

# Presence Our Lady of the Resurrection Medical Center

## Medicare Cost Report

Six Months Ended 12.31.2012

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 140251 Period: From 07/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/22/2013 3:11 pm

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/22/2013 Time: 3:11 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  
 (3) Settled with Audit 9.  Final Report for this Provider CCN number of times reopened = 0-9.  
 (4) Reopened  
 (5) Amended

**PART II - CERTIFICATION**

MI SREPRESENTATION 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 PRESENCE OUR LADY OF THE RESURRECTION ( 140251 ) for the cost reporting period beginning 07/01/2012 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.

**Encryption Information**

ECR: Date: 5/22/2013 Time: 3:11 pm  
 PTCpxrgXq2N.1di fJ56aGesVsGoaLO  
 3zPZTOPFecI 5dqXkYmMQBAR. rbHUYf  
 WHNq0TXAu70j 7uz2  
 PI: Date: 5/22/2013 Time: 3:11 pm  
 9M: cUK710bEeJX9qPgZl gpU11. myw0  
 7eW2K0t25Sezfzrl Y93: mPsv54l ubL  
 TSm10yAuuCOG0XX4

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	230,705	166,671	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	3,079	-13		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	233,784	166,658	0	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: 140251		Period: From 07/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 3:11 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5645 WEST ADDISON STREET			PO Box:						1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60634		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		PRESENCE OUR LADY OF THE RESURRECTION	140251	16974	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		OLRMC SKILLED NURSING FACILITY	145548	16974		07/01/1985	N	P	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2012	12/31/2012			20.00
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,497	832	0	0	0	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	Date of Geogr			
							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: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 3:11 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.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				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
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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)	2.97				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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		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

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		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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
<b>Inpatient Rehabilitation Facility PPS</b>						
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		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
<b>TEFRA Providers</b>						
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	
<b>Title V and XIX Services</b>						
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
<b>Rural Providers</b>						
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)					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)					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
<b>Miscellaneous Cost Reporting Information</b>						
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.	2				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 100 NORTH RIVER ROAD	PO Box:			
143.00	City: DES PLAINES	State: IL		Zip Code: 60016	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140251			Period: From 07/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 3:11 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.							N	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)							0	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)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/22/2013 3:11 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)		N		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.		N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		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.			N	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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/02/2013	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.		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		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		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/22/2013 3:11 pm
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	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00	21.00
		N			N	
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved 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
<b>Interest Expense</b>						
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
<b>Purchased Services</b>						
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
<b>Provider-Based Physicians</b>						
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
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?		Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N			40.00
					1.00	2.00
<b>Cost Report Preparer Contact Information</b>						
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.	JOHN		VI LLARREAL		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3737		JVI LLARREAL@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/22/2013 3:11 pm
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		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/02/2013	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	
<b>Cost Report Preparer Contact Information</b>			
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.	REIMBURSEMENT MANAGER	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: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/22/2013 3:11 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	173	31,832	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)		173	31,832	0.00	0	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	34.00	20	3,680	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		193	35,512	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	66	12,144		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		259				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	7,610	2,971	14,611			1.00
2.00 HMO	1,014	0				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)	7,610	2,971	14,611			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	1,199	658	2,689			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	8,809	3,629	17,300	2.97	371.77	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	6,129	0	6,873	0.00	25.77	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/22/2013 3:11 pm
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				2.97	397.54	27.00
28.00 Observation Bed Days		0	2,104			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)		0	0			32.00
33.00 LTCH non-covered days	0					33.00
Component	Full Time Equivalents	Discharges				
	Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
	11.00	12.00	13.00	14.00		15.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	1,849	786	3,553	1.00
2.00 HMO			197			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	1,849	786	3,553	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140251		Period: From 07/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/22/2013 3:11 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	22,625,197	0	22,625,197	773,281.00	29.26	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		27,000	0	27,000	338.00	79.88	4.00
4.01	Physicians - Part A - Teaching		12,557	0	12,557	78.00	160.99	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		107,074	0	107,074	3,346.00	32.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	1,397,300	0	1,397,300	53,611.00	26.06	9.00
10.00	Excluded area salaries (see instructions)		19,255	0	19,255	575.00	33.49	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		1,766,747	0	1,766,747	52,531.00	33.63	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		4,348,574	0	4,348,574	115,277.00	37.72	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		4,822,190	0	4,822,190			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		342,475	0	342,475			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		3,166	0	3,166			22.00
22.01	Physician Part A - Teaching		727	0	727			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits	4.00	50,556	0	50,556	912.00	55.43	26.00
27.00	Administrative & General	5.00	1,205,211	0	1,205,211	34,386.00	35.05	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	713,729	0	713,729	33,174.00	21.51	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	529,394	0	529,394	41,595.00	12.73	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	867,545	-335,639	531,906	30,644.00	17.36	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	335,639	335,639	19,336.00	17.36	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	523,816	0	523,816	12,963.00	40.41	38.00
39.00	Central Services and Supply	14.00	149,561	0	149,561	6,452.00	23.18	39.00
40.00	Pharmacy	15.00	854,256	0	854,256	21,120.00	40.45	40.00

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/22/2013 3:11 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,262,831	0	1,262,831	48,150.00	26.23	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/22/2013 3:11 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	22,505,566	0	22,505,566	769,857.00	29.23	1.00
2.00	Excluded area salaries (see instructions)	1,416,555	0	1,416,555	54,186.00	26.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	21,089,011	0	21,089,011	715,671.00	29.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,115,321	0	6,115,321	167,808.00	36.44	4.00
5.00	Subtotal wage-related costs (see inst.)	4,825,356	0	4,825,356	0.00	22.88	5.00
6.00	Total (sum of lines 3 thru 5)	32,029,688	0	32,029,688	883,479.00	36.25	6.00
7.00	Total overhead cost (see instructions)	6,156,899	0	6,156,899	248,732.00	24.75	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2013 3:11 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		965,484	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		2,171,600	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		69,852	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		21,175	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)		77,895	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		193,557	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		1,606,328	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		14,757	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		47,910	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		5,168,558	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/22/2013 3:11 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,766,747	0	1.00
2.00	Hospital	1,766,747	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet S-7  
Date/Time Prepared:  
5/22/2013 3:11 pm

		1.00	2.00	3.00	4.00
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.				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	0	0	0 4.00
5.00		RVX	16	0	16 5.00
6.00		RVL	13	0	13 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	278	0	278 12.00
13.00		RUB	1,808	0	1,808 13.00
14.00		RUA	336	0	336 14.00
15.00		RVC	303	0	303 15.00
16.00		RVB	2,198	0	2,198 16.00
17.00		RVA	792	0	792 17.00
18.00		RHC	30	0	30 18.00
19.00		RHB	100	0	100 19.00
20.00		RHA	42	0	42 20.00
21.00		RMC	2	0	2 21.00
22.00		RMB	54	0	54 22.00
23.00		RMA	41	0	41 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	25	0	25 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	1	0	1 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	8	0	8 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	30	0	30 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 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	4	0	4 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 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	1	0	1 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	23	0	23 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	13	0	13 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	4	0	4 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	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet S-7

Date/Time Prepared:  
5/22/2013 3:11 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	5	0	5	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	2	0	2	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		6,129	0	6,129	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	
201.00	SNF SERVICES	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		0	0.00		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)		5,798,182			207.00

				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.198851	1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid			9,622,149	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			1,413,447	5.00	
6.00	Medicaid charges			61,957,673	6.00	
7.00	Medicaid cost (line 1 times line 6)			12,320,345	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)			1,284,749	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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	
<b>Uncompensated care (see instructions for each line)</b>						
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)			1,284,749	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			2,498,222	93,809	2,592,031
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			496,774	18,654	515,428
22.00	Partial payment by patients approved for charity care			14,081	1,127	15,208
23.00	Cost of charity care (line 21 minus line 22)			482,693	17,527	500,220
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					4,331,257
27.00	Medicare bad debts for the entire hospital complex (see instructions)					1,090,231
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)					3,241,026
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)					644,481
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)					1,144,701
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					2,429,450

