.04 00540 ADMITTING	1,855,706	80,742	454,299	53,537	246,388	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,532,596	0	249,755	26,045	1,671,917	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	20,349,660	734,586	1,448,131	93,569	545,572	5.06
7.00 00700 OPERATION OF PLANT	6,001,283	1,326,751	563,697	52,090	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	126,075	22,796	33,402	0	0	8.00
9.00 00900 HOUSEKEEPING	2,212,125	116,625	393,560	27,974	0	9.00
10.00 01000 DIETARY	1,540,326	164,039	281,239	13,505	0	10.00
11.00 01100 CAFETERIA	913,490	158,751	272,162	13,987	0	11.00
13.00 01300 NURSING ADMINISTRATION	4,399,902	43,126	1,038,187	18,810	805,159	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	664,191	79,964	107,796	6,270	0	14.00
15.00 01500 PHARMACY	3,003,350	87,141	699,849	27,010	527,973	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,074,287	108,626	301,428	36,174	193,590	16.00
17.00 01700 SOCIAL SERVICE	724,005	8,776	189,389	7,235	0	17.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	183,736	17,375	46,211	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	19,375,883	1,924,224	4,953,593	172,185	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,481,649	324,745	965,460	47,267	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	575,020	37,505	140,703	6,270	0	43.00
44.00 04400 SKILLED NURSING FACILITY	2,809,188	355,050	709,208	25,080	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,138,121	489,850	1,049,453	45,820	0	50.00
53.00 05300 ANESTHESIOLOGY	163,665	8,887	8,402	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,217,553	523,910	1,123,792	84,888	153,992	54.00
56.00 05600 RADIOISOTOPE	767,457	59,834	97,426	4,823	0	56.00
56.01 05601 ULTRASOUND	669,312	0	169,275	2,894	0	56.01
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	1,368,013	87,452	219,195	16,399	0	59.00
60.00 06000 LABORATORY	5,625,051	212,697	0	28,457	171,591	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	645,215	24,396	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	470,691	5,866	106,887	2,412	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,376,420	47,703	349,266	9,646	0	65.00
66.00 06600 PHYSICAL THERAPY	2,784,141	121,913	25,007	8,682	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,219,409	19,086	0	2,894	0	67.00
68.00 06800 SPEECH PATHOLOGY	203,710	2,533	52,968	965	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,121,383	26,951	243,417	16,399	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	104,027	13,242	27,361	3,859	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,969,960	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	6,918,702	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,953,724	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	448,266	21,307	103,917	3,376	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	1,467,135	160,617	346,731	16,881	0	75.00
76.00 03020 PULMONARY FUNCTION TESTING	122,349	7,021	32,123	1,447	0	76.00
76.97 07697 CARDIAC REHABILITATION	242,498	66,766	62,408	4,823	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	1,372,863	154,951	185,947	16,399	0	90.00
91.00 09100 EMERGENCY	5,918,541	421,039	1,377,364	65,113	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 SLEEP LAB	417,283	10,954	63,272	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	168,103,292	8,356,883		18,683,813	984,889	4,316,182	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,258	26,329		0	1,447	0	190.00
190.01 19001 NONREIMBURSABLE HHA	0	0		0	0	0	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		0	0	0	192.00
194.00 07950 FUND RAISING	0	0		0	0	0	194.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers		0		0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	168,160,550	8,383,212		18,683,813	986,336	4,316,182	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES	698,111					5.03
5.04	00540	ADMINITTING	66	2,690,738				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,480,313			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,229	0	0	23,172,747	23,172,747	5.06
7.00	00700	OPERATION OF PLANT	220	0	0	7,944,041	1,269,656	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	277	0	0	182,550	29,176	8.00
9.00	00900	HOUSEKEEPING	11	0	0	2,750,295	439,566	9.00
10.00	01000	DIETARY	29	0	0	1,999,138	319,512	10.00
11.00	01100	CAFETERIA	28	0	0	1,358,418	217,109	11.00
13.00	01300	NURSING ADMINISTRATION	10	0	0	6,305,194	1,007,728	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,547	0	0	862,768	137,892	14.00
15.00	01500	PHARMACY	1,077	0	0	4,346,400	694,663	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6	0	0	2,714,111	433,783	16.00
17.00	01700	SOCIAL SERVICE	1	0	0	929,406	148,542	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	145	0	0	247,467	39,551	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,114	297,885	385,289	27,154,173	4,339,988	30.00
31.00	03100	INTENSIVE CARE UNIT	12,350	72,790	94,147	5,998,408	958,696	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,335	8,366	10,820	780,019	124,667	43.00
44.00	04400	SKILLED NURSING FACILITY	6,008	35,756	46,248	3,986,538	637,148	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	335,404	313,645	405,674	7,777,967	1,243,114	50.00
53.00	05300	ANESTHESIOLOGY	9,332	50,147	64,861	305,294	48,794	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,172	350,161	452,904	7,928,372	1,267,152	54.00
56.00	05600	RADIOISOTOPE	155	28,157	36,419	994,271	158,909	56.00
56.01	05601	ULTRASOUND	1,281	35,561	45,995	924,318	147,729	56.01
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	148,763	88,411	114,352	2,042,585	326,456	59.00
60.00	06000	LABORATORY	0	209,728	271,265	6,518,789	1,041,865	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	42,940	18,901	24,447	755,899	120,812	62.00
64.00	06400	INTRAVENOUS THERAPY	5,315	3,148	4,072	598,391	95,638	64.00
65.00	06500	RESPIRATORY THERAPY	8,881	58,349	75,469	1,925,734	307,780	65.00
66.00	06600	PHYSICAL THERAPY	861	38,784	50,163	3,029,551	484,198	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	17,225	22,279	1,280,894	204,719	67.00
68.00	06800	SPEECH PATHOLOGY	57	3,603	4,660	268,496	42,912	68.00
69.00	06900	ELECTROCARDIOLOGY	1,257	65,650	84,913	1,559,970	249,322	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	349	6,819	8,820	164,477	26,288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	127,720	165,195	11,262,875	1,800,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	94,806	122,623	7,136,131	1,140,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	323,095	417,896	8,694,715	1,389,633	73.00
74.00	07400	RENAL DIALYSIS	3,146	10,941	14,151	605,104	96,711	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,375	27,344	35,367	2,055,450	328,512	75.00
76.00	03020	PULMONARY FUNCTION TESTING	150	5,529	7,151	175,770	28,092	76.00
76.97	07697	CARDIAC REHABILITATION	55	2,301	2,976	381,827	61,026	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	14,564	30,966	40,052	1,815,742	290,201	90.00
91.00	09100	EMERGENCY	30,140	352,256	455,687	8,620,140	1,377,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	SLEEP LAB	451	12,694	16,418	521,072	83,280	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL		
		5.03	5.04	5.05	5A.05	5.06		
114.00	11400	UTILIZATION REVIEW-SNF					114.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	698,102	2,690,738	3,480,313	168,075,507	23,159,155	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9	0	0	85,043	13,592	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
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)	698,111	2,690,738	3,480,313	168,160,550	23,172,747	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	9,213,697				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,229	246,955			8.00
9.00	00900	HOUSEKEEPING	180,231	0	3,370,092		9.00
10.00	01000	DIETARY	253,504	0	94,944	2,667,098	10.00
11.00	01100	CAFETERIA	245,332	0	91,884	0	11.00
13.00	01300	NURSING ADMINISTRATION	66,646	0	24,961	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	123,576	0	46,283	0	14.00
15.00	01500	PHARMACY	134,666	0	50,436	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	167,869	0	62,872	0	16.00
17.00	01700	SOCIAL SERVICE	13,563	0	5,080	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	26,851	0	10,056	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,973,686	142,479	1,113,728	1,771,391	607,286
31.00	03100	INTENSIVE CARE UNIT	501,857	13,140	187,960	261,298	105,504
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	57,959	0	21,707	0	12,977
44.00	04400	SKILLED NURSING FACILITY	548,692	9,321	205,500	381,732	99,491
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	757,009	28,405	283,521	0	121,120
53.00	05300	ANESTHESIOLOGY	13,734	0	5,144	0	2,163
54.00	05400	RADIOLOGY-DIAGNOSTIC	809,647	6,847	303,235	0	151,400
56.00	05600	RADIOISOTOPE	92,467	1,394	34,632	0	8,651
56.01	05601	ULTRASOUND	0	1,641	0	0	15,140
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	135,147	1,273	50,616	0	19,466
60.00	06000	LABORATORY	328,700	0	123,107	0	83,919
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	37,701	0	14,120	0	7,570
64.00	06400	INTRAVENOUS THERAPY	9,065	0	3,395	0	10,814
65.00	06500	RESPIRATORY THERAPY	73,720	0	27,610	0	45,420
66.00	06600	PHYSICAL THERAPY	188,403	0	70,562	0	53,423
67.00	06700	OCCUPATIONAL THERAPY	29,495	0	11,047	0	22,775
68.00	06800	SPEECH PATHOLOGY	3,914	0	1,466	0	4,326
69.00	06900	ELECTROCARDIOLOGY	41,650	1,391	15,599	0	30,280
70.00	07000	ELECTROENCEPHALOGRAPHY	20,464	281	7,664	0	4,326
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,509
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	32,928	0	12,333	0	8,651
75.00	07500	ASC (NON-DISTINCT PART)	248,216	14,399	92,964	54,190	34,606
76.00	03020	PULMONARY FUNCTION TESTING	10,850	0	4,064	0	4,326
76.97	07697	CARDIAC REHABILITATION	103,180	216	38,644	0	6,489
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	239,460	3,947	89,685	11,417	15,140
91.00	09100	EMERGENCY	650,670	22,221	243,694	186,722	162,733
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	SLEEP LAB	16,928	0	6,340	348	10,814
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF)	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
118.00	SUBTOTALS (SUM OF LINES 1-117)	7.00	8.00	9.00	10.00	11.00	118.00
	9,173,009	246,955	3,354,853	2,667,098	1,912,743		
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,688	0	15,239	0	0	190.00
190.01	19001 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FUND RAISING	0	0	0	0	0	194.00
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)	9,213,697	246,955	3,370,092	2,667,098	1,912,743	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	7,493,206					14.00
15.00	01500		1,191,823				15.00
16.00	01600			5,286,725			16.00
17.00	01700				3,440,247		17.00
17.00	01700	99,894			922		17.00
23.00	02300					1,216,873	23.00
23.00	02300	10,330					23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,882,137		77,861	457,909	623,123	30.00
31.00	03100	615,791		21,984		89,433	31.00
32.00	03200						32.00
33.00	03300						33.00
34.00	03400						34.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300	93,799		199	44,658		43.00
44.00	04400	694,405		6,598	130,549	216,136	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	614,551		23,942	140,692		50.00
53.00	05300	9,194		68,204	46,634		53.00
54.00	05400	17,562		11,796	1,762,081		54.00
56.00	05600			215,288			56.00
56.01	05601	1,343		1,477			56.01
57.00	05700						57.00
58.00	05800						58.00
59.00	05900	113,840		2,428			59.00
60.00	06000				152,944		60.00
60.01	06001						60.01
62.00	06200				20,419		62.00
64.00	06400	62,395		38,792			64.00
65.00	06500	5,062		9	6,060		65.00
66.00	06600	10,744		14	8,299		66.00
67.00	06700				3,162		67.00
68.00	06800	9,297			659		68.00
69.00	06900	144,211		2,436	238,703		69.00
70.00	07000	1,136			12,515		70.00
71.00	07100		668,374				71.00
72.00	07200		523,449				72.00
73.00	07300			4,644,664			73.00
74.00	07400	50,619		752			74.00
75.00	07500	183,777		38,394	129,890		75.00
76.00	03020			180	659		76.00
76.97	07697	11,363					76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000	2,996		5,970			90.00
91.00	09100	851,219		125,737	283,097	288,181	91.00
92.00	09200						92.00
93.00	04040				395		93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910						99.10
100.00	10000						100.00
101.00	10100						101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900						109.00
110.00	11000						110.00
111.00	11100						111.00
112.00	08600						112.00
113.00	11300						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,493,206	1,191,823	5,286,725	3,440,247	1,216,873
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
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)	7,493,206	1,191,823	5,286,725	3,440,247	1,216,873