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A  
Date/Time Prepared:  
5/22/2013 3:11 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		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	2,350,386	2,350,386	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	955,823	955,823	2.00	
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS	50,556	78,637	129,193	129,193	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	1,205,211	18,087,101	19,292,312	-3,261,475	16,030,837	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	713,729	1,740,401	2,454,130	0	2,454,130	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	330,825	330,825	0	330,825	8.00
9.00	00900	HOUSEKEEPING	529,394	486,878	1,016,272	0	1,016,272	9.00
10.00	01000	DIETARY	867,545	687,986	1,555,531	-601,810	953,721	10.00
11.00	01100	CAFETERIA	0	0	0	601,810	601,810	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	523,816	185,684	709,500	0	709,500	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	149,561	-105,571	43,990	0	43,990	14.00
15.00	01500	PHARMACY	854,256	2,118,782	2,973,038	-1,965,007	1,008,031	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,262,831	772,603	2,035,434	0	2,035,434	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	HOUSE STAFF PHYSICIANS	0	587,505	587,505	0	587,505	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	107,074	107,074	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	30,557	30,557	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,032,630	1,717,649	6,750,279	-159,462	6,590,817	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,969,083	550,721	2,519,804	-79,338	2,440,466	34.00
44.00	04400	SKILLED NURSING FACILITY	1,397,300	435,383	1,832,683	0	1,832,683	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,227,100	3,005,026	4,232,126	-1,702,434	2,529,692	50.00
51.00	05100	RECOVERY ROOM	259,798	58,190	317,988	0	317,988	51.00
53.00	05300	ANESTHESIOLOGY	36,299	619,789	656,088	-42,889	613,199	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	927,028	265,927	1,192,955	0	1,192,955	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	109,088	113,748	222,836	0	222,836	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	276,107	135,982	412,089	0	412,089	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	112,231	31,980	144,211	0	144,211	58.00
59.00	05900	CARDIAC CATHETERIZATION	278,225	752,772	1,030,997	-671,259	359,738	59.00
60.00	06000	LABORATORY	501	3,053,478	3,053,979	-255,591	2,798,388	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	534,245	245,780	780,025	-31,440	748,585	65.00
66.00	06600	PHYSICAL THERAPY	863,093	229,680	1,092,773	-36,201	1,056,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	363,282	94,178	457,460	-3,686	453,774	67.00
68.00	06800	SPEECH PATHOLOGY	85,867	20,991	106,858	0	106,858	68.00
69.00	06900	ELECTROCARDIOLOGY	260,945	77,120	338,065	-7,244	330,821	69.00
69.01	03160	CARDIAC REHAB	145,562	29,311	174,873	-560	174,313	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	27,361	73,497	100,858	-587	100,271	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	2,111,238	2,111,238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,269,713	1,269,713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,965,007	1,965,007	73.00
75.01	03950	ACUTE DIALYSIS	124,299	68,911	193,210	0	193,210	75.01
76.00	03040	AUDIO-VESTIBULAR LAB	0	0	0	0	0	76.00
76.01	03480	ONCOLOGY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	514,743	445,480	960,223	-177,690	782,533	90.00
91.00	09100	EMERGENCY	1,904,256	1,835,259	3,739,515	-394,935	3,344,580	91.00
91.01	04950	LITHOTRIPSY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,605,942	38,831,683	61,437,625	0	61,437,625	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,255	34,910	54,165	0	54,165	190.00
193.01	19301	NON EMPLOYEE DAY CARE	0	0	0	0	0	193.01
193.02	19302	RESURRECTION HOME CARE OFFICES	0	0	0	0	0	193.02
193.03	19303	OCCUPATIONAL HEALTH NON-REIM	0	0	0	0	0	193.03
200.00		TOTAL (SUM OF LINES 118-199)	22,625,197	38,866,593	61,491,790	0	61,491,790	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	77,126	2,427,512	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	530,186	1,486,009	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	321,441	450,634	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,521,583	13,509,254	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-93,646	2,360,484	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	330,825	8.00
9.00	00900	HOUSEKEEPING	0	1,016,272	9.00
10.00	01000	DIETARY	0	953,721	10.00
11.00	01100	CAFETERIA	-201,538	400,272	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-15,345	694,155	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	342,323	386,313	14.00
15.00	01500	PHARMACY	0	1,008,031	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,242	2,016,192	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01850	HOUSE STAFF PHYSICIANS	-587,504	1	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	107,074	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	30,557	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	6,590,817	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,132	2,456,598	34.00
44.00	04400	SKILLED NURSING FACILITY	-4,631	1,828,052	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	2,529,692	50.00
51.00	05100	RECOVERY ROOM	0	317,988	51.00
53.00	05300	ANESTHESIOLOGY	-558,854	54,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,218	1,190,737	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	222,836	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	412,089	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	144,211	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	359,738	59.00
60.00	06000	LABORATORY	88,311	2,886,699	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-10,860	737,725	65.00
66.00	06600	PHYSICAL THERAPY	0	1,056,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	453,774	67.00
68.00	06800	SPEECH PATHOLOGY	0	106,858	68.00
69.00	06900	ELECTROCARDIOLOGY	0	330,821	69.00
69.01	03160	CARDIAC REHAB	-3,552	170,761	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-57,934	42,337	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,111,238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,269,713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,965,007	73.00
75.01	03950	ACUTE DIALYSIS	0	193,210	75.01
76.00	03040	AUDIO-VESTIBULAR LAB	0	0	76.00
76.01	03480	ONCOLOGY	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-12,500	770,033	90.00
91.00	09100	EMERGENCY	-652,591	2,691,989	91.00
91.01	04950	LITHOTRIPSY	0	0	91.01
92.00	09200	OBSERVATION BEDS	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,366,479	58,071,146	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,165	190.00
193.01	19301	NON EMPLOYEE DAY CARE	0	0	193.01
193.02	19302	RESURRECTION HOME CARE OFFICES	0	0	193.02
193.03	19303	OCCUPATIONAL HEALTH NON-REIM	0	0	193.03
200.00		TOTAL (SUM OF LINES 118-199)	-3,366,479	58,125,311	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - SHARED FOOD COSTS</b>					
1.00	CAFETERIA	11.00	335,639	266,171	1.00
	TOTALS		335,639	266,171	
<b>B - CHARGEABLE MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	2,111,238	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,269,713	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
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
	TOTALS		0	3,380,951	
<b>C - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,605,584	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	955,823	2.00
	TOTALS		0	2,561,407	
<b>D - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,965,007	1.00
	TOTALS		0	1,965,007	
<b>E - RESIDENTS COSTS</b>					
1.00	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	0	107,074	1.00
	TOTALS		0	107,074	
<b>F - INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	44,734	1.00
	TOTALS		0	44,734	
<b>G - TEACHING PHYSICIANS</b>					
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	30,557	0	1.00
	TOTALS		30,557	0	
<b>I - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	700,068	1.00
	TOTALS		0	700,068	
500.00	Grand Total: Increases		366,196	9,025,412	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - SHARED FOOD COSTS</b>							
1.00	DIETARY	10.00	335,639	266,171	0		1.00
	TOTALS		335,639	266,171			
<b>B - CHARGEABLE MEDICAL SUPPLIES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	159,462	0		1.00
2.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	79,338	0		2.00
3.00	OPERATING ROOM	50.00	0	1,702,434	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	42,889	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	671,259	0		5.00
6.00	LABORATORY	60.00	0	210,857	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	31,440	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	36,201	0		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	3,686	0		9.00
11.00	ELECTROCARDIOLOGY	69.00	0	7,244	0		11.00
12.00	CARDIAC REHAB	69.01	0	560	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	587	0		13.00
14.00	CLINIC	90.00	0	177,690	0		14.00
15.00	EMERGENCY	91.00	0	257,304	0		15.00
	TOTALS		0	3,380,951			
<b>C - DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,561,407	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	2,561,407			
<b>D - DRUGS</b>							
1.00	PHARMACY	15.00	0	1,965,007	0		1.00
	TOTALS		0	1,965,007			
<b>E - RESIDENTS COSTS</b>							
1.00	EMERGENCY	91.00	0	107,074	0		1.00
	TOTALS		0	107,074			
<b>F - INSURANCE</b>							
1.00	LABORATORY	60.00	0	44,734	12		1.00
	TOTALS		0	44,734			
<b>G - TEACHING PHYSICIANS</b>							
1.00	EMERGENCY	91.00	30,557	0	0		1.00
	TOTALS		30,557	0			
<b>I - INTEREST</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	700,068	11		1.00
	TOTALS		0	700,068			
500.00	Grand Total: Decreases		366,196	9,025,412			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/22/2013 3:11 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,760,349	0	0	0	1.00
2.00	Land Improvements	2,520,848	0	0	0	2.00
3.00	Buildings and Fixtures	72,590,206	1,269,075	0	1,269,075	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	46,413,327	104,640	0	104,640	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	123,284,730	1,373,715	0	1,373,715	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	123,284,730	1,373,715	0	1,373,715	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,760,349	0			1.00
2.00	Land Improvements	2,520,848	0			2.00
3.00	Buildings and Fixtures	73,859,281	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	46,517,967	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	124,658,445	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	124,658,445	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/22/2013 3:11 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	78,140,478	0	78,140,478	0.626837	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,517,967	0	46,517,967	0.373163	0	2.00
3.00	Total (sum of lines 1-2)	124,658,445	0	124,658,445	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,682,710	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,486,009	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,168,719	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	700,068	44,734	0	0	2,427,512	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,486,009	2.00
3.00	Total (sum of lines 1-2)	700,068	44,734	0	0	3,913,521	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-8

Date/Time Prepared:  
5/22/2013 3:11 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 #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-4,652		ADMINISTRATIVE & GENERAL	5.00	9	7.00
8.00 Television and radio service (chapter 21)	A	-1,954		ADMINISTRATIVE & GENERAL	5.00	10	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,513,907				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-845,667				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-201,538		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	758		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Provider CCN: 140251  
 Period: From 07/01/2012 To 12/31/2012  
 Worksheet A-8  
 Date/Time Prepared: 5/22/2013 3:11 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 #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
33.00 EMPLOYEE DAY CARE REVENUE	B	-35,411	EMPLOYEE BENEFITS	4.00	0	33.00
33.02 MISCELLANEOUS INCOME	B	-3,613	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 HOUSE STAFF PHYSICIANS	A	-587,504	HOUSE STAFF PHYSICIANS	17.01	0	33.03
33.20 FITNESS CENTER REVENUE	B	-4,127	EMPLOYEE BENEFITS	4.00	0	33.20
33.36 PATIENT TRANSPORTATION	B	-2,340	ADMINISTRATIVE & GENERAL	5.00	0	33.36
33.42 GIFT SHOP REVENUE AND MISCELLAN	A	-42,236	ADMINISTRATIVE & GENERAL	5.00	0	33.42
33.43 CARDIAC REHAB MISC REVENUE	B	-3,552	CARDIAC REHAB	69.01	0	33.43
33.45 AHA AND MCHC DUES	A	-10,663	ADMINISTRATIVE & GENERAL	5.00	0	33.45
34.00 ER PHYSICIAN MISC EXPENSE	A	-1,082	EMERGENCY	91.00	0	34.00
35.00		0		0.00	0	35.00
36.00 OLR 5K	B	-12,765	NURSING ADMINISTRATION	13.00	0	36.00
38.00 EDUCATION	B	-2,580	NURSING ADMINISTRATION	13.00	0	38.00
39.00		0		0.00	0	39.00
40.00 BIOM-MISCELLANEOUS REVENUE	B	-93,646	OPERATION OF PLANT	7.00	0	40.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,366,479				50.00

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

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:  
5/22/2013 3:11 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	4,025,230	9,947,908 1.00
2.00	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	342,323	0 2.00
3.00	4.00	EMPLOYEE BENEFITS	HUMAN RESOURCES	360,979	0 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	DATA PROCESSING	1,224,076	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	PURCHASING	163,145	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	CASHIERING	2,252,133	0 4.02
4.03	34.00	SURGICAL INTENSIVE CARE UNIT	ICU	28,732	0 4.03
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	530,186	0 4.04
4.05	1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION	77,126	0 4.05
4.06	60.00	LABORATORY	LAB	2,927,687	2,829,376 4.06
4.07	0.00			0	0 4.07
4.08	0.00			0	0 4.08
4.09	0.00			0	0 4.09
5.00	0	0	0	11,931,617	12,777,284 5.00

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

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

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	RESURRECTION HEALTH CARE	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:  
5/22/2013 3:11 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-5,922,678	0		1.00
2.00	342,323	0		2.00
3.00	360,979	0		3.00
4.00	1,224,076	0		4.00
4.01	163,145	0		4.01
4.02	2,252,133	0		4.02
4.03	28,732	0		4.03
4.04	530,186	9		4.04
4.05	77,126	9		4.05
4.06	98,311	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
5.00	-845,667			5.00

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

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

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	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet A-8-2

Date/Time Prepared:  
5/22/2013 3:11 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	53.00	ANESTHESIOLOGY	558,854	558,854	0	0	0	1.00
2.00	44.00	SKILLED NURSING FACILITY	9,150	0	9,150	154,100	61	2.00
3.00	65.00	RESPIRATORY THERAPY	10,860	10,860	0	0	0	3.00
4.00	91.00	EMERGENCY	678,509	651,509	27,000	177,200	338	4.00
5.00	90.00	CLINIC	12,500	12,500	0	0	0	5.00
6.00	60.00	LABORATORY	10,000	10,000	0	0	0	6.00
7.00	34.00	SURGICAL INTENSIVE CARE UNIT	12,600	12,600	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	2,218	2,218	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	172,801	172,801	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	57,934	57,834	0	0	0	10.00
11.00	16.00	MEDICAL RECORDS & LIBRARY	20,000	20,000	0	0	0	11.00
200.00			1,545,426	1,509,176	36,150		399	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	1.00
2.00	44.00	SKILLED NURSING FACILITY	4,519	226	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	28,795	1,440	0	0	0	4.00
5.00	90.00	CLINIC	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	11.00
200.00			33,314	1,666	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	53.00	ANESTHESIOLOGY	0	0	0	558,854		1.00
2.00	44.00	SKILLED NURSING FACILITY	0	4,519	4,631	4,631		2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	10,860		3.00
4.00	91.00	EMERGENCY	0	28,795	0	651,509		4.00
5.00	90.00	CLINIC	0	0	0	12,500		5.00
6.00	60.00	LABORATORY	0	0	0	10,000		6.00
7.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	12,600		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,218		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	172,801		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	57,934		10.00
11.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	20,000		11.00
200.00			0	33,314	4,631	1,513,907		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,427,512	2,427,512			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,486,009		1,486,009		2.00
4.00 00400	EMPLOYEE BENEFITS	450,634	0	1,222	451,856	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	13,509,254	818,236	729,255	24,124	15,080,869
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	2,360,484	205,861	69,099	14,286	2,649,730
8.00 00800	LAUNDRY & LINEN SERVICE	330,825	0	0	0	330,825
9.00 00900	HOUSEKEEPING	1,016,272	42,617	1,293	10,596	1,070,778
10.00 01000	DIETARY	953,721	56,657	14,551	10,647	1,035,576
11.00 01100	CAFETERIA	400,272	55,572	0	6,718	462,562
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATIVE	694,155	18,008	1,785	10,485	724,433
14.00 01400	CENTRAL SERVICES & SUPPLY	386,313	54,242	11,170	2,994	454,719
15.00 01500	PHARMACY	1,008,031	19,030	2,343	17,099	1,046,503
16.00 01600	MEDICAL RECORDS & LIBRARY	2,016,192	47,691	1,396	25,277	2,090,556
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
17.01 01850	HOUSE STAFF PHYSICIANS	1	0	0	0	1
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	107,074	0	0	0	107,074
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	30,557	0	0	612	31,169
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,590,817	383,593	18,542	100,733	7,093,685
34.00 03400	SURGICAL INTENSIVE CARE UNIT	2,456,598	51,219	8,716	39,413	2,555,946
44.00 04400	SKILLED NURSING FACILITY	1,828,052	139,357	1,080	27,968	1,996,457
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,529,692	133,009	114,215	24,562	2,801,478
51.00 05100	RECOVERY ROOM	317,988	9,827	503	5,200	333,518
53.00 05300	ANESTHESIOLOGY	54,345	4,052	22,492	727	81,616
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,190,737	70,389	359,531	18,555	1,639,212
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	222,836	4,304	0	2,184	229,324
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	412,089	7,825	0	5,527	425,441
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	144,211	2,093	0	2,246	148,550
59.00 05900	CARDIAC CATHETERIZATION	359,738	30,516	39,589	5,569	435,412
60.00 06000	LABORATORY	2,886,699	67,470	9,729	10	2,963,908
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	737,725	14,215	15,261	10,693	777,894
66.00 06600	PHYSICAL THERAPY	1,056,572	34,057	3,423	17,276	1,111,328
67.00 06700	OCCUPATIONAL THERAPY	453,774	8,609	407	7,271	470,061
68.00 06800	SPEECH PATHOLOGY	106,858	5,669	170	1,719	114,416
69.00 06900	ELECTROCARDIOLOGY	330,821	10,316	23,692	5,223	370,052
69.01 03160	CARDIAC REHAB	170,761	12,423	2,338	2,914	188,436
70.00 07000	ELECTROENCEPHALOGRAPHY	42,337	0	828	548	43,713
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,111,238	0	0	0	2,111,238
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	1,269,713	0	0	0	1,269,713
73.00 07300	DRUGS CHARGED TO PATIENTS	1,965,007	0	0	0	1,965,007
75.01 03950	ACUTE DIALYSIS	193,210	4,976	5,027	2,488	205,701
76.00 03040	AUDIO-VESTIBULAR LAB	0	0	0	0	0
76.01 03480	ONCOLOGY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	770,033	31,943	4,980	10,303	817,259
91.00 09100	EMERGENCY	2,691,989	73,692	23,372	37,504	2,826,557
91.01 04950	LITHOTRIPSY	0	0	0	0	0
92.00 09200	OBSERVATION BEDS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	58,071,146	2,417,468	1,486,009	451,471	58,060,717
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,165	10,044	0	385	64,594
193.01 19301	NON EMPLOYEE DAY CARE	0	0	0	0	0
193.02 19302	RESURRECTION HOME CARE OFFICES	0	0	0	0	0
193.03 19303	OCCUPATIONAL HEALTH NON-REIM	0	0	0	0	0
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	58,125,311	2,427,512	1,486,009	451,856	58,125,311

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/22/2013 3:11 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,080,869				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	928,349	0	3,578,079		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	115,907	0	0	446,732	8.00
9.00	00900	HOUSEKEEPING	375,153	0	108,654	45	1,554,630
10.00	01000	DIETARY	362,820	0	144,449	0	64,727
11.00	01100	CAFETERIA	162,061	0	141,683	0	63,488
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	253,809	0	45,913	0	20,573
14.00	01400	CENTRAL SERVICES & SUPPLY	159,314	0	138,293	82	61,968
15.00	01500	PHARMACY	366,649	0	48,519	0	21,741
16.00	01600	MEDICAL RECORDS & LIBRARY	732,439	0	121,591	0	54,484
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	HOUSE STAFF PHYSICIANS	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	37,514	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	10,920	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,485,304	0	977,993	231,521	438,233
34.00	03400	SURGICAL INTENSIVE CARE UNIT	895,491	0	130,584	32,146	58,514
44.00	04400	SKILLED NURSING FACILITY	699,471	0	355,297	51,504	159,207
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	981,515	0	339,112	20,069	151,954
51.00	05100	RECOVERY ROOM	116,850	0	25,053	0	11,226
53.00	05300	ANESTHESIOLOGY	28,595	0	10,332	0	4,630
54.00	05400	RADIOLOGY-DIAGNOSTIC	574,308	0	179,460	35,678	80,415
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	80,345	0	10,974	0	4,917
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	149,056	0	19,950	0	8,939
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	52,045	0	5,335	0	2,391
59.00	05900	CARDIAC CATHETERIZATION	152,549	0	77,801	2,040	34,862
60.00	06000	LABORATORY	1,038,423	0	172,019	0	77,081
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	272,540	0	36,242	0	16,240
66.00	06600	PHYSICAL THERAPY	389,360	0	86,830	7,932	38,908
67.00	06700	OCCUPATIONAL THERAPY	164,689	0	21,948	0	9,835
68.00	06800	SPEECH PATHOLOGY	40,086	0	14,454	0	6,477
69.00	06900	ELECTROCARDIOLOGY	129,650	0	26,302	0	11,786
69.01	03160	CARDIAC REHAB	66,020	0	31,674	0	14,193
70.00	07000	ELECTROENCEPHALOGRAPHY	15,315	0	0	1,870	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	739,685	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	444,852	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	688,452	0	0	0	0
75.01	03950	ACUTE DIALYSIS	72,069	0	12,687	971	5,685
76.00	03040	AUDIO-VESTIBULAR LAB	0	0	0	0	0
76.01	03480	ONCOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LI THOTRI PSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	286,332	0	81,441	4,776	36,493
91.00	09100	EMERGENCY	990,301	0	187,882	58,098	84,189
91.01	04950	LI THOTRI PSY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,058,238	0	3,552,472	446,732	1,543,156
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,631	0	25,607	0	11,474
193.01	19301	NON EMPLOYEE DAY CARE	0	0	0	0	0
193.02	19302	RESURRECTION HOME CARE OFFICES	0	0	0	0	0
193.03	19303	OCCUPATIONAL HEALTH NON-REIM	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)	15,080,869	0	3,578,079	446,732	1,554,630

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/22/2013 3:11 pm		
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.00	11.00	12.00	13.00	14.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000	1,607,572				10.00
11.00	01100	0	829,794			11.00
12.00	01200	0	0	0		12.00
13.00	01300	0	17,541	0	1,062,269	13.00
14.00	01400	0	8,730	0	0	823,106
15.00	01500	0	28,578	0	0	35,239
16.00	01600	0	65,154	0	0	5,501
17.00	01700	0	0	0	0	0
17.01	01850	0	0	0	0	0
19.00	01900	0	0	0	0	0
21.00	02100	0	0	0	0	0
22.00	02200	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	964,758	242,034	0	401,914	82,241
34.00	03400	181,837	69,311	0	0	40,336
44.00	04400	460,977	72,544	0	120,464	20,551
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	42,597	0	70,735	189,639
51.00	05100	0	7,856	0	13,046	4,189
53.00	05300	0	1,518	0	2,521	18,614
54.00	05400	0	42,232	0	70,129	4,658
55.00	05500	0	0	0	0	0
56.00	05600	0	3,437	0	5,707	451
57.00	05700	0	10,032	0	16,659	15,262
58.00	05800	0	3,561	0	5,914	902
59.00	05900	0	7,860	0	13,053	78,458
60.00	06000	0	11	0	18	85,975
62.30	06250	0	0	0	0	0
65.00	06500	0	26,928	0	44,715	12,819
66.00	06600	0	34,079	0	56,591	14,762
67.00	06700	0	13,130	0	21,803	1,503
68.00	06800	0	2,833	0	4,705	0
69.00	06900	0	11,808	0	19,607	3,620
69.01	03160	0	4,632	0	7,691	228
70.00	07000	0	1,659	0	2,755	239
71.00	07100	0	0	0	0	0
72.00	07200	0	0	0	0	0
73.00	07300	0	0	0	0	0
75.01	03950	0	3,752	0	6,231	5,507
76.00	03040	0	0	0	0	0
76.01	03480	0	0	0	0	0
76.97	07697	0	0	0	0	0
76.98	07698	0	0	0	0	0
76.99	07699	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	22,802	0	37,864	58,830
91.00	09100	0	84,397	0	140,147	143,582
91.01	04950	0	0	0	0	0
92.00	09200	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		1,607,572	829,016	0	1,062,269	823,106
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	778	0	0	0
193.01	19301	0	0	0	0	0
193.02	19302	0	0	0	0	0
193.03	19303	0	0	0	0	0
200.00		0	0	0	0	0
201.00		0	0	0	0	0
202.00		1,607,572	829,794	0	1,062,269	823,106