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINISTRATIVE					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
23.00	02300	PARAMED PRGM-(SPECIFY)	351,601				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,600	43,202,361	0	43,202,361	30.00
31.00	03100	INTENSIVE CARE UNIT	58,600	8,812,671	0	8,812,671	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,135,985	0	1,135,985	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,916,110	0	6,916,110	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,990,321	0	10,990,321	50.00
53.00	05300	ANESTHESIOLOGY	0	499,161	0	499,161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,258,092	0	12,258,092	54.00
56.00	05600	RADIOISOTOPE	0	1,505,612	0	1,505,612	56.00
56.01	05601	ULTRASOUND	0	1,091,648	0	1,091,648	56.01
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	2,691,811	0	2,691,811	59.00
60.00	06000	LABORATORY	0	8,249,324	0	8,249,324	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	956,521	0	956,521	62.00
64.00	06400	INTRAVENOUS THERAPY	0	818,490	0	818,490	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,391,395	0	2,391,395	65.00
66.00	06600	PHYSICAL THERAPY	0	3,845,194	0	3,845,194	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,552,092	0	1,552,092	67.00
68.00	06800	SPEECH PATHOLOGY	0	331,070	0	331,070	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,283,562	0	2,283,562	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	237,151	0	237,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,733,847	0	13,733,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,800,112	0	8,800,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,729,012	0	14,729,012	73.00
74.00	07400	RENAL DIALYSIS	0	807,098	0	807,098	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,180,398	0	3,180,398	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	223,941	0	223,941	76.00
76.97	07697	CARDIAC REHABILITATION	0	602,745	0	602,745	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	2,474,558	0	2,474,558	90.00
91.00	09100	EMERGENCY	234,401	13,046,529	0	13,046,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	SLEEP LAB	0	639,177	0	639,177	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

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Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	351,601	168,005,988	0	168,005,988	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	154,562	0	154,562	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
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)	351,601	168,160,550	0	168,160,550	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS	0	50,547	50,547	50,547	50,547		4.00
5.01 00510 COMMUNICATIONS	64,733	30,461	95,194	95,194	312	95,506	5.01
5.02 00520 DATA PROCESSING	0	79,498	79,498	79,498	0	1,448	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	0	118,580	118,580	118,580	206	654	5.03
5.04 00540 ADMITTING	0	80,742	80,742	80,742	1,229	5,184	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	676	2,522	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	189,286	734,586	923,872	923,872	3,918	9,060	5.06
7.00 00700 OPERATION OF PLANT	2,049	1,326,751	1,328,800	1,328,800	1,525	5,044	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	22,796	22,796	22,796	90	0	8.00
9.00 00900 HOUSEKEEPING	0	116,625	116,625	116,625	1,065	2,709	9.00
10.00 01000 DIETARY	3,990	164,039	168,029	168,029	761	1,308	10.00
11.00 01100 CAFETERIA	0	158,751	158,751	158,751	736	1,354	11.00
13.00 01300 NURSING ADMINISTRATION	0	43,126	43,126	43,126	2,809	1,821	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	128,689	79,964	208,653	208,653	292	607	14.00
15.00 01500 PHARMACY	291,687	87,141	378,828	378,828	1,893	2,615	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	108,626	108,626	108,626	815	3,503	16.00
17.00 01700 SOCIAL SERVICE	0	8,776	8,776	8,776	512	701	17.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	17,375	17,375	17,375	125	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,483	1,924,224	1,925,707	1,925,707	13,401	16,670	30.00
31.00 03100 INTENSIVE CARE UNIT	0	324,745	324,745	324,745	2,612	4,577	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	355	37,505	37,860	37,860	381	607	43.00
44.00 04400 SKILLED NURSING FACILITY	0	355,050	355,050	355,050	1,919	2,429	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	96,987	489,850	586,837	586,837	2,839	4,437	50.00
53.00 05300 ANESTHESIOLOGY	3,370	8,887	12,257	12,257	23	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	228,366	523,910	752,276	752,276	3,040	8,220	54.00
56.00 05600 RADIOISOTOPE	0	59,834	59,834	59,834	264	467	56.00
56.01 05601 ULTRASOUND	0	0	0	0	458	280	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	501,908	87,452	589,360	589,360	593	1,588	59.00
60.00 06000 LABORATORY	0	212,697	212,697	212,697	0	2,755	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	24,396	24,396	24,396	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	5,866	5,866	5,866	289	234	64.00
65.00 06500 RESPIRATORY THERAPY	41,391	47,703	89,094	89,094	945	934	65.00
66.00 06600 PHYSICAL THERAPY	0	121,913	121,913	121,913	68	841	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	19,086	19,086	19,086	0	280	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,533	2,533	2,533	143	93	68.00
69.00 06900 ELECTROCARDIOLOGY	275	26,951	27,226	27,226	659	1,588	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	13,242	13,242	13,242	74	374	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	21,307	21,307	21,307	281	327	74.00
75.00 07500 ASC (NON-DISTINCT PART)	1,670	160,617	162,287	162,287	938	1,635	75.00
76.00 03020 PULMONARY FUNCTION TESTING	0	7,021	7,021	7,021	87	140	76.00
76.97 07697 CARDIAC REHABILITATION	0	66,766	66,766	66,766	169	467	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	154,951	154,951	154,951	503	1,588	90.00
91.00 09100 EMERGENCY	0	421,039	421,039	421,039	3,726	6,305	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 04040 SLEEP LAB	118,984	10,954	129,938	129,938	171	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,675,223	8,356,883		10,032,106	50,547	95,366	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,329		26,329	0	140	190.00
190.01 19001 NONREIMBURSABLE HHA	0	0		0	0	0	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		0	0	0	192.00
194.00 07950 FUND RAISING	0	0		0	0	0	194.00
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,675,223	8,383,212		10,058,435	50,547	95,506	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140250		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 12:54 pm	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00520	DATA PROCESSING	80,946					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	119,440				5.03
5.04	00540	ADMINITTING	4,621	11	91,787			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	31,354	0	0	34,552		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	10,232	210	0	0	947,292	5.06
7.00	00700	OPERATION OF PLANT	0	38	0	0	51,906	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	47	0	0	1,193	8.00
9.00	00900	HOUSEKEEPING	0	2	0	0	17,970	9.00
10.00	01000	DIETARY	0	5	0	0	13,062	10.00
11.00	01100	CAFETERIA	0	5	0	0	8,876	11.00
13.00	01300	NURSING ADMINISTRATION	15,100	2	0	0	41,198	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	778	0	0	5,637	14.00
15.00	01500	PHARMACY	9,902	184	0	0	28,399	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,631	1	0	0	17,734	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	6,073	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	25	0	0	1,617	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,719	10,139	3,848	177,368	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,113	2,478	940	39,194	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	228	285	108	5,097	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,028	1,217	462	26,048	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	57,386	10,676	4,052	50,821	50.00
53.00	05300	ANESTHESIOLOGY	0	1,597	1,707	648	1,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,888	3,622	11,919	4,524	51,804	54.00
56.00	05600	RADIOISOTOPE	0	26	958	364	6,497	56.00
56.01	05601	ULTRASOUND	0	219	1,210	459	6,039	56.01
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	25,452	3,009	1,142	13,346	59.00
60.00	06000	LABORATORY	3,218	0	7,139	2,710	42,594	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,347	643	244	4,939	62.00
64.00	06400	INTRAVENOUS THERAPY	0	909	107	41	3,910	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,519	1,986	754	12,583	65.00
66.00	06600	PHYSICAL THERAPY	0	147	1,320	501	19,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	586	223	8,369	67.00
68.00	06800	SPEECH PATHOLOGY	0	10	123	47	1,754	68.00
69.00	06900	ELECTROCARDIOLOGY	0	215	2,235	848	10,193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	60	232	88	1,075	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,347	1,650	73,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	3,227	1,225	46,627	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	10,997	4,174	56,811	73.00
74.00	07400	RENAL DIALYSIS	0	538	372	141	3,954	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	235	931	353	13,430	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	26	188	71	1,148	76.00
76.97	07697	CARDIAC REHABILITATION	0	9	78	30	2,495	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	2,492	1,054	400	11,864	90.00
91.00	09100	EMERGENCY	0	5,157	12,192	4,341	56,324	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	SLEEP LAB	0	77	432	164	3,405	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5.05	5.06	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,946	119,439	91,787	34,552	946,736
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1	0	0	556
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FUND RAISING	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	80,946	119,440	91,787	34,552	947,292