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	HOUSE STAFF PHYSICIANS	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	17.01	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	1,547,229					15.00
16.00	01600	0	3,069,725				16.00
17.00	01700	0	0	0			17.00
17.01	01850	0	0	0	1		17.01
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	214	417,382	0	1	0	30.00
34.00	03400	53	104,118	0	0	0	34.00
44.00	04400	347	61,217	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	30	178,106	0	0	0	50.00
51.00	05100	0	31,189	0	0	0	51.00
53.00	05300	199	45,326	0	0	0	53.00
54.00	05400	166	143,078	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	26,849	0	0	0	56.00
57.00	05700	43	194,464	0	0	0	57.00
58.00	05800	0	45,038	0	0	0	58.00
59.00	05900	11	81,092	0	1	0	59.00
60.00	06000	0	461,678	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	11,784	90,080	0	0	0	65.00
66.00	06600	0	55,325	0	0	0	66.00
67.00	06700	0	29,732	0	0	0	67.00
68.00	06800	0	4,725	0	0	0	68.00
69.00	06900	0	101,347	0	0	0	69.00
69.01	03160	0	2,956	0	0	0	69.01
70.00	07000	0	1,670	0	0	0	70.00
71.00	07100	0	92,402	0	0	0	71.00
72.00	07200	0	53,486	0	0	0	72.00
73.00	07300	1,528,988	411,120	0	0	0	73.00
75.01	03950	130	9,222	0	0	0	75.01
76.00	03040	0	0	0	0	0	76.00
76.01	03480	0	0	0	0	0	76.01
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	1,370	61,127	0	0	0	90.00
91.00	09100	3,894	366,996	0	0	0	91.00
91.01	04950	0	0	0	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		1,547,229	3,069,725	0	1	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,547,229	3,069,725	0	1	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
17.01 01850	HOUSE STAFF PHYSICIANS				17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	144,588			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	42,089		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	36,147	10,522	13,381,949	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	36,147	10,522	4,115,005	34.00
44.00 04400	SKILLED NURSING FACILITY	0	0	3,998,036	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	4,775,235	50.00
51.00 05100	RECOVERY ROOM	0	0	542,927	51.00
53.00 05300	ANESTHESIOLOGY	0	0	193,351	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	2,769,336	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	362,004	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	839,846	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	263,736	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	883,138	59.00
60.00 06000	LABORATORY	0	0	4,799,113	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	1,289,242	65.00
66.00 06600	PHYSICAL THERAPY	0	0	1,795,115	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	732,701	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	187,696	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	674,172	69.00
69.01 03160	CARDIAC REHAB	0	0	315,830	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	67,221	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	2,943,325	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	1,768,051	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	4,593,567	73.00
75.01 03950	ACUTE DIALYSIS	0	0	321,955	75.01
76.00 03040	AUDIO-VESTIBULAR LAB	0	0	0	76.00
76.01 03480	ONCOLOGY	0	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	1,408,294	90.00
91.00 09100	EMERGENCY	72,294	21,045	4,979,382	91.00
91.01 04950	LITHOTRIPSY	0	0	0	91.01
92.00 09200	OBSERVATION BEDS	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	144,588	42,089	58,000,227	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	125,084	190.00
193.01 19301	NON EMPLOYEE DAY CARE	0	0	0	193.01
193.02 19302	RESURRECTION HOME CARE OFFICES	0	0	0	193.02
193.03 19303	OCCUPATIONAL HEALTH NON-REIM	0	0	0	193.03
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	144,588	42,089	58,125,311	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140251		Period: From 07/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/22/2013 3:11 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00					2.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	969	0	1,222	2,191	2,191	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	818,236	729,255	1,547,491	117	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,686	205,861	69,099	280,646	69	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	431	42,617	1,293	44,341	51	9.00
10.00	01000	DIETARY	2,283	56,657	14,551	73,491	52	10.00
11.00	01100	CAFETERIA	0	55,572	0	55,572	33	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,838	18,008	1,785	21,631	51	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60,348	54,242	11,170	125,760	15	14.00
15.00	01500	PHARMACY	455	19,030	2,343	21,828	83	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,217	47,691	1,396	52,304	122	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	HOUSE STAFF PHYSICIANS	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	3	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,782	383,593	18,542	403,917	487	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	857	51,219	8,716	60,792	191	34.00
44.00	04400	SKILLED NURSING FACILITY	1,183	139,357	1,080	141,620	136	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	79,809	133,009	114,215	327,033	119	50.00
51.00	05100	RECOVERY ROOM	0	9,827	503	10,330	25	51.00
53.00	05300	ANESTHESIOLOGY	0	4,052	22,492	26,544	4	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,542	70,389	359,531	431,462	90	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,304	0	4,304	11	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	7,825	0	7,825	27	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,093	0	2,093	11	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,937	30,516	39,589	72,042	27	59.00
60.00	06000	LABORATORY	407	67,470	9,729	77,606	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,888	14,215	15,261	31,364	52	65.00
66.00	06600	PHYSICAL THERAPY	2,873	34,057	3,423	40,353	84	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,609	407	9,016	35	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,669	170	5,839	8	68.00
69.00	06900	ELECTROCARDIOLOGY	4,255	10,316	23,692	38,263	25	69.00
69.01	03160	CARDIAC REHAB	0	12,423	2,338	14,761	14	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	828	828	3	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
75.01	03950	ACUTE DIALYSIS	0	4,976	5,027	10,003	12	75.01
76.00	03040	AUDIO-VESTIBULAR LAB	0	0	0	0	0	76.00
76.01	03480	ONCOLOGY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,906	31,943	4,980	39,829	50	90.00
91.00	09100	EMERGENCY	1,761	73,692	23,372	98,825	182	91.00
91.01	04950	LITHOTRIpsy	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	176,427	2,417,468	1,486,009	4,079,904	2,189	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,044	0	10,044	2	190.00
193.01	19301	NON EMPLOYEE DAY CARE	0	0	0	0	0	193.01
193.02	19302	RESURRECTION HOME CARE OFFICES	0	0	0	0	0	193.02
193.03	19303	OCCUPATIONAL HEALTH NON-REIM	0	0	0	0	0	193.03
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)	176,427	2,427,512	1,486,009	4,089,948	2,191	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:11 pm
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,547,608					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	95,268	0	375,983			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,894	0	0	11,894		8.00
9.00	00900	HOUSEKEEPING	38,499	0	11,417	1	94,309	9.00
10.00	01000	DIETARY	37,233	0	15,179	0	3,927	10.00
11.00	01100	CAFETERIA	16,631	0	14,888	0	3,851	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	26,046	0	4,825	0	1,248	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,349	0	14,532	2	3,759	14.00
15.00	01500	PHARMACY	37,626	0	5,098	0	1,319	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	75,164	0	12,777	0	3,305	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	HOUSE STAFF PHYSICIANS	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	3,850	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	1,121	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	255,036	0	102,765	6,165	26,585	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	91,896	0	13,722	856	3,550	34.00
44.00	04400	SKILLED NURSING FACILITY	71,781	0	37,334	1,371	9,658	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	100,724	0	35,634	534	9,218	50.00
51.00	05100	RECOVERY ROOM	11,991	0	2,633	0	681	51.00
53.00	05300	ANESTHESIOLOGY	2,934	0	1,086	0	281	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,936	0	18,858	950	4,878	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8,245	0	1,153	0	298	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	15,296	0	2,096	0	542	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,341	0	561	0	145	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,655	0	8,175	54	2,115	59.00
60.00	06000	LABORATORY	106,564	0	18,076	0	4,676	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	27,968	0	3,808	0	985	65.00
66.00	06600	PHYSICAL THERAPY	39,957	0	9,124	211	2,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,901	0	2,306	0	597	67.00
68.00	06800	SPEECH PATHOLOGY	4,114	0	1,519	0	393	68.00
69.00	06900	ELECTROCARDIOLOGY	13,305	0	2,764	0	715	69.00
69.01	03160	CARDIAC REHAB	6,775	0	3,328	0	861	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,572	0	0	50	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	75,907	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	45,651	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,650	0	0	0	0	73.00
75.01	03950	ACUTE DIALYSIS	7,396	0	1,333	26	345	75.01
76.00	03040	AUDIO-VESTIBULAR LAB	0	0	0	0	0	76.00
76.01	03480	ONCOLOGY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	29,384	0	8,558	127	2,214	90.00
91.00	09100	EMERGENCY	101,626	0	19,743	1,547	5,107	91.00
91.01	04950	LI THOTRI PSY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,545,286	0	373,292	11,894	93,613	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,322	0	2,691	0	696	190.00
193.01	19301	NON EMPLOYEE DAY CARE	0	0	0	0	0	193.01
193.02	19302	RESURRECTION HOME CARE OFFICES	0	0	0	0	0	193.02
193.03	19303	OCCUPATIONAL HEALTH NON-REIM	0	0	0	0	0	193.03
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)	1,547,608	0	375,983	11,894	94,309	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:11 pm		
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.00	11.00	12.00	13.00	14.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000	129,882				10.00
11.00	01100	0	90,975			11.00
12.00	01200	0	0	0		12.00
13.00	01300	0	1,923	0	55,724	13.00
14.00	01400	0	957	0	0	161,374
15.00	01500	0	3,133	0	0	6,909
16.00	01600	0	7,143	0	0	1,079
17.00	01700	0	0	0	0	0
17.01	01850	0	0	0	0	0
19.00	01900	0	0	0	0	0
21.00	02100	0	0	0	0	0
22.00	02200	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	77,947	26,538	0	21,082	16,124
34.00	03400	14,691	7,599	0	0	7,908
44.00	04400	37,244	7,953	0	6,319	4,029
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	4,670	0	3,711	37,179
51.00	05100	0	861	0	684	821
53.00	05300	0	166	0	132	3,649
54.00	05400	0	4,630	0	3,679	913
55.00	05500	0	0	0	0	0
56.00	05600	0	377	0	299	88
57.00	05700	0	1,100	0	874	2,992
58.00	05800	0	390	0	310	177
59.00	05900	0	862	0	685	15,382
60.00	06000	0	1	0	1	16,856
62.30	06250	0	0	0	0	0
65.00	06500	0	2,952	0	2,346	2,513
66.00	06600	0	3,736	0	2,969	2,894
67.00	06700	0	1,439	0	1,144	295
68.00	06800	0	311	0	247	0
69.00	06900	0	1,295	0	1,029	710
69.01	03160	0	508	0	403	45
70.00	07000	0	182	0	145	47
71.00	07100	0	0	0	0	0
72.00	07200	0	0	0	0	0
73.00	07300	0	0	0	0	0
75.01	03950	0	411	0	327	1,080
76.00	03040	0	0	0	0	0
76.01	03480	0	0	0	0	0
76.97	07697	0	0	0	0	0
76.98	07698	0	0	0	0	0
76.99	07699	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	2,500	0	1,986	11,534
91.00	09100	0	9,253	0	7,352	28,150
91.01	04950	0	0	0	0	0
92.00	09200	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		129,882	90,890	0	55,724	161,374
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	85	0	0	0
193.01	19301	0	0	0	0	0
193.02	19302	0	0	0	0	0
193.03	19303	0	0	0	0	0
200.00		0	0	0	0	0
201.00		0	0	0	0	0
202.00		129,882	90,975	0	55,724	161,374

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:11 pm		
Cost Center	Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	HOUSE STAFF PHYSICIANS	NONPHYSICIAN ANESTHETISTS
		15.00	16.00	17.00	17.01	19.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600	75,996				16.00
17.00	01700	0	151,894			17.00
17.01	01850	0	0	0	0	17.01
19.00	01900	0	0	0	0	19.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	11	20,636	0	0	30.00
34.00	03400	3	5,148	0	0	34.00
44.00	04400	17	3,027	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	1	8,806	0	0	50.00
51.00	05100	0	1,542	0	0	51.00
53.00	05300	10	2,241	0	0	53.00
54.00	05400	8	7,074	0	0	54.00
55.00	05500	0	0	0	0	55.00
56.00	05600	0	1,327	0	0	56.00
57.00	05700	2	9,615	0	0	57.00
58.00	05800	0	2,227	0	0	58.00
59.00	05900	1	4,009	0	0	59.00
60.00	06000	0	22,948	0	0	60.00
62.30	06250	0	0	0	0	62.30
65.00	06500	579	4,454	0	0	65.00
66.00	06600	0	2,735	0	0	66.00
67.00	06700	0	1,470	0	0	67.00
68.00	06800	0	234	0	0	68.00
69.00	06900	0	5,011	0	0	69.00
69.01	03160	0	146	0	0	69.01
70.00	07000	0	83	0	0	70.00
71.00	07100	0	4,568	0	0	71.00
72.00	07200	0	2,644	0	0	72.00
73.00	07300	75,100	20,326	0	0	73.00
75.01	03950	6	456	0	0	75.01
76.00	03040	0	0	0	0	76.00
76.01	03480	0	0	0	0	76.01
76.97	07697	0	0	0	0	76.97
76.98	07698	0	0	0	0	76.98
76.99	07699	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	67	3,022	0	0	90.00
91.00	09100	191	18,145	0	0	91.00
91.01	04950	0	0	0	0	91.01
92.00	09200	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		75,996	151,894	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0	0	190.00
193.01	19301	0	0	0	0	193.01
193.02	19302	0	0	0	0	193.02
193.03	19303	0	0	0	0	193.03
200.00						200.00
201.00		0	0	0	0	201.00
202.00		75,996	151,894	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:11 pm
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Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
17.01 01850	HOUSE STAFF PHYSICIANS				17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	3,850			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		1,124		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS		957,293	0	957,293
34.00 03400	SURGICAL INTENSIVE CARE UNIT		206,356	0	206,356
44.00 04400	SKILLED NURSING FACILITY		320,489	0	320,489
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM		527,629	0	527,629
51.00 05100	RECOVERY ROOM		29,568	0	29,568
53.00 05300	ANESTHESIOLOGY		37,047	0	37,047
54.00 05400	RADIOLOGY-DIAGNOSTIC		531,478	0	531,478
55.00 05500	RADIOLOGY-THERAPEUTIC		0	0	0
56.00 05600	RADIOISOTOPE		16,102	0	16,102
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN		40,369	0	40,369
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		11,255	0	11,255
59.00 05900	CARDIAC CATHETERIZATION		119,007	0	119,007
60.00 06000	LABORATORY		246,728	0	246,728
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
65.00 06500	RESPIRATORY THERAPY		77,021	0	77,021
66.00 06600	PHYSICAL THERAPY		104,423	0	104,423
67.00 06700	OCCUPATIONAL THERAPY		33,203	0	33,203
68.00 06800	SPEECH PATHOLOGY		12,665	0	12,665
69.00 06900	ELECTROCARDIOLOGY		63,117	0	63,117
69.01 03160	CARDIAC REHAB		26,841	0	26,841
70.00 07000	ELECTROENCEPHALOGRAPHY		2,910	0	2,910
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		80,475	0	80,475
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		48,295	0	48,295
73.00 07300	DRUGS CHARGED TO PATIENTS		166,076	0	166,076
75.01 03950	ACUTE DIALYSIS		21,395	0	21,395
76.00 03040	AUDIO-VESTIBULAR LAB		0	0	0
76.01 03480	ONCOLOGY		0	0	0
76.97 07697	CARDIAC REHABILITATION		0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY		0	0	0
76.99 07699	LITHOTRIpsy		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC		99,271	0	99,271
91.00 09100	EMERGENCY		290,121	0	290,121
91.01 04950	LITHOTRIpsy		0	0	0
92.00 09200	OBSERVATION BEDS		0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	4,069,134	4,069,134
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,840	0	15,840
193.01 19301	NON EMPLOYEE DAY CARE		0	0	0
193.02 19302	RESURRECTION HOME CARE OFFICES		0	0	0
193.03 19303	OCCUPATIONAL HEALTH NON-REIM		0	0	0
200.00	Cross Foot Adjustments	3,850	1,124	4,974	4,974
201.00	Negative Cost Centers	0	0	0	0
202.00	TOTAL (sum lines 118-201)	3,850	1,124	4,089,948	4,089,948

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP ((DOLLAR VALUE))				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	346,838				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,779,655			2.00
4.00 00400	EMPLOYEE BENEFITS	0	1,464	22,574,641		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	116,908	873,360	1,205,211	-15,080,869	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	29,413	82,754	713,729	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	6,089	1,549	529,394	0	9.00
10.00 01000	DIETARY	8,095	17,426	531,906	0	10.00
11.00 01100	CAFETERIA	7,940	0	335,639	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,573	2,138	523,816	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,750	13,377	149,561	0	14.00
15.00 01500	PHARMACY	2,719	2,806	854,256	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,814	1,672	1,262,831	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01850	HOUSE STAFF PHYSICIANS	0	0	0	-1	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	30,557	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	54,807	22,206	5,032,630	0	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	7,318	10,438	1,969,083	0	34.00
44.00 04400	SKILLED NURSING FACILITY	19,911	1,293	1,397,300	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	19,004	136,785	1,227,100	0	50.00
51.00 05100	RECOVERY ROOM	1,404	602	259,798	0	51.00
53.00 05300	ANESTHESIOLOGY	579	26,937	36,299	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,057	430,577	927,028	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	615	0	109,088	0	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,118	0	276,107	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	299	0	112,231	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,360	47,412	278,225	0	59.00
60.00 06000	LABORATORY	9,640	11,651	501	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	2,031	18,277	534,245	0	65.00
66.00 06600	PHYSICAL THERAPY	4,866	4,099	863,093	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,230	487	363,282	0	67.00
68.00 06800	SPEECH PATHOLOGY	810	204	85,867	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,474	28,374	260,945	0	69.00
69.01 03160	CARDIAC REHAB	1,775	2,800	145,562	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	992	27,361	0	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD 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
75.01 03950	ACUTE DIALYSIS	711	6,020	124,299	0	75.01
76.00 03040	AUDIO-VESTIBULAR LAB	0	0	0	0	76.00
76.01 03480	ONCOLOGY	0	0	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	4,564	5,964	514,743	0	90.00
91.00 09100	EMERGENCY	10,529	27,991	1,873,699	0	91.00
91.01 04950	LITHOTRIpsy	0	0	0	0	91.01
92.00 09200	OBSERVATION BEDS	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	345,403	1,779,655	22,555,386	-15,080,870	42,979,847
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,435	0	19,255	0	190.00
193.01 19301	NON EMPLOYEE DAY CARE	0	0	0	0	193.01
193.02 19302	RESURRECTION HOME CARE OFFICES	0	0	0	0	193.02
193.03 19303	OCCUPATIONAL HEALTH NON-REIM	0	0	0	0	193.03
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)	2,427,512	1,486,009	451,856		15,080,869
203.00	Unit cost multiplier (Wkst. B, Part I)	6.998979	0.834998	0.020016		0.350356

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP ((DOLLAR VALUE))					
	1.00	2.00	4.00				
204.00	Cost to be allocated (per Wkst. B, Part II)			2,191	5A	1,547,608	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000097		0.035954	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140251		Period: From 07/01/2012 To 12/31/2012		Worksheet B-1	
Date/Time Prepared: 5/22/2013 3:11 pm							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		200,517				7.00
8.00	00800		0	639,754			8.00
9.00	00900		6,089	65	194,428		9.00
10.00	01000		8,095	0	8,095	71,769	10.00
11.00	01100		7,940	0	7,940	0	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		2,573	0	2,573	0	13.00
14.00	01400		7,750	118	7,750	0	14.00
15.00	01500		2,719	0	2,719	0	15.00
16.00	01600		6,814	0	6,814	0	16.00
17.00	01700		0	0	0	0	17.00
17.01	01850		0	0	0	0	17.01
19.00	01900		0	0	0	0	19.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	54,807	331,555	54,807	43,071	30.00
34.00	03400	0	7,318	46,036	7,318	8,118	34.00
44.00	04400	0	19,911	73,757	19,911	20,580	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	19,004	28,741	19,004	0	50.00
51.00	05100	0	1,404	0	1,404	0	51.00
53.00	05300	0	579	0	579	0	53.00
54.00	05400	0	10,057	51,093	10,057	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	615	0	615	0	56.00
57.00	05700	0	1,118	0	1,118	0	57.00
58.00	05800	0	299	0	299	0	58.00
59.00	05900	0	4,360	2,921	4,360	0	59.00
60.00	06000	0	9,640	0	9,640	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,031	0	2,031	0	65.00
66.00	06600	0	4,866	11,359	4,866	0	66.00
67.00	06700	0	1,230	0	1,230	0	67.00
68.00	06800	0	810	0	810	0	68.00
69.00	06900	0	1,474	0	1,474	0	69.00
69.01	03160	0	1,775	0	1,775	0	69.01
70.00	07000	0	0	2,678	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.01	03950	0	711	1,390	711	0	75.01
76.00	03040	0	0	0	0	0	76.00
76.01	03480	0	0	0	0	0	76.01
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	4,564	6,840	4,564	0	90.00
91.00	09100	0	10,529	83,201	10,529	0	91.00
91.01	04950	0	0	0	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		0	199,082	639,754	192,993	71,769	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	1,435	0	1,435	0	190.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
200.00							200.00
201.00							201.00
202.00		0	3,578,079	446,732	1,554,630	1,607,572	202.00
203.00		0.000000	17.844268	0.698287	7.995916	22.399253	203.00
204.00		0	375,983	11,894	94,309	129,882	204.00

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COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140251			Period: From 07/01/2012 To 12/31/2012		Worksheet B-1 Date/Time Prepared: 5/22/2013 3:11 pm	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY ((MEALS SERVED))		
		6.00	7.00	8.00	9.00	10.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.875068	0.018592	0.485059	1.809723	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description		CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQUIS))	PHARMACY (COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	613,233					11.00
12.00	01200	0	0				12.00
13.00	01300	12,963	0	472,751			13.00
14.00	01400	6,452	0	0	2,018,686		14.00
15.00	01500	21,120	0	0	86,425	1,912,103	15.00
16.00	01600	48,150	0	0	13,492	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01850	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	178,867	0	178,867	201,698	265	30.00
34.00	03400	51,222	0	0	98,926	66	34.00
44.00	04400	53,611	0	53,611	50,402	429	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	31,480	0	31,480	465,089	37	50.00
51.00	05100	5,806	0	5,806	10,273	0	51.00
53.00	05300	1,122	0	1,122	45,651	246	53.00
54.00	05400	31,210	0	31,210	11,423	205	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	2,540	0	2,540	1,107	0	56.00
57.00	05700	7,414	0	7,414	37,431	53	57.00
58.00	05800	2,632	0	2,632	2,212	0	58.00
59.00	05900	5,809	0	5,809	192,419	13	59.00
60.00	06000	8	0	8	210,857	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	19,900	0	19,900	31,440	14,563	65.00
66.00	06600	25,185	0	25,185	36,205	0	66.00
67.00	06700	9,703	0	9,703	3,686	0	67.00
68.00	06800	2,094	0	2,094	0	0	68.00
69.00	06900	8,726	0	8,726	8,877	0	69.00
69.01	03160	3,423	0	3,423	560	0	69.01
70.00	07000	1,226	0	1,226	587	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	1,889,560	73.00
75.01	03950	2,773	0	2,773	13,505	161	75.01
76.00	03040	0	0	0	0	0	76.00
76.01	03480	0	0	0	0	0	76.01
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	16,851	0	16,851	144,282	1,693	90.00
91.00	09100	62,371	0	62,371	352,139	4,812	91.00
91.01	04950	0	0	0	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		612,658	0	472,751	2,018,686	1,912,103	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	575	0	0	0	0	190.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
200.00							200.00
201.00							201.00
202.00		829,794	0	1,062,269	823,106	1,547,229	202.00
203.00		1.353146	0.000000	2.246995	0.407743	0.809177	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description		CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
		11.00	12.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	90,975	0	55,724	161,374	75,996	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.148353	0.000000	0.117872	0.079940	0.039745	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet B-1 Date/Time Prepared: 5/22/2013 3:11 pm		
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	HOUSE STAFF PHYSICIANS (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES ((ASSIGNED TIME))
		16.00	17.00	17.01	19.00	21.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	290,738,153			16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
17.01	01850	HOUSE STAFF PHYSICIANS	0	0	100	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	200
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	39,532,265	0	100	50
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,861,511	0	0	50
44.00	04400	SKILLED NURSING FACILITY	5,798,182	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	16,869,312	0	0	0
51.00	05100	RECOVERY ROOM	2,954,069	0	0	0
53.00	05300	ANESTHESIOLOGY	4,293,013	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,551,617	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	2,543,007	0	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	18,418,610	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,265,804	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	7,680,609	0	0	0
60.00	06000	LABORATORY	43,717,199	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	8,531,963	0	0	0
66.00	06600	PHYSICAL THERAPY	5,240,091	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,816,104	0	0	0
68.00	06800	SPEECH PATHOLOGY	447,528	0	0	0
69.00	06900	ELECTROCARDIOLOGY	9,599,027	0	0	0
69.01	03160	CARDIAC REHAB	279,975	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	158,137	0	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,751,801	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,065,968	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	38,939,189	0	0	0
75.01	03950	ACUTE DIALYSIS	873,486	0	0	0
76.00	03040	AUDIO-VESTIBULAR LAB	0	0	0	0
76.01	03480	ONCOLOGY	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	5,789,675	0	0	0
91.00	09100	EMERGENCY	34,760,011	0	0	100
91.01	04950	LITHOTRIpsy	0	0	0	0
92.00	09200	OBSERVATION BEDS				
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1-117)	290,738,153	0	100	200
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0
193.01	19301	NON EMPLOYEE DAY CARE	0	0	0	0
193.02	19302	RESURRECTION HOME CARE OFFICES	0	0	0	0
193.03	19303	OCCUPATIONAL HEALTH NON-REIM	0	0	0	0
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers				
202.00		Cost to be allocated (per Wkst. B, Part I)	3,069,725	0	1	144,588