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	1,387,313				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,304	29,430			8.00
9.00	00900	HOUSEKEEPING	27,137	0	165,508		9.00
10.00	01000	DIETARY	38,170	0	4,663	225,998	10.00
11.00	01100	CAFETERIA	36,940	0	4,512	0	211,174
13.00	01300	NURSING ADMINISTRATION	10,035	0	1,226	0	9,790
14.00	01400	CENTRAL SERVICES & SUPPLY	18,607	0	2,273	0	2,352
15.00	01500	PHARMACY	20,277	0	2,477	0	6,686
16.00	01600	MEDICAL RECORDS & LIBRARY	25,276	0	3,088	0	5,970
17.00	01700	SOCIAL SERVICE	2,042	0	249	0	2,149
23.00	02300	PARAMED PRGM-(SPECIFY)	4,043	0	494	0	1,915
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	447,751	16,978	54,696	150,101	67,045
31.00	03100	INTENSIVE CARE UNIT	75,565	1,566	9,231	22,141	11,648
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	8,727	0	1,066	0	1,433
44.00	04400	SKILLED NURSING FACILITY	82,617	1,111	10,092	32,346	10,984
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	113,983	3,385	13,924	0	13,372
53.00	05300	ANESTHESIOLOGY	2,068	0	253	0	239
54.00	05400	RADIOLOGY-DIAGNOSTIC	121,909	816	14,892	0	16,715
56.00	05600	RADIOISOTOPE	13,923	166	1,701	0	955
56.01	05601	ULTRASOUND	0	196	0	0	1,672
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	20,349	152	2,486	0	2,149
60.00	06000	LABORATORY	49,493	0	6,046	0	9,265
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,677	0	693	0	836
64.00	06400	INTRAVENOUS THERAPY	1,365	0	167	0	1,194
65.00	06500	RESPIRATORY THERAPY	11,100	0	1,356	0	5,015
66.00	06600	PHYSICAL THERAPY	28,368	0	3,465	0	5,898
67.00	06700	OCCUPATIONAL THERAPY	4,441	0	543	0	2,514
68.00	06800	SPEECH PATHOLOGY	589	0	72	0	478
69.00	06900	ELECTROCARDIOLOGY	6,271	166	766	0	3,343
70.00	07000	ELECTROENCEPHALOGRAPHY	3,081	34	376	0	478
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	277
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,958	0	606	0	955
75.00	07500	ASC (NON-DISTINCT PART)	37,374	1,716	4,566	4,592	3,821
76.00	03020	PULMONARY FUNCTION TESTING	1,634	0	200	0	478
76.97	07697	CARDIAC REHABILITATION	15,536	26	1,898	0	716
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	36,056	470	4,404	967	1,672
91.00	09100	EMERGENCY	97,972	2,648	11,968	15,822	17,966
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	SLEEP LAB	2,549	0	311	29	1,194
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF)	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,381,187	29,430	164,760	225,998	211,174	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,126	0	748	0	0	190.00
190.01	19001 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FUND RAISING	0	0	0	0	0	194.00
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)	1,387,313	29,430	165,508	225,998	211,174	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 12:54 pm				
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.01	00510	COMMUNICATIONS				5.01		
5.02	00520	DATA PROCESSING				5.02		
5.03	00530	PURCHASING RECEIVING AND STORES				5.03		
5.04	00540	ADMITTING				5.04		
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06		
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	125,107			13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	239,199		14.00		
15.00	01500	PHARMACY	0	0	451,261	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	126	0	0	168,770	16.00	
17.00	01700	SOCIAL SERVICE	1,668	0	0	45	22,215	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	172	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,816	0	6,646	22,464	11,375	30.00
31.00	03100	INTENSIVE CARE UNIT	10,281	0	1,876	0	1,633	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,566	0	17	2,191	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,594	0	563	6,404	3,946	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,261	0	2,044	6,902	0	50.00
53.00	05300	ANESTHESIOLOGY	154	0	5,822	2,288	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	293	0	1,007	86,445	0	54.00
56.00	05600	RADIOISOTOPE	0	0	18,376	0	0	56.00
56.01	05601	ULTRASOUND	22	0	126	0	0	56.01
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	1,901	0	207	0	0	59.00
60.00	06000	LABORATORY	0	0	0	7,503	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,002	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,042	0	3,311	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85	0	1	297	0	65.00
66.00	06600	PHYSICAL THERAPY	179	0	1	407	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	155	0	67.00
68.00	06800	SPEECH PATHOLOGY	155	0	0	32	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,408	0	208	11,710	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19	0	0	614	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	134,143	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	105,056	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	396,457	0	0	73.00
74.00	07400	RENAL DIALYSIS	845	0	64	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,068	0	3,277	6,372	0	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	0	15	32	0	76.00
76.97	07697	CARDIAC REHABILITATION	190	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	50	0	510	0	0	90.00
91.00	09100	EMERGENCY	14,212	0	10,733	13,888	5,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	SLEEP LAB	0	0	0	19	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	125,107	239,199	451,261	168,770	22,215
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FUND RAISING	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	125,107	239,199	451,261	168,770	22,215