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	HOUSE STAFF PHYSICIANS (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS	
		16.00	17.00	17.01	19.00	21.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.010558	0.000000	0.010000	0.000000	722.940000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	151,894	0	0	0	3,850	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000522	0.000000	0.000000	0.000000	19.250000	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet B-1 Date/Time Prepared: 5/22/2013 3:11 pm
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Cost Center Description		INTERNS & RESIDENTS	SRVCES-OTHER PRGM COSTS ((ASSIGNED TIME))	
			22.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01850	HOUSE STAFF PHYSICIANS		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	200	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	50	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	50	34.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03160	CARDIAC REHAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.01	03950	ACUTE DIALYSIS	0	75.01
76.00	03040	AUDIO-VESTIBULAR LAB	0	76.00
76.01	03480	ONCOLOGY	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIpsy	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	100	91.00
91.01	04950	LITHOTRIpsy	0	91.01
92.00	09200	OBSERVATION BEDS	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1-117)	200	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
193.01	19301	NON EMPLOYEE DAY CARE	0	193.01
193.02	19302	RESURRECTION HOME CARE OFFICES	0	193.02
193.03	19303	OCCUPATIONAL HEALTH NON-REIM	0	193.03
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)	42,089	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	210.445000	203.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet B-1  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description		INTERNS & RESIDENTS		
		SRVCES-OTHER PRGM COSTS ((ASSIGNED TIME))		
		22.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	1,124		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.620000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/22/2013 3:11 pm			
			Title XVIII	Hospital	PPS			
Cost Center Description	Therapy Limit Adj.	Costs			Charges			
		Total Cost (from Wkst. B, Part I, col. 26)	Total Costs	RCE Disallowance	Total Costs	Inpatient		
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,335,280	13,335,280	0	13,335,280	34,885,187	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,068,336	4,068,336	0	4,068,336	9,861,511	34.00
44.00	04400	SKILLED NURSING FACILITY	3,998,036	3,998,036	4,631	4,002,667	5,798,182	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,775,235	4,775,235	0	4,775,235	8,590,742	50.00
51.00	05100	RECOVERY ROOM	542,927	542,927	0	542,927	1,602,102	51.00
53.00	05300	ANESTHESIOLOGY	193,351	193,351	0	193,351	2,234,813	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,769,336	2,769,336	0	2,769,336	5,048,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	362,004	362,004	0	362,004	914,513	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	839,846	839,846	0	839,846	6,238,743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	263,736	263,736	0	263,736	1,489,861	58.00
59.00	05900	CARDIAC CATHETERIZATION	883,138	883,138	0	883,138	5,276,827	59.00
60.00	06000	LABORATORY	4,799,113	4,799,113	0	4,799,113	22,911,943	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,289,242	1,289,242	0	1,289,242	8,084,853	65.00
66.00	06600	PHYSICAL THERAPY	1,795,115	1,795,115	0	1,795,115	3,848,689	66.00
67.00	06700	OCCUPATIONAL THERAPY	732,701	732,701	0	732,701	2,173,536	67.00
68.00	06800	SPEECH PATHOLOGY	187,696	187,696	0	187,696	386,466	68.00
69.00	06900	ELECTROCARDIOLOGY	674,172	674,172	0	674,172	5,045,790	69.00
69.01	03160	CARDIAC REHAB	315,830	315,830	0	315,830	111,022	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	67,221	67,221	0	67,221	114,608	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,943,325	2,943,325	0	2,943,325	7,056,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,768,051	1,768,051	0	1,768,051	3,223,858	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,593,567	4,593,567	0	4,593,567	32,492,934	73.00
75.01	03950	ACUTE DIALYSIS	321,955	321,955	0	321,955	774,604	75.01
76.00	03040	AUDIO-VESTIBULAR LAB	0	0	0	0	0	76.00
76.01	03480	ONCOLOGY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,408,294	1,408,294	0	1,408,294	1,372,609	90.00
91.00	09100	EMERGENCY	4,886,043	4,886,043	0	4,886,043	9,775,715	91.00
91.01	04950	LITHOTRIPSY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS	1,678,571	1,678,571	0	1,678,571	936,649	92.00
200.00		Subtotal (see instructions)	59,492,121	59,492,121	4,631	59,496,752	180,251,364	200.00
201.00		Less Observation Beds	1,678,571	1,678,571	0	1,678,571		201.00
202.00		Total (see instructions)	57,813,550	57,813,550	4,631	57,818,181	180,251,364	202.00
Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00	9.00	10.00	11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	34,885,187				30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,861,511				34.00	
44.00	04400	SKILLED NURSING FACILITY	5,798,182				44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,278,570	16,869,312	0.283072	0.283072	50.00	
51.00	05100	RECOVERY ROOM	1,351,967	2,954,069	0.183790	0.183790	51.00	
53.00	05300	ANESTHESIOLOGY	2,058,200	4,293,013	0.045039	0.045039	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,502,870	13,551,617	0.204355	0.204355	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	1,628,494	2,543,007	0.142353	0.142353	56.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	12,179,867	18,418,610	0.045598	0.045598	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,775,943	4,265,804	0.061826	0.061826	58.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
59.00	05900	CARDI AC CATHETERI ZATION	2,403,782	7,680,609	0.114983	0.000000	0.114983		59.00
60.00	06000	LABORATORY	20,805,256	43,717,199	0.109776	0.000000	0.109776		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILICS	0	0	0.000000	0.000000	0.000000		62.30
65.00	06500	RESPI RATORY THERAPY	447,110	8,531,963	0.151107	0.000000	0.151107		65.00
66.00	06600	PHYSI CAL THERAPY	1,391,402	5,240,091	0.342573	0.000000	0.342573		66.00
67.00	06700	OCCUPATI ONAL THERAPY	642,568	2,816,104	0.260183	0.000000	0.260183		67.00
68.00	06800	SPEECH PATHOLOGY	61,062	447,528	0.419406	0.000000	0.419406		68.00
69.00	06900	ELECTROCARDI OLOGY	4,553,237	9,599,027	0.070233	0.000000	0.070233		69.00
69.01	03160	CARDI AC REHAB	168,953	279,975	1.128065	0.000000	1.128065		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	43,529	158,137	0.425081	0.000000	0.425081		70.00
71.00	07100	MEDI CAL SUPPLI ES CHRGD TO PATI ENTS	1,694,941	8,751,801	0.336311	0.000000	0.336311		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	1,842,110	5,065,968	0.349006	0.000000	0.349006		72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	6,446,255	38,939,189	0.117968	0.000000	0.117968		73.00
75.01	03950	ACUTE DI ALYSI S	98,882	873,486	0.368586	0.000000	0.368586		75.01
76.00	03040	AUDI O-VESTI BULAR LAB	0	0	0.000000	0.000000	0.000000		76.00
76.01	03480	ONCOLOGY	0	0	0.000000	0.000000	0.000000		76.01
76.97	07697	CARDI AC REHABI LI TATI ON	0	0	0.000000	0.000000	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0.000000		76.99
OUTPATI ENT SERVI CE COST CENTERS									
90.00	09000	CLINI C	4,417,066	5,789,675	0.243242	0.000000	0.243242		90.00
91.00	09100	EMERGENCY	24,984,296	34,760,011	0.140565	0.000000	0.140565		91.00
91.01	04950	LI THOTRI PSY	0	0	0.000000	0.000000	0.000000		91.01
92.00	09200	OBSERVATI ON BEDS	3,710,429	4,647,078	0.361210	0.000000	0.361210		92.00
200.00		Subtotal (see instructions)	110,486,789	290,738,153					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	110,486,789	290,738,153					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2013 3:11 pm

		Title XIX			Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	13,335,280		13,335,280	0	0	34,885,187	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,068,336		4,068,336	0	0	9,861,511	34.00
44.00	04400	SKILLED NURSING FACILITY	3,998,036		3,998,036	0	0	5,798,182	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,775,235		4,775,235	0	0	8,590,742	50.00
51.00	05100	RECOVERY ROOM	542,927		542,927	0	0	1,602,102	51.00
53.00	05300	ANESTHESIOLOGY	193,351		193,351	0	0	2,234,813	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,769,336		2,769,336	0	0	5,048,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	362,004		362,004	0	0	914,513	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	839,846		839,846	0	0	6,238,743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	263,736		263,736	0	0	1,489,861	58.00
59.00	05900	CARDIAC CATHETERIZATION	883,138		883,138	0	0	5,276,827	59.00
60.00	06000	LABORATORY	4,799,113		4,799,113	0	0	22,911,943	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,289,242	0	1,289,242	0	0	8,084,853	65.00
66.00	06600	PHYSICAL THERAPY	1,795,115	0	1,795,115	0	0	3,848,689	66.00
67.00	06700	OCCUPATIONAL THERAPY	732,701	0	732,701	0	0	2,173,536	67.00
68.00	06800	SPEECH PATHOLOGY	187,696	0	187,696	0	0	386,466	68.00
69.00	06900	ELECTROCARDIOLOGY	674,172		674,172	0	0	5,045,790	69.00
69.01	03160	CARDIAC REHAB	315,830		315,830	0	0	111,022	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	67,221		67,221	0	0	114,608	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,943,325		2,943,325	0	0	7,056,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,768,051		1,768,051	0	0	3,223,858	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,593,567		4,593,567	0	0	32,492,934	73.00
75.01	03950	ACUTE DIALYSIS	321,955		321,955	0	0	774,604	75.01
76.00	03040	AUDIO-VESTIBULAR LAB	0		0	0	0	0	76.00
76.01	03480	ONCOLOGY	0		0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,408,294		1,408,294	0	0	1,372,609	90.00
91.00	09100	EMERGENCY	4,886,043		4,886,043	0	0	9,775,715	91.00
91.01	04950	LITHOTRIPSY	0		0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS	1,678,571		1,678,571	0	0	936,649	92.00
200.00		Subtotal (see instructions)	59,492,121	0	59,492,121	0	0	180,251,364	200.00
201.00		Less Observation Beds	1,678,571		1,678,571	0	0		201.00
202.00		Total (see instructions)	57,813,550	0	57,813,550	0	0	180,251,364	202.00
Charges									
Cost Center Description		Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
		7.00	8.00	9.00	10.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	34,885,187					30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,861,511					34.00	
44.00	04400	SKILLED NURSING FACILITY	5,798,182					44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,278,570	16,869,312	0.283072	0.000000		50.00	
51.00	05100	RECOVERY ROOM	1,351,967	2,954,069	0.183790	0.000000		51.00	
53.00	05300	ANESTHESIOLOGY	2,058,200	4,293,013	0.045039	0.000000		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,502,870	13,551,617	0.204355	0.000000		54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000		55.00	
56.00	05600	RADIOISOTOPE	1,628,494	2,543,007	0.142353	0.000000		56.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	12,179,867	18,418,610	0.045598	0.000000		57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,775,943	4,265,804	0.061826	0.000000		58.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
			Outpatient	Total (col. 6 + col. 7)				
7.00	8.00	9.00	10.00	11.00				
59.00	05900	CARDI AC CATHETERI ZATION	2,403,782	7,680,609	0.114983	0.000000	0.000000	59.00
60.00	06000	LABORATORY	20,805,256	43,717,199	0.109776	0.000000	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILICS	0	0	0.000000	0.000000	0.000000	62.30
65.00	06500	RESPI RATORY THERAPY	447,110	8,531,963	0.151107	0.000000	0.000000	65.00
66.00	06600	PHYSI CAL THERAPY	1,391,402	5,240,091	0.342573	0.000000	0.000000	66.00
67.00	06700	OCCUPATI ONAL THERAPY	642,568	2,816,104	0.260183	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	61,062	447,528	0.419406	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDI OLOGY	4,553,237	9,599,027	0.070233	0.000000	0.000000	69.00
69.01	03160	CARDI AC REHAB	168,953	279,975	1.128065	0.000000	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	43,529	158,137	0.425081	0.000000	0.000000	70.00
71.00	07100	MEDI CAL SUPPLI ES CHRGD TO PATI ENTS	1,694,941	8,751,801	0.336311	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	1,842,110	5,065,968	0.349006	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	6,446,255	38,939,189	0.117968	0.000000	0.000000	73.00
75.01	03950	ACUTE DI ALYSI S	98,882	873,486	0.368586	0.000000	0.000000	75.01
76.00	03040	AUDI O-VESTI BULAR LAB	0	0	0.000000	0.000000	0.000000	76.00
76.01	03480	ONCOLOGY	0	0	0.000000	0.000000	0.000000	76.01
76.97	07697	CARDI AC REHABI LI TATI ON	0	0	0.000000	0.000000	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0.000000	76.99
OUTPATI ENT SERVI CE COST CENTERS								
90.00	09000	CLINI C	4,417,066	5,789,675	0.243242	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	24,984,296	34,760,011	0.140565	0.000000	0.000000	91.00
91.01	04950	LI THOTRI PSY	0	0	0.000000	0.000000	0.000000	91.01
92.00	09200	OBSERVATI ON BEDS	3,710,429	4,647,078	0.361210	0.000000	0.000000	92.00
200.00		Subtotal (see instructions)	110,486,789	290,738,153				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	110,486,789	290,738,153				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140251		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/22/2013 3:11 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	957,293	0	957,293	16,715	57.27	30.00	
34.00	SURGICAL INTENSIVE CARE UNIT	206,356		206,356	2,689	76.74	34.00	
44.00	SKILLED NURSING FACILITY	320,489		320,489	6,873	46.63	44.00	
200.00	Total (Lines 30-199)	1,484,138		1,484,138	26,277		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	7,610	435,825					30.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,199	92,011					34.00
44.00	SKILLED NURSING FACILITY	6,129	285,795					44.00
200.00	Total (Lines 30-199)	14,938	813,631					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/22/2013 3:11 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	527,629	16,869,312	0.031277	3,376,754	105,615	50.00
51.00	05100 RECOVERY ROOM	29,568	2,954,069	0.010009	629,040	6,296	51.00
53.00	05300 ANESTHESIOLOGY	37,047	4,293,013	0.008630	942,496	8,134	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	531,478	13,551,617	0.039219	2,852,979	111,891	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	16,102	2,543,007	0.006332	522,822	3,311	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	40,369	18,418,610	0.002192	3,290,871	7,214	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	11,255	4,265,804	0.002638	717,355	1,892	58.00
59.00	05900 CARDIAC CATHETERIZATION	119,007	7,680,609	0.015494	2,686,269	41,621	59.00
60.00	06000 LABORATORY	246,728	43,717,199	0.005644	11,110,991	62,710	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	77,021	8,531,963	0.009027	3,306,731	29,850	65.00
66.00	06600 PHYSICAL THERAPY	104,423	5,240,091	0.019928	608,855	12,133	66.00
67.00	06700 OCCUPATIONAL THERAPY	33,203	2,816,104	0.011790	155,856	1,838	67.00
68.00	06800 SPEECH PATHOLOGY	12,665	447,528	0.028300	191,656	5,424	68.00
69.00	06900 ELECTROCARDIOLOGY	63,117	9,599,027	0.006575	3,274,778	21,532	69.00
69.01	03160 CARDIAC REHAB	26,841	279,975	0.095869	50,230	4,815	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	2,910	158,137	0.018402	71,630	1,318	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	80,475	8,751,801	0.009195	2,967,875	27,290	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	48,295	5,065,968	0.009533	1,670,295	15,923	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	166,076	38,939,189	0.004265	14,030,398	59,840	73.00
75.01	03950 ACUTE DIALYSIS	21,395	873,486	0.024494	481,552	11,795	75.01
76.00	03040 AUDIO-VESTIBULAR LAB	0	0	0.000000	0	0	76.00
76.01	03480 ONCOLOGY	0	0	0.000000	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	99,271	5,789,675	0.017146	756,592	12,973	90.00
91.00	09100 EMERGENCY	290,121	34,760,011	0.008346	4,677,594	39,039	91.00
91.01	04950 LI THOTRI PSY	0	0	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS	120,498	4,647,078	0.025930	593,118	15,380	92.00
200.00	Total (lines 50-199)	2,705,494	240,193,273		58,966,737	607,834	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140251		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/22/2013 3:11 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,715	0.00	7,610	0	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,689	0.00	1,199	0	34.00	
44.00	04400	SKILLED NURSING FACILITY	6,873	0.00	6,129	0	44.00	
200.00		Total (lines 30-199)	26,277		14,938	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.01	03160	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
75.01	03950	ACUTE DIALYSIS	0	0	0	0	0	75.01
76.00	03040	AUDIO-VESTIBULAR LAB	0	0	0	0	0	76.00
76.01	03480	ONCOLOGY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	04950	LITHOTRIPSY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 3:11 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	16,869,312	0.000000	0.000000	3,376,754	50.00
51.00	05100 RECOVERY ROOM	0	2,954,069	0.000000	0.000000	629,040	51.00
53.00	05300 ANESTHESIOLOGY	0	4,293,013	0.000000	0.000000	942,496	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,551,617	0.000000	0.000000	2,852,979	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	2,543,007	0.000000	0.000000	522,822	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	18,418,610	0.000000	0.000000	3,290,871	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,265,804	0.000000	0.000000	717,355	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,680,609	0.000000	0.000000	2,686,269	59.00
60.00	06000 LABORATORY	0	43,717,199	0.000000	0.000000	11,110,991	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	8,531,963	0.000000	0.000000	3,306,731	65.00
66.00	06600 PHYSICAL THERAPY	0	5,240,091	0.000000	0.000000	608,855	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,816,104	0.000000	0.000000	155,856	67.00
68.00	06800 SPEECH PATHOLOGY	0	447,528	0.000000	0.000000	191,656	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,599,027	0.000000	0.000000	3,274,778	69.00
69.01	03160 CARDIAC REHAB	0	279,975	0.000000	0.000000	50,230	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	158,137	0.000000	0.000000	71,630	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	8,751,801	0.000000	0.000000	2,967,875	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,065,968	0.000000	0.000000	1,670,295	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	38,939,189	0.000000	0.000000	14,030,398	73.00
75.01	03950 ACUTE DIALYSIS	0	873,486	0.000000	0.000000	481,552	75.01
76.00	03040 AUDIO-VESTIBULAR LAB	0	0	0.000000	0.000000	0	76.00
76.01	03480 ONCOLOGY	0	0	0.000000	0.000000	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	5,789,675	0.000000	0.000000	756,592	90.00
91.00	09100 EMERGENCY	0	34,760,011	0.000000	0.000000	4,677,594	91.00
91.01	04950 LI THOTRI PSY	0	0	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS	0	4,647,078	0.000000	0.000000	593,118	92.00
200.00	Total (lines 50-199)	0	240,193,273			58,966,737	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 3:11 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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	3,294,877	0	50.00
51.00	05100 RECOVERY ROOM	0	416,474	0	51.00
53.00	05300 ANESTHESIOLOGY	0	832,277	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,178,610	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	734,207	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	3,191,685	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	948,286	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,177,749	0	59.00
60.00	06000 LABORATORY	0	692,367	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	128,307	0	65.00
66.00	06600 PHYSICAL THERAPY	0	255	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,281	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,212	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,670,465	0	69.00
69.01	03160 CARDIAC REHAB	0	91,543	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	16,530	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	645,397	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,078,242	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,876,930	0	73.00
75.01	03950 ACUTE DIALYSIS	0	53,910	0	75.01
76.00	03040 AUDIO-VESTIBULAR LAB	0	0	0	76.00
76.01	03480 ONCOLOGY	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	1,830,852	0	90.00
91.00	09100 EMERGENCY	0	4,313,728	0	91.00
91.01	04950 LI THOTRI PSY	0	0	0	91.01
92.00	09200 OBSERVATION BEDS	0	1,833,534	0	92.00
200.00	Total (lines 50-199)	0	28,009,718	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 3:11 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.283072	3,294,877	0	0	932,687	50.00
51.00	05100	RECOVERY ROOM	0.183790	416,474	0	0	76,544	51.00
53.00	05300	ANESTHESIOLOGY	0.045039	832,277	0	0	37,485	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204355	2,178,610	0	0	445,210	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.142353	734,207	0	0	104,517	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.045598	3,191,685	0	0	145,534	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.061826	948,286	0	0	58,629	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.114983	1,177,749	0	0	135,421	59.00
60.00	06000	LABORATORY	0.109776	692,367	0	0	76,005	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.151107	128,307	0	0	19,388	65.00
66.00	06600	PHYSICAL THERAPY	0.342573	255	0	0	87	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260183	2,281	0	0	593	67.00
68.00	06800	SPEECH PATHOLOGY	0.419406	1,212	0	0	508	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070233	1,670,465	0	0	117,322	69.00
69.01	03160	CARDIAC REHAB	1.128065	91,543	0	0	103,266	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.425081	16,530	0	0	7,027	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.336311	645,397	0	0	217,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.349006	1,078,242	17,100	0	376,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117968	2,876,930	273	90,129	339,386	73.00
75.01	03950	ACUTE DIALYSIS	0.368586	53,910	0	0	19,870	75.01
76.00	03040	AUDIO-VESTIBULAR LAB	0.000000	0	0	0	0	76.00
76.01	03480	ONCOLOGY	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.243242	1,830,852	0	0	445,340	90.00
91.00	09100	EMERGENCY	0.140565	4,313,728	0	0	606,359	91.00
91.01	04950	LITHOTRIPSY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS	0.361210	1,833,534	0	0	662,291	92.00
200.00		Subtotal (see instructions)		28,009,718	17,373	90,129	4,926,836	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		28,009,718	17,373	90,129	4,926,836	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 3:11 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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
69.01 03160 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	5,968	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	32	10,632		73.00
75.01 03950 ACUTE DIALYSIS	0	0		75.01
76.00 03040 AUDIO-VESTIBULAR LAB	0	0		76.00
76.01 03480 ONCOLOGY	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 LI THOTRI PSY	0	0		91.01
92.00 09200 OBSERVATION BEDS	0	0		92.00
200.00 Subtotal (see instructions)	6,000	10,632		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	6,000	10,632		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140251 Component CCN: 145548	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 3:11 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.01 03160 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD 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
75.01 03950 ACUTE DIALYSIS	0	0	0	0	0	75.01
76.00 03040 AUDIO-VESTIBULAR LAB	0	0	0	0	0	76.00
76.01 03480 ONCOLOGY	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04950 LI THOTRI PSY	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140251 Component CCN: 145548	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 3:11 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	16,869,312	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	2,954,069	0.000000	0.000000	0	51.00
53.00 05300 ANESTHESIOLOGY	0	4,293,013	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	13,551,617	0.000000	0.000000	179,779	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	2,543,007	0.000000	0.000000	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	18,418,610	0.000000	0.000000	7,590	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,265,804	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	7,680,609	0.000000	0.000000	2,883	59.00
60.00 06000 LABORATORY	0	43,717,199	0.000000	0.000000	1,356,215	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	8,531,963	0.000000	0.000000	876,274	65.00
66.00 06600 PHYSICAL THERAPY	0	5,240,091	0.000000	0.000000	2,520,581	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,816,104	0.000000	0.000000	1,731,002	67.00
68.00 06800 SPEECH PATHOLOGY	0	447,528	0.000000	0.000000	83,103	68.00
69.00 06900 ELECTROCARDIOLOGY	0	9,599,027	0.000000	0.000000	27,565	69.00
69.01 03160 CARDIAC REHAB	0	279,975	0.000000	0.000000	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	158,137	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	8,751,801	0.000000	0.000000	699,894	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5,065,968	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	38,939,189	0.000000	0.000000	3,537,870	73.00
75.01 03950 ACUTE DIALYSIS	0	873,486	0.000000	0.000000	0	75.01
76.00 03040 AUDIO-VESTIBULAR LAB	0	0	0.000000	0.000000	0	76.00
76.01 03480 ONCOLOGY	0	0	0.000000	0.000000	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	5,789,675	0.000000	0.000000	156	90.00
91.00 09100 EMERGENCY	0	34,760,011	0.000000	0.000000	0	91.00
91.01 04950 LI THOTRI PSY	0	0	0.000000	0.000000	0	91.01
92.00 09200 OBSERVATION BEDS	0	4,647,078	0.000000	0.000000	1,151	92.00
200.00 Total (Lines 50-199)	0	240,193,273			11,024,063	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 3:11 pm
	Component CCN: 145548	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	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
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
69.01 03160 CARDIAC REHAB	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGED 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
75.01 03950 ACUTE DIALYSIS	0	0	0	75.01
76.00 03040 AUDIO-VESTIBULAR LAB	0	0	0	76.00
76.01 03480 ONCOLOGY	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 04950 LI THOTRI PSY	0	0	0	91.01
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140251 Component CCN: 145548	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 3:11 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.283072	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.183790	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.045039	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.204355	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.142353	0	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.045598	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.061826	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.114983	0	0	0	0	59.00
60.00 06000 LABORATORY	0.109776	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.151107	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.342573	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.260183	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.419406	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.070233	0	0	0	0	69.00
69.01 03160 CARDIAC REHAB	1.128065	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.425081	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.336311	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.349006	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.117968	0	0	0	1,111	73.00
75.01 03950 ACUTE DIALYSIS	0.368586	0	0	0	0	75.01
76.00 03040 AUDIO-VESTIBULAR LAB	0.000000	0	0	0	0	76.00
76.01 03480 ONCOLOGY	0.000000	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.243242	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.140565	0	0	0	0	91.00
91.01 04950 LI THOTRI PSY	0.000000	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS	0.361210	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	0	1,111	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	0	1,111	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140251	Period: From 07/01/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 3:11 pm
	Component CCN: 145548	To 12/31/2012	
	Title XVIII	Skilled Nursing Facility	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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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
69.01 03160 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	131		73.00
75.01 03950 ACUTE DIALYSIS	0	0		75.01
76.00 03040 AUDIO-VESTIBULAR LAB	0	0		76.00
76.01 03480 ONCOLOGY	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 LI THOTRI PSY	0	0		91.01
92.00 09200 OBSERVATION BEDS	0	0		92.00
200.00	Subtotal (see instructions)	0	131	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	131	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/22/2013 3:11 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,715	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,715	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)		14,611	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,610	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
<b>SWING BED ADJUSTMENT</b>				
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)		13,335,280	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)		13,335,280	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		39,508,268	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		39,508,268	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.337531	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,704.01	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)		13,335,280	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		797.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,071,258	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,071,258	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/22/2013 3:11 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	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	4,068,336	2,689	1,512.96	1,199	1,814,039	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				9,110,147	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				16,995,444	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)				527,836	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				607,834	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,135,670	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				15,859,774	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)				2,104	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				797.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,678,571	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140251		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/22/2013 3:11 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	957,293	13,335,280	0.071786	1,678,571	120,498	90.00
91.00	Nursing School cost	0	13,335,280	0.000000	1,678,571	0	91.00
92.00	Allied health cost	0	13,335,280	0.000000	1,678,571	0	92.00
93.00	All other Medical Education	0	13,335,280	0.000000	1,678,571	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140251 Component CCN: 145548	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/22/2013 3:11 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,873	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,873	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)		6,873	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)		6,129	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
<b>SWING BED ADJUSTMENT</b>				
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)		4,002,667	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)		4,002,667	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,798,182	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,798,182	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.690331	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)		843.62	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)		4,002,667	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
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: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1	
		Component CCN: 145548		Date/Time Prepared: 5/22/2013 3:11 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 anesthesiologist, 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)				4,002,667	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				582.38	71.00
72.00 Program routine service cost (line 9 x line 71)				3,569,407	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)				3,569,407	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)				3,569,407	83.00
84.00 Program inpatient ancillary services (see instructions)				2,322,548	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				5,891,955	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: 140251 Component CCN: 145548		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/22/2013 3:11 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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/22/2013 3:11 pm
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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		17,870,157		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		4,273,255		34.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.283072	3,376,754	955,865	50.00
51.00	05100 RECOVERY ROOM	0.183790	629,040	115,611	51.00
53.00	05300 ANESTHESIOLOGY	0.045039	942,496	42,449	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.204355	2,852,979	583,021	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.142353	522,822	74,425	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.045598	3,290,871	150,057	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.061826	717,355	44,351	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.114983	2,686,269	308,875	59.00
60.00	06000 LABORATORY	0.109776	11,110,991	1,219,720	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.151107	3,306,731	499,670	65.00
66.00	06600 PHYSICAL THERAPY	0.342573	608,855	208,577	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.260183	155,856	40,551	67.00
68.00	06800 SPEECH PATHOLOGY	0.419406	191,656	80,382	68.00
69.00	06900 ELECTROCARDIOLOGY	0.070233	3,274,778	229,997	69.00
69.01	03160 CARDIAC REHAB	1.128065	50,230	56,663	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.425081	71,630	30,449	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.336311	2,967,875	998,129	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.349006	1,670,295	582,943	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.117968	14,030,398	1,655,138	73.00
75.01	03950 ACUTE DIALYSIS	0.368586	481,552	177,493	75.01
76.00	03040 AUDIO-VESTIBULAR LAB	0.000000	0	0	76.00
76.01	03480 ONCOLOGY	0.000000	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.243242	756,592	184,035	90.00
91.00	09100 EMERGENCY	0.140565	4,677,594	657,506	91.00
91.01	04950 LI THOTRI PSY	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS	0.361210	593,118	214,240	92.00
200.00	Total (sum of lines 50-94 and 96-98)		58,966,737	9,110,147	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)		58,966,737		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140251 Component CCN: 145548	Period: From 07/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/22/2013 3:11 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.283072	0	0	50.00
51.00	05100 RECOVERY ROOM	0.183790	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.045039	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.204355	179,779	36,739	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.142353	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.045598	7,590	346	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.061826	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.114983	2,883	331	59.00
60.00	06000 LABORATORY	0.109776	1,356,215	148,880	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.151107	876,274	132,411	65.00
66.00	06600 PHYSICAL THERAPY	0.342573	2,520,581	863,483	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.260183	1,731,002	450,377	67.00
68.00	06800 SPEECH PATHOLOGY	0.419406	83,103	34,854	68.00
69.00	06900 ELECTROCARDIOLOGY	0.070233	27,565	1,936	69.00
69.01	03160 CARDIAC REHAB	1.128065	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.425081	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.336311	699,894	235,382	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.349006	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.117968	3,537,870	417,355	73.00
75.01	03950 ACUTE DIALYSIS	0.368586	0	0	75.01
76.00	03040 AUDIO-VESTIBULAR LAB	0.000000	0	0	76.00
76.01	03480 ONCOLOGY	0.000000	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.243242	156	38	90.00
91.00	09100 EMERGENCY	0.140565	0	0	91.00
91.01	04950 LI THOTRI PSY	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS	0.361210	1,151	416	92.00
200.00	Total (sum of lines 50-94 and 96-98)		11,024,063	2,322,548	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)		11,024,063		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/22/2013 3:11 pm
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		14,912,602	1.00
2.00	Outlier payments for discharges. (see instructions)		66,132	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,502,064	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		181.57	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		1.56	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.		0.11	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.		1.55	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)		3.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.15	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)		3.00	12.00
13.00	Total allowable FTE count for the prior year.		3.00	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.		2.91	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.97	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		2.97	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.016357	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.016537	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.016357	21.00
22.00	IME payment adjustment (see instructions)		146,107	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)		0.15	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)		146,107	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.84	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		19.24	31.00
32.00	Sum of lines 30 and 31		28.08	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.38	33.00
34.00	Disproportionate share adjustment (see instructions)		1,846,180	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
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)		16,971,021	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)		16,971,021	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,284,268	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).		60,621	52.00
53.00	Nursing and Allied Health Managed Care payment		0	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/22/2013 3:11 pm
		Title XVII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			18,315,910 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			18,315,910 61.00
62.00	Deductibles billed to program beneficiaries			1,458,872 62.00
63.00	Coinurance billed to program beneficiaries			68,204 63.00
64.00	Allowable bad debts (see instructions)			931,293 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			651,905 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			499,100 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			17,440,739 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)			10,375 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-78,751 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)			17,372,363 71.00
72.00	Interim payments			17,141,658 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)			230,705 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			22,791 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/22/2013 3:11 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		16,632	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		4,926,836	2.00
3.00	PPS payments		4,469,415	3.00
4.00	Outlier payment (see instructions)		35,430	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16,632	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		107,502	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)		107,502	14.00
<b>Customary charges</b>				
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)		107,502	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		90,870	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)		16,632	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)		4,504,845	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,420	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,015,480	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)		3,502,577	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		12,709	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)		3,515,286	30.00
31.00	Primary payer payments		23	31.00
32.00	Subtotal (line 30 minus line 31)		3,515,263	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		621,782	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		435,247	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		440,708	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		3,950,510	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)		3,950,510	40.00
41.00	Interim payments		3,783,839	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)		166,671	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140251 Component CCN: 145548	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/22/2013 3:11 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		131	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)		131	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,111	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)		1,111	14.00
<b>Customary charges</b>				
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)		1,111	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		980	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)		131	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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		131	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)		131	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		131	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		131	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)		131	40.00
41.00	Interim payments		144	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)		-13	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140251		Period: From 07/01/2012 To 12/31/2012		Worksheet E-1 Part I Date/Time Prepared: 5/22/2013 3:11 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		17,141,658		3,783,839	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		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)		17,141,658		3,783,839	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		230,705		166,671	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		17,372,363		3,950,510	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: 140251 Component CCN: 145548		Period: From 07/01/2012 To 12/31/2012		Worksheet E-1 Part I Date/Time Prepared: 5/22/2013 3:11 pm	
		Title XVIII		Skilled Nursing Facility		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					144	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		2,924,475			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)		2,924,475			144	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		3,079			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			13	6.02
7.00	Total Medicare program liability (see instructions)		2,927,554			131	7.00
				Contractor Number	Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140251 Component CCN: 145548	Period: From 07/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/22/2013 3:11 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)		3,014,788	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,014,788	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		90,313	7.00
8.00	Allowable bad debts (see instructions)		4,399	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		3,079	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		2,927,554	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)		2,927,554	15.00
16.00	Interim payments		2,924,475	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)		3,079	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/22/2013 3:11 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.56	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.13	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			2.43	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.15	6.00
7.00	Enter the lesser of line 5 or line 6			2.43	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	3.15	3.15	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	2.43	2.43	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	2.43		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.03	0.66		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.08	5.36		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.04	2.82		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.04	2.82		17.00
18.00	Per resident amount	45,824.06	45,824.06		18.00
19.00	Approved amount for resident costs	1,833	129,224	131,057	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.72	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			131,057	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	8,809	1,014		26.00
27.00	Total Inpatient Days (see instructions)	17,300	17,300		27.00
28.00	Ratio of inpatient days to total inpatient days	0.509191	0.058613		28.00
29.00	Program direct GME amount	66,733	7,682		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,085		30.00
31.00	Net Program direct GME amount			73,330	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/22/2013 3:11 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		23,579,639	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		23,579,639	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		4,943,599	42.00
43.00	Primary payer payments (see instructions)		23	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		4,943,576	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		28,523,215	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.826682	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.173318	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		73,330	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		60,621	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		12,709	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet G