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINISTRATIVE					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
23.00	02300	PARAMED PRGM-(SPECIFY)	25,766				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		2,996,724	0	2,996,724	30.00
31.00	03100	INTENSIVE CARE UNIT		510,600	0	510,600	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		59,566	0	59,566	43.00
44.00	04400	SKILLED NURSING FACILITY		547,810	0	547,810	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		880,919	0	880,919	50.00
53.00	05300	ANESTHESIOLOGY		29,051	0	29,051	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,080,370	0	1,080,370	54.00
56.00	05600	RADIOISOTOPE		103,531	0	103,531	56.00
56.01	05601	ULTRASOUND		10,681	0	10,681	56.01
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		661,734	0	661,734	59.00
60.00	06000	LABORATORY		343,420	0	343,420	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		45,777	0	45,777	62.00
64.00	06400	INTRAVENOUS THERAPY		18,435	0	18,435	64.00
65.00	06500	RESPIRATORY THERAPY		125,669	0	125,669	65.00
66.00	06600	PHYSICAL THERAPY		182,903	0	182,903	66.00
67.00	06700	OCCUPATIONAL THERAPY		36,197	0	36,197	67.00
68.00	06800	SPEECH PATHOLOGY		6,029	0	6,029	68.00
69.00	06900	ELECTROCARDIOLOGY		67,836	0	67,836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		19,747	0	19,747	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		214,009	0	214,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		156,135	0	156,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		468,439	0	468,439	73.00
74.00	07400	RENAL DIALYSIS		34,348	0	34,348	74.00
75.00	07500	ASC (NON-DISTINCT PART)		244,595	0	244,595	75.00
76.00	03020	PULMONARY FUNCTION TESTING		11,040	0	11,040	76.00
76.97	07697	CARDIAC REHABILITATION		88,380	0	88,380	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		216,981	0	216,981	90.00
91.00	09100	EMERGENCY		699,554	0	699,554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
93.00	04040	SLEEP LAB		138,289	0	138,289	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF		0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	9,998,769	0	9,998,769	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		33,900	0	33,900	190.00
190.01	19001	NONREIMBURSABLE HHA		0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
194.00	07950	FUND RAISING		0	0	0	194.00
200.00		Cross Foot Adjustments	25,766	25,766	0	25,766	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	25,766	10,058,435	0	10,058,435	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARI)	COMMUNI CATIONS (PHONE EXTENS)	DATA PROCESSING (CPU TIME)	PURCHASING RECEI VING AND STORES (SUPPLY REQUI S)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	377,309					1.00
4.00 00400 EMPLOYEE BENEFITS	2,275	65,731,844				4.00
5.01 00510 COMMUNI CATIONS	1,371	405,805	2,045			5.01
5.02 00520 DATA PROCESSING	3,578	0	31	981		5.02
5.03 00530 PURCHASING RECEI VING AND STORES	5,337	268,032	14	0	17,877,835	5.03
5.04 00540 ADMITTING	3,634	1,598,276	111	56	1,678	5.04
5.05 00550 CASHI ERING/ACCOUNTS RECEI VABLE	0	878,668	54	380	0	5.05
5.06 00560 OTHER ADMINI STRATI VE AND GENERAL	33,062	5,094,693	194	124	31,470	5.06
7.00 00700 OPERATI ON OF PLANT	59,714	1,983,151	108	0	5,632	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,026	117,513	0	0	7,099	8.00
9.00 00900 HOUSEKEEPING	5,249	1,384,590	58	0	290	9.00
10.00 01000 DI ETARY	7,383	989,430	28	0	749	10.00
11.00 01100 CAFETERIA	7,145	957,496	29	0	725	11.00
13.00 01300 NURSI NG ADMINI STRATI ON	1,941	3,652,464	39	183	246	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,599	379,238	13	0	116,432	14.00
15.00 01500 PHARMACY	3,922	2,462,151	56	120	27,583	15.00
16.00 01600 MEDI CAL RECORDS & LIBRARY	4,889	1,060,460	75	44	155	16.00
17.00 01700 SOCI AL SERVICE	395	666,293	15	0	24	17.00
23.00 02300 PARAMED ED PRGM-(SPECI FY)	782	162,574	0	0	3,703	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDI ATRI CS	86,605	17,427,334	357	0	1,155,306	30.00
31.00 03100 INTENSIVE CARE UNIT	14,616	3,396,601	98	0	316,280	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGI CAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 04100 SUBPROVI DER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVI DER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,688	495,009	13	0	34,196	43.00
44.00 04400 SKI LLED NURSI NG FACI LITY	15,980	2,495,077	52	0	153,858	44.00
ANCI LLARY SERVICE COST CENTERS						
50.00 05000 OPERATI NG ROOM	22,047	3,692,098	95	0	8,589,344	50.00
53.00 05300 ANESTHESI OLOGY	400	29,559	0	0	238,992	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	23,580	3,953,631	176	35	542,183	54.00
56.00 05600 RADI OI SOTOPE	2,693	342,755	10	0	3,962	56.00
56.01 05601 ULTRASOUND	0	595,529	6	0	32,804	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	3,936	771,152	34	0	3,809,657	59.00
60.00 06000 LABORATORY	9,573	0	59	39	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,098	0	0	0	1,099,640	62.00
64.00 06400 I NTRAVENOUS THERAPY	264	376,041	5	0	136,110	64.00
65.00 06500 RESPI RATORY THERAPY	2,147	1,228,757	20	0	227,427	65.00
66.00 06600 PHYSI CAL THERAPY	5,487	87,978	18	0	22,052	66.00
67.00 06700 OCCUPATI ONAL THERAPY	859	0	6	0	20	67.00
68.00 06800 SPEECH PATHOLOGY	114	186,348	2	0	1,472	68.00
69.00 06900 ELECTROCARDI OLOGY	1,213	856,371	34	0	32,198	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	596	96,260	8	0	8,932	70.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATI ENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATI ENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSI S	959	365,592	7	0	80,568	74.00
75.00 07500 ASC (NON-DI STI NCT PART)	7,229	1,219,841	35	0	35,224	75.00
76.00 03020 PULMONARY FUNCTI ON TESTI NG	316	113,012	3	0	3,841	76.00
76.97 07697 CARDI AC REHABI LI TATI ON	3,005	219,559	10	0	1,408	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINI C	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUAL I FIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINI C	6,974	654,182	34	0	372,977	90.00
91.00 09100 EMERGENCY	18,950	4,845,727	135	0	771,838	91.00
92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)						92.00
93.00 04040 SLEEP LAB	493	222,597	0	0	11,540	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVI CES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECI AL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUI SITI ON	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARY)	COMMUNICATIONS (PHONE EXTENS)	DATA PROCESSING (CPU TIME)	PURCHASING RECEIVING AND STORES (SUPPLY REQUIS)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5.01	5.02	5.03	
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 11300	INTEREST EXPENSE						113.00
114.00 11400	UTILIZATION REVIEW-SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	376,124	65,731,844	2,042	981	17,877,615	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,185	0	3	0	220	190.00
190.01 19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950	FUND RAISING	0	0	0	0	0	194.00
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)	8,383,212	18,683,813	986,336	4,316,182	698,111	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.218426	0.284243	482.315892	4,399.777778	0.039049	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		50,547	95,506	80,946	119,440	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000769	46.702200	82.513761	0.006681	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description			ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMITTING	668,562,488					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	668,562,488				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	-23,172,747	144,987,803		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	7,944,041	268,338	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	182,550	1,026	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,750,295	5,249	9.00
10.00	01000	DIETARY	0	0	0	1,999,138	7,383	10.00
11.00	01100	CAFETERIA	0	0	0	1,358,418	7,145	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,305,194	1,941	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	862,768	3,599	14.00
15.00	01500	PHARMACY	0	0	0	4,346,400	3,922	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,714,111	4,889	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	929,406	395	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	247,467	782	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,008,626	74,008,626	0	27,154,173	86,605	30.00
31.00	03100	INTENSIVE CARE UNIT	18,084,401	18,084,401	0	5,998,408	14,616	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,078,422	2,078,422	0	780,019	1,688	43.00
44.00	04400	SKILLED NURSING FACILITY	8,883,600	8,883,600	0	3,986,538	15,980	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,924,270	77,924,270	0	7,777,967	22,047	50.00
53.00	05300	ANESTHESIOLOGY	12,458,979	12,458,979	0	305,294	400	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,996,637	86,996,637	0	7,928,372	23,580	54.00
56.00	05600	RADIOISOTOPE	6,995,514	6,995,514	0	994,271	2,693	56.00
56.01	05601	ULTRASOUND	8,834,969	8,834,969	0	924,318	0	56.01
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	21,965,397	21,965,397	0	2,042,585	3,936	59.00
60.00	06000	LABORATORY	52,106,243	52,106,243	0	6,518,789	9,573	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,696,011	4,696,011	0	755,899	1,098	62.00
64.00	06400	INTRAVENOUS THERAPY	782,173	782,173	0	598,391	264	64.00
65.00	06500	RESPIRATORY THERAPY	14,496,631	14,496,631	0	1,925,734	2,147	65.00
66.00	06600	PHYSICAL THERAPY	9,635,671	9,635,671	0	3,029,551	5,487	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,279,470	4,279,470	0	1,280,894	859	67.00
68.00	06800	SPEECH PATHOLOGY	895,053	895,053	0	268,496	114	68.00
69.00	06900	ELECTROCARDIOLOGY	16,310,675	16,310,675	0	1,559,970	1,213	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,694,255	1,694,255	0	164,477	596	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,731,627	31,731,627	0	11,262,875	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,554,223	23,554,223	0	7,136,131	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,271,947	80,271,947	0	8,694,715	0	73.00
74.00	07400	RENAL DIALYSIS	2,718,192	2,718,192	0	605,104	959	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,793,439	6,793,439	0	2,055,450	7,229	75.00
76.00	03020	PULMONARY FUNCTION TESTING	1,373,577	1,373,577	0	175,770	316	76.00
76.97	07697	CARDIAC REHABILITATION	571,711	571,711	0	381,827	3,005	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,693,445	7,693,445	0	1,815,742	6,974	90.00
91.00	09100	EMERGENCY	87,573,608	87,573,608	0	8,620,140	18,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	SLEEP LAB	3,153,722	3,153,722	0	521,072	493	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description			ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	668,562,488	668,562,488	-23,172,747	144,902,760	267,153	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	85,043	1,185	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
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)	2,690,738	3,480,313		23,172,747	9,213,697	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004025	0.005206		0.159825	34.336162	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	91,787	34,552		947,292	1,387,313	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000137	0.000052		0.006534	5.170021	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (FTES SUPERV)	
		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
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	981,563				8.00
9.00	00900	HOUSEKEEPING	0	262,063			9.00
10.00	01000	DIETARY	0	7,383	184,075		10.00
11.00	01100	CAFETERIA	0	7,145	0	88,436	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,941	0	4,100	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,599	0	985	0 14.00
15.00	01500	PHARMACY	0	3,922	0	2,800	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,889	0	2,500	73 16.00
17.00	01700	SOCIAL SERVICE	0	395	0	900	967 17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	782	0	802	100 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	566,307	86,605	122,256	28,078	37,580 30.00
31.00	03100	INTENSIVE CARE UNIT	52,226	14,616	18,034	4,878	5,961 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	1,688	0	600	908 43.00
44.00	04400	SKILLED NURSING FACILITY	37,047	15,980	26,346	4,600	6,722 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	112,901	22,047	0	5,600	5,949 50.00
53.00	05300	ANESTHESIOLOGY	0	400	0	100	89 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,216	23,580	0	7,000	170 54.00
56.00	05600	RADIOISOTOPE	5,540	2,693	0	400	0 56.00
56.01	05601	ULTRASOUND	6,521	0	0	700	13 56.01
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	5,060	3,936	0	900	1,102 59.00
60.00	06000	LABORATORY	0	9,573	0	3,880	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,098	0	350	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	264	0	500	604 64.00
65.00	06500	RESPIRATORY THERAPY	0	2,147	0	2,100	49 65.00
66.00	06600	PHYSICAL THERAPY	0	5,487	0	2,470	104 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	859	0	1,053	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	114	0	200	90 68.00
69.00	06900	ELECTROCARDIOLOGY	5,528	1,213	0	1,400	1,396 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,118	596	0	200	11 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	116	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	959	0	400	490 74.00
75.00	07500	ASC (NON-DISTINCT PART)	57,231	7,229	3,740	1,600	1,779 75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	316	0	200	0 76.00
76.97	07697	CARDIAC REHABILITATION	860	3,005	0	300	110 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	15,686	6,974	788	700	29 90.00
91.00	09100	EMERGENCY	88,322	18,950	12,887	7,524	8,240 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	04040	SLEEP LAB	0	493	24	500	0 93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0 112.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (FTES SUPERV)		
		8.00	9.00	10.00	11.00	13.00		
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)					981,563 260,878 184,075 88,436 72,536	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
190.01	19001	NONREIMBURSABLE HHA					0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
194.00	07950	FUND RAISING					0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		246,955	3,370,092	2,667,098	1,912,743	7,493,206	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)					0.251594 12.859854 14.489192 21.628556 103.303270	203.00
204.00		Cost to be allocated (per Wkst. B, Part I)					29,430 165,508 225,998 211,174 125,107	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.029983 0.631558 1.227750 2.387874 1.724757	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% SUPPLY)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	10,000					14.00
15.00	01500	0	9,053,216				15.00
16.00	01600	0	0	26,115			16.00
17.00	01700	0	0	7	17,566		17.00
23.00	02300	0	0	0	0	24	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	133,332	3,476	8,995	4	30.00
31.00	03100	0	37,646	0	1,291	4	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	340	339	0	0	43.00
44.00	04400	0	11,299	991	3,120	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	41,000	1,068	0	0	50.00
53.00	05300	0	116,796	354	0	0	53.00
54.00	05400	0	20,200	13,376	0	0	54.00
56.00	05600	0	368,669	0	0	0	56.00
56.01	05601	0	2,530	0	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	4,158	0	0	0	59.00
60.00	06000	0	0	1,161	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	155	0	0	62.00
64.00	06400	0	66,429	0	0	0	64.00
65.00	06500	0	16	46	0	0	65.00
66.00	06600	0	24	63	0	0	66.00
67.00	06700	0	0	24	0	0	67.00
68.00	06800	0	0	5	0	0	68.00
69.00	06900	0	4,171	1,812	0	0	69.00
70.00	07000	0	0	95	0	0	70.00
71.00	07100	5,608	0	0	0	0	71.00
72.00	07200	4,392	0	0	0	0	72.00
73.00	07300	0	7,953,722	0	0	0	73.00
74.00	07400	0	1,287	0	0	0	74.00
75.00	07500	0	65,747	986	0	0	75.00
76.00	03020	0	308	5	0	0	76.00
76.97	07697	0	0	0	0	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	10,224	0	0	0	90.00
91.00	09100	0	215,318	2,149	4,160	16	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	3	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (100% SUPPLI)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	23.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	9,053,216	26,115	17,566	24	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,191,823	5,286,725	3,440,247	1,216,873	351,601	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	119.182300	0.583961	131.734520	69.274337	14,650.041667	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	239,199	451,261	168,770	22,215	25,766	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	23.919900	0.049845	6.462569	1.264659	1,073.583333	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	43,202,361		43,202,361	0	43,202,361	30.00
31.00	03100 INTENSIVE CARE UNIT	8,812,671		8,812,671	0	8,812,671	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,135,985		1,135,985	0	1,135,985	43.00
44.00	04400 SKILLED NURSING FACILITY	6,916,110		6,916,110	0	6,916,110	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,990,321		10,990,321	0	10,990,321	50.00
53.00	05300 ANESTHESIOLOGY	499,161		499,161	0	499,161	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,258,092		12,258,092	0	12,258,092	54.00
56.00	05600 RADIOISOTOPE	1,505,612		1,505,612	0	1,505,612	56.00
56.01	05601 ULTRASOUND	1,091,648		1,091,648	0	1,091,648	56.01
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	2,691,811		2,691,811	0	2,691,811	59.00
60.00	06000 LABORATORY	8,249,324		8,249,324	0	8,249,324	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	956,521		956,521	0	956,521	62.00
64.00	06400 INTRAVENOUS THERAPY	818,490		818,490	0	818,490	64.00
65.00	06500 RESPIRATORY THERAPY	2,391,395	0	2,391,395	0	2,391,395	65.00
66.00	06600 PHYSICAL THERAPY	3,845,194	0	3,845,194	0	3,845,194	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,552,092	0	1,552,092	0	1,552,092	67.00
68.00	06800 SPEECH PATHOLOGY	331,070	0	331,070	0	331,070	68.00
69.00	06900 ELECTROCARDIOLOGY	2,283,562		2,283,562	0	2,283,562	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	237,151		237,151	0	237,151	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,733,847		13,733,847	0	13,733,847	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	8,800,112		8,800,112	0	8,800,112	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,729,012		14,729,012	0	14,729,012	73.00
74.00	07400 RENAL DIALYSIS	807,098		807,098	0	807,098	74.00
75.00	07500 ASC (NON-DISTINCT PART)	3,180,398		3,180,398	0	3,180,398	75.00
76.00	03020 PULMONARY FUNCTION TESTING	223,941		223,941	0	223,941	76.00
76.97	07697 CARDIAC REHABILITATION	602,745		602,745	0	602,745	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,474,558		2,474,558	0	2,474,558	90.00
91.00	09100 EMERGENCY	13,046,529		13,046,529	0	13,046,529	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,784,001		5,784,001	0	5,784,001	92.00
93.00	04040 SLEEP LAB	639,177		639,177	0	639,177	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
200.00	Subtotal (see instructions)	173,789,989	0	173,789,989	0	173,789,989	200.00
201.00	Less Observation Beds	5,784,001		5,784,001	0	5,784,001	201.00
202.00	Total (see instructions)	168,005,988	0	168,005,988	0	168,005,988	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	61,647,498		61,647,498				30.00
31.00	03100	INTENSIVE CARE UNIT	18,044,289		18,044,289				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,078,422		2,078,422				43.00
44.00	04400	SKILLED NURSING FACILITY	8,883,600		8,883,600				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	37,850,761	40,073,509	77,924,270	0.141038	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	5,935,440	6,523,539	12,458,979	0.040064	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,709,973	57,286,664	86,996,637	0.140903	0.000000		54.00
56.00	05600	RADIOISOTOPE	2,505,976	4,489,538	6,995,514	0.215225	0.000000		56.00
56.01	05601	ULTRASOUND	1,656,490	7,178,479	8,834,969	0.123560	0.000000		56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	11,495,382	10,470,015	21,965,397	0.122548	0.000000		59.00
60.00	06000	LABORATORY	31,425,412	20,680,831	52,106,243	0.158317	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,396,111	1,299,900	4,696,011	0.203688	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	749,637	32,536	782,173	1.046431	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	13,600,091	896,540	14,496,631	0.164962	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,746,673	4,888,998	9,635,671	0.399058	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,910,421	1,369,049	4,279,470	0.362683	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	650,599	244,454	895,053	0.369889	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	7,236,458	9,074,217	16,310,675	0.140004	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	801,129	893,126	1,694,255	0.139974	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,530,506	8,201,121	31,731,627	0.432813	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,971,569	8,582,654	23,554,223	0.373611	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,706,265	20,565,682	80,271,947	0.183489	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,614,662	103,530	2,718,192	0.296925	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	230,726	6,562,713	6,793,439	0.468157	0.000000		75.00
76.00	03020	PULMONARY FUNCTION TESTING	463,777	909,800	1,373,577	0.163035	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	10,047	561,664	571,711	1.054283	0.000000		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	64,750	7,628,695	7,693,445	0.321645	0.000000		90.00
91.00	09100	EMERGENCY	24,445,161	63,128,447	87,573,608	0.148978	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,347,748	11,053,492	12,401,240	0.466405	0.000000		92.00
93.00	04040	SLEEP LAB	3,859	3,149,863	3,153,722	0.202674	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
200.00		Subtotal (see instructions)	372,713,432	295,849,056	668,562,488				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	372,713,432	295,849,056	668,562,488				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/29/2013 12:54 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.141038		50.00
53.00	05300 ANESTHESIOLOGY	0.040064		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140903		54.00
56.00	05600 RADIOISOTOPE	0.215225		56.00
56.01	05601 ULTRASOUND	0.123560		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.122548		59.00
60.00	06000 LABORATORY	0.158317		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203688		62.00
64.00	06400 INTRAVENOUS THERAPY	1.046431		64.00
65.00	06500 RESPIRATORY THERAPY	0.164962		65.00
66.00	06600 PHYSICAL THERAPY	0.399058		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.362683		67.00
68.00	06800 SPEECH PATHOLOGY	0.369889		68.00
69.00	06900 ELECTROCARDIOLOGY	0.140004		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.139974		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432813		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.373611		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183489		73.00
74.00	07400 RENAL DIALYSIS	0.296925		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.468157		75.00
76.00	03020 PULMONARY FUNCTION TESTING	0.163035		76.00
76.97	07697 CARDIAC REHABILITATION	1.054283		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.321645		90.00
91.00	09100 EMERGENCY	0.148978		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.466405		92.00
93.00	04040 SLEEP LAB	0.202674		93.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C Part I Date/Time Prepared: 5/29/2013 12:54 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	43,202,361		43,202,361	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	8,812,671		8,812,671	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,135,985		1,135,985	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	6,916,110		6,916,110	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,990,321		10,990,321	0	0	50.00
53.00	05300 ANESTHESIOLOGY	499,161		499,161	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,258,092		12,258,092	0	0	54.00
56.00	05600 RADIOISOTOPE	1,505,612		1,505,612	0	0	56.00
56.01	05601 ULTRASOUND	1,091,648		1,091,648	0	0	56.01
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	2,691,811		2,691,811	0	0	59.00
60.00	06000 LABORATORY	8,249,324		8,249,324	0	0	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	956,521		956,521	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	818,490		818,490	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,391,395	0	2,391,395	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,845,194	0	3,845,194	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,552,092	0	1,552,092	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	331,070	0	331,070	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,283,562		2,283,562	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	237,151		237,151	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,733,847		13,733,847	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	8,800,112		8,800,112	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,729,012		14,729,012	0	0	73.00
74.00	07400 RENAL DIALYSIS	807,098		807,098	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	3,180,398		3,180,398	0	0	75.00
76.00	03020 PULMONARY FUNCTION TESTING	223,941		223,941	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	602,745		602,745	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,474,558		2,474,558	0	0	90.00
91.00	09100 EMERGENCY	13,046,529		13,046,529	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,784,001		5,784,001	0	0	92.00
93.00	04040 SLEEP LAB	639,177		639,177	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
200.00	Subtotal (see instructions)	173,789,989	0	173,789,989	0	0	200.00
201.00	Less Observation Beds	5,784,001		5,784,001	0	0	201.00
202.00	Total (see instructions)	168,005,988	0	168,005,988	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140250		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/29/2013 12:54 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,647,498		61,647,498			30.00
31.00	03100	INTENSIVE CARE UNIT	18,044,289		18,044,289			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,078,422		2,078,422			43.00
44.00	04400	SKILLED NURSING FACILITY	8,883,600		8,883,600			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,850,761	40,073,509	77,924,270	0.141038	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	5,935,440	6,523,539	12,458,979	0.040064	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,709,973	57,286,664	86,996,637	0.140903	0.000000	54.00
56.00	05600	RADIOISOTOPE	2,505,976	4,489,538	6,995,514	0.215225	0.000000	56.00
56.01	05601	ULTRASOUND	1,656,490	7,178,479	8,834,969	0.123560	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,495,382	10,470,015	21,965,397	0.122548	0.000000	59.00
60.00	06000	LABORATORY	31,425,412	20,680,831	52,106,243	0.158317	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,396,111	1,299,900	4,696,011	0.203688	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	749,637	32,536	782,173	1.046431	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	13,600,091	896,540	14,496,631	0.164962	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,746,673	4,888,998	9,635,671	0.399058	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,910,421	1,369,049	4,279,470	0.362683	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	650,599	244,454	895,053	0.369889	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,236,458	9,074,217	16,310,675	0.140004	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	801,129	893,126	1,694,255	0.139974	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,530,506	8,201,121	31,731,627	0.432813	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,971,569	8,582,654	23,554,223	0.373611	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,706,265	20,565,682	80,271,947	0.183489	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,614,662	103,530	2,718,192	0.296925	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	230,726	6,562,713	6,793,439	0.468157	0.000000	75.00
76.00	03020	PULMONARY FUNCTION TESTING	463,777	909,800	1,373,577	0.163035	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	10,047	561,664	571,711	1.054283	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	64,750	7,628,695	7,693,445	0.321645	0.000000	90.00
91.00	09100	EMERGENCY	24,445,161	63,128,447	87,573,608	0.148978	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,347,748	11,053,492	12,401,240	0.466405	0.000000	92.00
93.00	04040	SLEEP LAB	3,859	3,149,863	3,153,722	0.202674	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0			112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	372,713,432	295,849,056	668,562,488			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	372,713,432	295,849,056	668,562,488			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/29/2013 12:54 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 PULMONARY FUNCTION TESTING	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		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		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 SLEEP LAB	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/29/2013 12:54 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		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	03000 ADULTS & PEDIATRICS	2,996,724	0	2,996,724	42,097	71.19	30.00
31.00	03100 INTENSIVE CARE UNIT	510,600		510,600	5,234	97.55	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	59,566		59,566	1,929	30.88	43.00
44.00	04400 SKILLED NURSING FACILITY	547,810		547,810	10,745	50.98	44.00
200.00	Total (lines 30-199)	4,114,700		4,114,700	60,005		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVIII	Hospital	PPS

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	03000 ADULTS & PEDIATRICS	14,604	1,039,659	30.00
31.00	03100 INTENSIVE CARE UNIT	3,496	341,035	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	6,924	352,986	44.00
200.00	Total (lines 30-199)	25,024	1,733,680	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140250

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	880,919	77,924,270	0.011305	13,071,919	147,778	50.00
53.00	05300	ANESTHESIOLOGY	29,051	12,458,979	0.002332	1,664,717	3,882	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,080,370	86,996,637	0.012419	12,835,661	159,406	54.00
56.00	05600	RADIOISOTOPE	103,531	6,995,514	0.014800	1,093,068	16,177	56.00
56.01	05601	ULTRASOUND	10,681	8,834,969	0.001209	632,508	765	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	661,734	21,965,397	0.030126	5,002,110	150,694	59.00
60.00	06000	LABORATORY	343,420	52,106,243	0.006591	13,426,044	88,491	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	45,777	4,696,011	0.009748	1,423,712	13,878	62.00
64.00	06400	INTRAVENOUS THERAPY	18,435	782,173	0.023569	318,306	7,502	64.00
65.00	06500	RESPIRATORY THERAPY	125,669	14,496,631	0.008669	6,527,689	56,589	65.00
66.00	06600	PHYSICAL THERAPY	182,903	9,635,671	0.018982	1,306,130	24,793	66.00
67.00	06700	OCCUPATIONAL THERAPY	36,197	4,279,470	0.008458	259,355	2,194	67.00
68.00	06800	SPEECH PATHOLOGY	6,029	895,053	0.006736	372,524	2,509	68.00
69.00	06900	ELECTROCARDIOLOGY	67,836	16,310,675	0.004159	3,402,562	14,151	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,747	1,694,255	0.011655	427,502	4,983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	214,009	31,731,627	0.006744	9,814,424	66,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	156,135	23,554,223	0.006629	6,651,441	44,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	468,439	80,271,947	0.005836	23,232,712	135,586	73.00
74.00	07400	RENAL DIALYSIS	34,348	2,718,192	0.012636	1,782,285	22,521	74.00
75.00	07500	ASC (NON-DISTINCT PART)	244,595	6,793,439	0.036005	103,726	3,735	75.00
76.00	03020	PULMONARY FUNCTION TESTING	11,040	1,373,577	0.008037	240,053	1,929	76.00
76.97	07697	CARDIAC REHABILITATION	88,380	571,711	0.154589	4,925	761	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	216,981	7,693,445	0.028203	27,022	762	90.00
91.00	09100	EMERGENCY	699,554	87,573,608	0.007988	11,165,476	89,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	401,207	12,401,240	0.032352	736,716	23,834	92.00
93.00	04040	SLEEP LAB	138,289	3,153,722	0.043849	3,859	169	93.00
200.00		Total (lines 50-199)	6,285,276	577,908,679		115,526,446	1,082,559	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140250		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/29/2013 12:54 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	58,600	0	0	58,600	30.00
31.00	03100	INTENSIVE CARE UNIT	0	58,600	0	0	58,600	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	117,200	0	0	117,200	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/29/2013 12:54 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital	PPS	
			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	42,097	1.39	14,604	20,300	30.00
31.00	03100	INTENSIVE CARE UNIT	5,234	11.20	3,496	39,155	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	1,929	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,745	0.00	6,924	0	44.00
200.00		Total (lines 30-199)	60,005		25,024	59,455	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
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	0	0	0	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	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	234,401	0	234,401	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	7,843	0	7,843	92.00	
93.00	04040	SLEEP LAB	0	0	0	0	0	93.00	
200.00		Total (lines 50-199)	0	0	242,244	0	242,244	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 12:54 pm
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Cost Center Description		Title XVIII					Hospital	
		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	PPS	
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	77,924,270	0.000000	0.000000	13,071,919	50.00
53.00	05300	ANESTHESIOLOGY	0	12,458,979	0.000000	0.000000	1,664,717	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	86,996,637	0.000000	0.000000	12,835,661	54.00
56.00	05600	RADIOISOTOPE	0	6,995,514	0.000000	0.000000	1,093,068	56.00
56.01	05601	ULTRASOUND	0	8,834,969	0.000000	0.000000	632,508	56.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,965,397	0.000000	0.000000	5,002,110	59.00
60.00	06000	LABORATORY	0	52,106,243	0.000000	0.000000	13,426,044	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,696,011	0.000000	0.000000	1,423,712	62.00
64.00	06400	INTRAVENOUS THERAPY	0	782,173	0.000000	0.000000	318,306	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,496,631	0.000000	0.000000	6,527,689	65.00
66.00	06600	PHYSICAL THERAPY	0	9,635,671	0.000000	0.000000	1,306,130	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,279,470	0.000000	0.000000	259,355	67.00
68.00	06800	SPEECH PATHOLOGY	0	895,053	0.000000	0.000000	372,524	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,310,675	0.000000	0.000000	3,402,562	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,694,255	0.000000	0.000000	427,502	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,731,627	0.000000	0.000000	9,814,424	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	23,554,223	0.000000	0.000000	6,651,441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	80,271,947	0.000000	0.000000	23,232,712	73.00
74.00	07400	RENAL DIALYSIS	0	2,718,192	0.000000	0.000000	1,782,285	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	6,793,439	0.000000	0.000000	103,726	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	1,373,577	0.000000	0.000000	240,053	76.00
76.97	07697	CARDIAC REHABILITATION	0	571,711	0.000000	0.000000	4,925	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	7,693,445	0.000000	0.000000	27,022	90.00
91.00	09100	EMERGENCY	234,401	87,573,608	0.002677	0.002677	11,165,476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,843	12,401,240	0.000632	0.000632	736,716	92.00
93.00	04040	SLEEP LAB	0	3,153,722	0.000000	0.000000	3,859	93.00
200.00		Total (lines 50-199)	242,244	577,908,679			115,526,446	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 12:54 pm
		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	9,628,248	0	50.00
53.00	05300 ANESTHESIOLOGY	0	1,581,117	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,926,599	0	54.00
56.00	05600 RADIOISOTOPE	0	1,591,277	0	56.00
56.01	05601 ULTRASOUND	0	939,747	0	56.01
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	5,338,607	0	59.00
60.00	06000 LABORATORY	0	725,942	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	361,666	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	4,836	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	202,186	0	65.00
66.00	06600 PHYSICAL THERAPY	0	3,482	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,420	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	185,733	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,671,452	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	188,191	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,761,458	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,523,076	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,138,695	0	73.00
74.00	07400 RENAL DIALYSIS	0	79,513	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,679,897	0	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	379,281	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	226,318	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	2,760,381	0	90.00
91.00	09100 EMERGENCY	29,890	9,459,081	25,322	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	466	3,236,176	2,045	92.00
93.00	04040 SLEEP LAB	0	722,449	0	93.00
200.00	Total (lines 50-199)	30,356	71,316,828	27,367	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.141038	9,628,248	0	0	1,357,949	50.00
53.00	05300	ANESTHESIOLOGY	0.040064	1,581,117	0	0	63,346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140903	14,926,599	0	0	2,103,203	54.00
56.00	05600	RADIOISOTOPE	0.215225	1,591,277	0	0	342,483	56.00
56.01	05601	ULTRASOUND	0.123560	939,747	0	0	116,115	56.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122548	5,338,607	0	0	654,236	59.00
60.00	06000	LABORATORY	0.158317	725,942	0	0	114,929	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203688	361,666	0	0	73,667	62.00
64.00	06400	INTRAVENOUS THERAPY	1.046431	4,836	0	0	5,061	64.00
65.00	06500	RESPIRATORY THERAPY	0.164962	202,186	0	0	33,353	65.00
66.00	06600	PHYSICAL THERAPY	0.399058	3,482	0	0	1,390	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362683	1,420	0	0	515	67.00
68.00	06800	SPEECH PATHOLOGY	0.369889	185,733	0	0	68,701	68.00
69.00	06900	ELECTROCARDIOLOGY	0.140004	2,671,452	0	0	374,014	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139974	188,191	0	0	26,342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432813	2,761,458	0	0	1,195,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.373611	3,523,076	0	414,305	1,316,260	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183489	8,138,695	0	51,112	1,493,361	73.00
74.00	07400	RENAL DIALYSIS	0.296925	79,513	0	0	23,609	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.468157	1,679,897	0	0	786,456	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.163035	379,281	0	0	61,836	76.00
76.97	07697	CARDIAC REHABILITATION	1.054283	226,318	0	0	238,603	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	0.321645	2,760,381	0	0	887,863	90.00
91.00	09100	EMERGENCY	0.148978	9,459,081	0	0	1,409,195	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.466405	3,236,176	0	0	1,509,369	92.00
93.00	04040	SLEEP LAB	0.202674	722,449	0	0	146,422	93.00
200.00		Subtotal (see instructions)		71,316,828	0	465,417	14,403,473	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		71,316,828	0	465,417	14,403,473	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
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	154,789	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,378	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 PULMONARY FUNCTION TESTING	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 SLEEP LAB	0	0	93.00
200.00	Subtotal (see instructions)	0	164,167	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	0	164,167	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250
Component CCN: 145599

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 12:54 pm

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
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	0	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	PULMONARY FUNCTION TESTING	0	0	0	0	76.00
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
91.00	09100	EMERGENCY	0	0	234,401	0	234,401
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	SLEEP LAB	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	234,401	0	234,401

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 12:54 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	77,924,270	0.000000	0.000000	2,123	50.00
53.00	05300 ANESTHESIOLOGY	0	12,458,979	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	86,996,637	0.000000	0.000000	328,088	54.00
56.00	05600 RADIOISOTOPE	0	6,995,514	0.000000	0.000000	10,153	56.00
56.01	05601 ULTRASOUND	0	8,834,969	0.000000	0.000000	10,439	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,965,397	0.000000	0.000000	1,494	59.00
60.00	06000 LABORATORY	0	52,106,243	0.000000	0.000000	751,410	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,696,011	0.000000	0.000000	32,491	62.00
64.00	06400 INTRAVENOUS THERAPY	0	782,173	0.000000	0.000000	11,242	64.00
65.00	06500 RESPIRATORY THERAPY	0	14,496,631	0.000000	0.000000	833,563	65.00
66.00	06600 PHYSICAL THERAPY	0	9,635,671	0.000000	0.000000	1,620,063	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,279,470	0.000000	0.000000	1,612,212	67.00
68.00	06800 SPEECH PATHOLOGY	0	895,053	0.000000	0.000000	32,419	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,310,675	0.000000	0.000000	37,075	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,694,255	0.000000	0.000000	12,606	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,731,627	0.000000	0.000000	1,044,096	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	23,554,223	0.000000	0.000000	4,648	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	80,271,947	0.000000	0.000000	530,471	73.00
74.00	07400 RENAL DIALYSIS	0	2,718,192	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	6,793,439	0.000000	0.000000	753	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	1,373,577	0.000000	0.000000	13,641	76.00
76.97	07697 CARDIAC REHABILITATION	0	571,711	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	7,693,445	0.000000	0.000000	769	90.00
91.00	09100 EMERGENCY	234,401	87,573,608	0.002677	0.002677	6,491	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,401,240	0.000000	0.000000	0	92.00
93.00	04040 SLEEP LAB	0	3,153,722	0.000000	0.000000	0	93.00
200.00	Total (Lines 50-199)	234,401	577,908,679			6,896,247	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 12:54 pm
	Component CCN: 145599	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	56.01
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
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
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	0	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	PULMONARY FUNCTION TESTING	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	17	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	SLEEP LAB	0	0	0	93.00
200.00		Total (Lines 50-199)	17	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 12:54 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.141038	0	0	2,350,397	0 50.00
53.00 05300 ANESTHESIOLOGY	0.040064	0	0	442,526	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.140903	0	0	6,425,081	0 54.00
56.00 05600 RADIOISOTOPE	0.215225	0	0	230,405	0 56.00
56.01 05601 ULTRASOUND	0.123560	0	0	2,064,576	0 56.01
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.122548	0	0	297,845	0 59.00
60.00 06000 LABORATORY	0.158317	0	0	2,818,197	0 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203688	0	0	105,690	0 62.00
64.00 06400 INTRAVENOUS THERAPY	1.046431	0	0	114	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.164962	0	0	176,345	0 65.00
66.00 06600 PHYSICAL THERAPY	0.399058	0	0	371,566	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.362683	0	0	80,347	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.369889	0	0	22,013	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.140004	0	0	753,865	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.139974	0	0	135,302	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432813	0	0	441,877	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.373611	0	0	307,120	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.183489	0	0	1,987,089	0 73.00
74.00 07400 RENAL DIALYSIS	0.296925	0	0	4,734	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.468157	0	0	362,285	0 75.00
76.00 03020 PULMONARY FUNCTION TESTING	0.163035	0	0	25,568	0 76.00
76.97 07697 CARDIAC REHABILITATION	1.054283	0	0	864	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	0.321645	0	0	211,981	0 90.00
91.00 09100 EMERGENCY	0.148978	0	0	16,239,726	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.466405	0	0	1,244,568	0 92.00
93.00 04040 SLEEP LAB	0.202674	0	0	267,571	0 93.00
200.00	Subtotal (see instructions)	0	0	37,367,652	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (Line 200 +/- Line 201)		0	37,367,652	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 12:54 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	331,495	50.00
53.00	05300 ANESTHESIOLOGY	0	17,729	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	905,313	54.00
56.00	05600 RADIOISOTOPE	0	49,589	56.00
56.01	05601 ULTRASOUND	0	255,099	56.01
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	36,500	59.00
60.00	06000 LABORATORY	0	446,168	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	21,528	62.00
64.00	06400 INTRAVENOUS THERAPY	0	119	64.00
65.00	06500 RESPIRATORY THERAPY	0	29,090	65.00
66.00	06600 PHYSICAL THERAPY	0	148,276	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	29,140	67.00
68.00	06800 SPEECH PATHOLOGY	0	8,142	68.00
69.00	06900 ELECTROCARDIOLOGY	0	105,544	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	18,939	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	191,250	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	114,743	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	364,609	73.00
74.00	07400 RENAL DIALYSIS	0	1,406	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	169,606	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	4,168	76.00
76.97	07697 CARDIAC REHABILITATION	0	911	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	68,183	90.00
91.00	09100 EMERGENCY	0	2,419,362	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	580,473	92.00
93.00	04040 SLEEP LAB	0	54,230	93.00
200.00	Subtotal (see instructions)	0	6,371,612	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	6,371,612	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2013 12:54 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,097	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,097	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)		36,461	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)		14,604	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)		43,202,361	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)		43,202,361	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		63,727,900	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		63,727,900	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.677919	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)		1,747.84	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)		43,202,361	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)		1,026.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,987,501	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)		14,987,501	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2013 12:54 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	8,812,671	5,234	1,683.74	3,496	5,886,355		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,394,477		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,268,333		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,440,149		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,112,915		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,553,064		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,715,269		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)					5,636		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,026.26		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,784,001		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 12:54 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,996,724	43,202,361	0.069365	5,784,001	401,207	90.00
91.00	Nursing School cost	0	43,202,361	0.000000	5,784,001	0	91.00
92.00	Allied health cost	58,600	43,202,361	0.001356	5,784,001	7,843	92.00
93.00	All other Medical Education	0	43,202,361	0.000000	5,784,001	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 145599		Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,745	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)		10,745	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)		6,924	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)		6,916,110	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)		6,916,110	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,883,600	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,883,600	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.778526	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)		826.77	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)		6,916,110	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250 Component CCN: 145599		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 12:54 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					6,916,110	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)			643.66			71.00
72.00	Program routine service cost (line 9 x line 71)					4,456,702	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					4,456,702	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					4,456,702	83.00
84.00	Program inpatient ancillary services (see instructions)					2,129,965	84.00
85.00	Utilization review - physician compensation (see instructions)					33,440	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					6,620,107	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: 140250 Component CCN: 145599		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 12:54 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V																																																																																																																													
	1.00	2.00	3.00	4.00	5.00																																																																																																																													
PART I - NOT IN APPROVED TEACHING PROGRAM																																																																																																																																		
1.00	Total cost of services rendered					100.00	0				1.00																																																																																																																							
Hospital Inpatient Routine Services:																																																																																																																																		
2.00	ADULTS & PEDIATRICS	100.00	0	42,097	0.00	0	2.00																																																																																																																											
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7.00	OTHER SPECIAL CARE (SPECIFY)						7.00																																																																																																																											
8.00	NURSERY	0.00	0	1,929	0.00	0	8.00																																																																																																																											
9.00	Subtotal (sum of lines 2 through 8)	100.00	0				9.00																																																																																																																											
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11.00	SUBPROVIDER - IRF	0.00	0	0	0.00	0	11.00																																																																																																																											
12.00	SUBPROVIDER	0.00	0	0	0.00	0	12.00																																																																																																																											
13.00	SKILLED NURSING FACILITY	0.00	0	10,745	0.00	0	13.00																																																																																																																											
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20.00	Subtotal (sum of lines 9 through 19)	100.00	0				20.00																																																																																																																											
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Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)																																																																																																																													
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	Not In Approved Teaching Program		In Approved Teaching Program	
	(from Part I:)	Amount	(from Part II, col. 7, -)	
	1.00	2.00	3.00	
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)				
Hospital				
43.00 Inpatient	col. 9, line 9.00		0 line 37.00	43.00
44.00 Outpatient	col. 9, line 27.00		0	44.00
45.00 Total Hospital (sum of lines 43 and 44)			0	45.00
46.00 SUBPROVIDER - IPF				46.00
47.00 SUBPROVIDER - IRF	col. 9, line 11.00		0 col. 9, line 39.00	47.00
48.00 SUBPROVIDER	col. 9, line 12.00		0 col. 9, line 40.00	48.00
49.00 SKILLED NURSING FACILITY	col. 9, line 13.00		0 col. 9, line 41.00	49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX				
	6.00	7.00				
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00	Total cost of services rendered					1.00
Hospital Inpatient Routine Services:						
2.00	ADULTS & PEDIATRICS	14,604	0	0	0	2.00
3.00	INTENSIVE CARE UNIT	3,496	819	0	0	3.00
4.00	CORONARY CARE UNIT	0	0	0	0	4.00
5.00	BURN INTENSIVE CARE UNIT	0	0	0	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	6.00
7.00	OTHER SPECIAL CARE (SPECIFY)					7.00
8.00	NURSERY		0	0	0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	0	9.00
10.00	SUBPROVIDER - IPF			0	0	10.00
11.00	SUBPROVIDER - IRF	0	0	0	0	11.00
12.00	SUBPROVIDER	0	0	0	0	12.00
13.00	SKILLED NURSING FACILITY	6,924	0	0	0	13.00
14.00	NURSING FACILITY					14.00
15.00	OTHER LONG TERM CARE					15.00
16.00	HOME HEALTH AGENCY					16.00
17.00	CMHC					17.00
17.10	CORF					17.10
18.00	AMBULATORY SURGICAL CENTER (D.P.)					18.00
19.00	HOSPICE					19.00
20.00	Subtotal (sum of lines 9 through 19)					20.00
Cost Center Description	Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
	Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
	6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:						
21.00	RURAL HEALTH CLINIC	0	0	0	0	21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	22.00
23.00	CLINIC	2,787,403	213,613	0	0	23.00
24.00	EMERGENCY	20,624,557	18,416,117	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,972,892	1,352,132	0	0	25.00
26.00	SLEEP LAB	726,308	267,571	0	0	26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	27.00
28.00	Total (sum of lines 20 and 27)					28.00
Cost Center Description	Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
	6.00	7.00	11.00			
	PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)					
Hospital Inpatient Routine Services:						
29.00	ADULTS & PEDIATRICS	0	0	0		29.00
30.00	Swing Bed - SNF	0	0			30.00
31.00	Swing Bed - NF					31.00
32.00	INTENSIVE CARE UNIT	0	0	0		32.00
33.00	CORONARY CARE UNIT	0	0	0		33.00
34.00	BURN INTENSIVE CARE UNIT	0	0	0		34.00
35.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		35.00
36.00	OTHER SPECIAL CARE (SPECIFY)					36.00
37.00	Subtotal (sum of lines 28, and 29 through 36)		0	0		37.00
38.00	SUBPROVIDER - IPF					38.00
39.00	SUBPROVIDER - IRF	0	0	0		39.00
40.00	SUBPROVIDER	0	0	0		40.00
41.00	SKILLED NURSING FACILITY	0	0	0		41.00
42.00	Total (sum of lines 37 through 41)		0	0		42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)		
	4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00	Inpatient	0		0	43.00
44.00	Outpatient				44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 2.00	0	45.00
46.00	SUBPROVIDER - IPF				46.00
47.00	SUBPROVIDER - IRF		0	0	47.00
48.00	SUBPROVIDER		0	0	48.00
49.00	SKILLED NURSING FACILITY		0	0	49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 12:54 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		24,488,120	30.00
31.00	03100	INTENSIVE CARE UNIT		9,345,550	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.141038	13,071,919	1,843,637 50.00
53.00	05300	ANESTHESIOLOGY	0.040064	1,664,717	66,695 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140903	12,835,661	1,808,583 54.00
56.00	05600	RADIOISOTOPE	0.215225	1,093,068	235,256 56.00
56.01	05601	ULTRASOUND	0.123560	632,508	78,153 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122548	5,002,110	612,999 59.00
60.00	06000	LABORATORY	0.158317	13,426,044	2,125,571 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203688	1,423,712	289,993 62.00
64.00	06400	INTRAVENOUS THERAPY	1.046431	318,306	333,085 64.00
65.00	06500	RESPIRATORY THERAPY	0.164962	6,527,689	1,076,821 65.00
66.00	06600	PHYSICAL THERAPY	0.399058	1,306,130	521,222 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362683	259,355	94,064 67.00
68.00	06800	SPEECH PATHOLOGY	0.369889	372,524	137,793 68.00
69.00	06900	ELECTROCARDIOLOGY	0.140004	3,402,562	476,372 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139974	427,502	59,839 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432813	9,814,424	4,247,810 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.373611	6,651,441	2,485,052 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183489	23,232,712	4,262,947 73.00
74.00	07400	RENAL DIALYSIS	0.296925	1,782,285	529,205 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.468157	103,726	48,560 75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.163035	240,053	39,137 76.00
76.97	07697	CARDIAC REHABILITATION	1.054283	4,925	5,192 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	0.321645	27,022	8,691 90.00
91.00	09100	EMERGENCY	0.148978	11,165,476	1,663,410 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.466405	736,716	343,608 92.00
93.00	04040	SLEEP LAB	0.202674	3,859	782 93.00
200.00		Total (sum of lines 50-94 and 96-98)		115,526,446	23,394,477 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		115,526,446	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 145599		Date/Time Prepared: 5/29/2013 12:54 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
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	0.141038	2,123	50.00
53.00	05300	ANESTHESIOLOGY	0.040064	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140903	328,088	54.00
56.00	05600	RADIOISOTOPE	0.215225	10,153	56.00
56.01	05601	ULTRASOUND	0.123560	10,439	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122548	1,494	59.00
60.00	06000	LABORATORY	0.158317	751,410	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203688	32,491	62.00
64.00	06400	INTRAVENOUS THERAPY	1.046431	11,242	64.00
65.00	06500	RESPIRATORY THERAPY	0.164962	833,563	65.00
66.00	06600	PHYSICAL THERAPY	0.399058	1,620,063	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362683	1,612,212	67.00
68.00	06800	SPEECH PATHOLOGY	0.369889	32,419	68.00
69.00	06900	ELECTROCARDIOLOGY	0.140004	37,075	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139974	12,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432813	1,044,096	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.373611	4,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183489	530,471	73.00
74.00	07400	RENAL DIALYSIS	0.296925	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.468157	753	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.163035	13,641	76.00
76.97	07697	CARDIAC REHABILITATION	1.054283	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.321645	769	90.00
91.00	09100	EMERGENCY	0.148978	6,491	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.466405	0	92.00
93.00	04040	SLEEP LAB	0.202674	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		6,896,247	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)		6,896,247	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 12:54 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,931,115	30.00
31.00	03100	INTENSIVE CARE UNIT		1,515,617	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,043,006	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.141038	1,714,089	50.00
53.00	05300	ANESTHESIOLOGY	0.040064	707,640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140903	2,246,995	54.00
56.00	05600	RADIOISOTOPE	0.215225	178,760	56.00
56.01	05601	ULTRASOUND	0.123560	186,637	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122548	550,182	59.00
60.00	06000	LABORATORY	0.158317	3,012,641	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.203688	441,569	62.00
64.00	06400	INTRAVENOUS THERAPY	1.046431	58,476	64.00
65.00	06500	RESPIRATORY THERAPY	0.164962	1,022,244	65.00
66.00	06600	PHYSICAL THERAPY	0.399058	85,232	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362683	27,127	67.00
68.00	06800	SPEECH PATHOLOGY	0.369889	24,682	68.00
69.00	06900	ELECTROCARDIOLOGY	0.140004	487,764	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139974	72,435	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.432813	1,467,718	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.373611	392,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183489	5,259,286	73.00
74.00	07400	RENAL DIALYSIS	0.296925	123,583	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.468157	14,145	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.163035	30,900	76.00
76.97	07697	CARDIAC REHABILITATION	1.054283	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	0.321645	1,632	90.00
91.00	09100	EMERGENCY	0.148978	2,176,391	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.466405	107,564	92.00
93.00	04040	SLEEP LAB	0.202674	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		20,390,577	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)		20,390,577	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		33,021,844	1.00
2.00	Outlier payments for discharges. (see instructions)		686,252	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		187.60	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.51	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		17.73	31.00
32.00	Sum of lines 30 and 31		22.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.56	33.00
34.00	Disproportionate share adjustment (see instructions)		2,496,451	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)		36,204,547	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)		36,204,547	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,815,807	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		19,000	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).		59,455	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			30,356 58.00
59.00	Total (sum of amounts on lines 49 through 58)			39,129,165 59.00
60.00	Primary payer payments			9,086 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			39,120,079 61.00
62.00	Deductibles billed to program beneficiaries			3,280,948 62.00
63.00	Coinsurance billed to program beneficiaries			166,452 63.00
64.00	Allowable bad debts (see instructions)			1,142,218 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			799,553 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			682,813 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			36,472,232 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)			22,903 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-33,703 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)			36,461,432 71.00
72.00	Interim payments			36,296,154 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)			165,278 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			4,600,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		164,167	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,376,106	2.00
3.00	PPS payments		12,638,317	3.00
4.00	Outlier payment (see instructions)		96,554	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.778	5.00
6.00	Line 2 times line 5		11,184,610	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		27,367	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		164,167	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		465,417	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)		465,417	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)		465,417	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		301,250	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)		164,167	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)		12,762,238	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		82,861	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,788,303	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)		10,055,241	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)		10,055,241	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		10,055,241	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)		739,366	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		517,556	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		537,310	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		10,572,797	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)		10,572,797	40.00
41.00	Interim payments		10,016,313	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)		556,484	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: 140250 Component CCN: 145599	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVIII	Skilled Nursing Facility	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			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)			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			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140250

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 12:54 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		36,531,690		9,863,708	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	10/30/2012	152,605	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	11/14/2012	235,536		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)		-235,536		152,605	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)		36,296,154		10,016,313	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		165,278		556,484	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		36,461,432		10,572,797	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: 140250
Component CCN: 145599

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 12:54 pm
PPS

Title XVIII
Skilled Nursing Facility

		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		2,965,463		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,965,463		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		33,456		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,998,919		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140250

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2013 12:54 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			11,250 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			18,100 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			4,988 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			41,695 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			668,562,488 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			18,830,101 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)			1,717,970 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,822,032 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-104,062 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,102,304	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		17	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,102,321	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		136,842	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		33,440	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		2,998,919	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		2,998,919	15.00
16.00	Interim payments		2,965,463	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		33,456	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140250 Period: From 01/01/2012 To 12/31/2012 Worksheet G
 Date/Time Prepared: 5/29/2013 12:54 pm

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

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140250

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

Worksheet G-1

Date/Time Prepared:
5/29/2013 12:54 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		2,606,723,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		8,097,343			2.00
3.00	Total (sum of line 1 and line 2)		2,614,820,343		0	3.00
4.00	Additions (credit adjustments) (specify)	481,498,657		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)		481,498,657		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

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140250

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

Worksheet G-1

Date/Time Prepared:
5/29/2013 12:54 pm

	Endowment Fund	Plant Fund			
		6.00	7.00		
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: 140250

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2013 12:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	63,727,900		63,727,900	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	8,883,600		8,883,600	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)	72,611,500		72,611,500	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,044,289		18,044,289	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,044,289		18,044,289	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	90,655,789		90,655,789	17.00
18.00	Ancillary services	255,550,929	204,326,356	459,877,285	18.00
19.00	Outpatient services	26,092,244	91,523,210	117,615,454	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON RE - ACCRUAL	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	372,298,962	295,849,566	668,148,528	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		187,889,057		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		187,889,057		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140250

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

Worksheet G-3

Date/Time Prepared:
5/29/2013 12:54 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	668,148,528	1.00
2.00	Less contractual allowances and discounts on patients' accounts	477,213,279	2.00
3.00	Net patient revenues (line 1 minus line 2)	190,935,249	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	187,889,057	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,046,192	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	85,881	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	621,776	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	31,141	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	38,088	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	468,545	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	3,805,720	24.00
25.00	Total other income (sum of lines 6-24)	5,051,151	25.00
26.00	Total (line 5 plus line 25)	8,097,343	26.00
27.00	CORPORATE EXPENSES	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	8,097,343	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140250

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

Worksheet I-5

Date/Time Prepared:
5/29/2013 12:54 pm

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140250	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/29/2013 12:54 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,660,124	1.00
2.00	Capital DRG outlier payments		33,051	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		113.92	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.51	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		17.73	8.00
9.00	Sum of lines 7 and 8		22.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.61	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		122,632	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,815,807	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