Date/Time Prepared:  
5/22/2013 3:11 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	23,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	114,696,542	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-92,847,542	0	0	0	6.00
7.00	Inventory	2,187,195	0	0	0	7.00
8.00	Prepaid expenses	243,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	4,248,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	28,550,195	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,760,349	0	0	0	12.00
13.00	Land improvements	2,520,848	0	0	0	13.00
14.00	Accumulated depreciation	-2,216,658	0	0	0	14.00
15.00	Buildings	73,747,144	0	0	0	15.00
16.00	Accumulated depreciation	-50,796,922	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	46,590,449	0	0	0	23.00
24.00	Accumulated depreciation	-45,418,416	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)	26,186,794	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	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	38,236,999	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	38,236,999	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	92,973,988	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,350,494	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	25,773,000	0	0	0	43.00
44.00	Other current liabilities	3,870,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,993,494	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	25,272,857	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	25,272,857	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	58,266,351	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	34,707,637	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)	34,707,637	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	92,973,988	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet G-1

Date/Time Prepared:  
5/22/2013 3:11 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		41,907,478			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-7,199,842				2.00
3.00	Total (sum of line 1 and line 2)		34,707,636			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	RECONCILIATION	1		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1			0	10.00
11.00	Subtotal (line 3 plus line 10)		34,707,637			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		34,707,637			0	19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	RECONCILIATION		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: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/22/2013 3:11 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	39,508,268		39,508,268	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				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	5,798,182		5,798,182	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)	45,306,450		45,306,450	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	9,885,508		9,885,508	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,885,508		9,885,508	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	55,191,958		55,191,958	17.00
18.00	Ancillary services	127,254,127	106,409,415	233,663,542	18.00
19.00	Outpatient services	1,518,038	4,576,993	6,095,031	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	9,703	9,703	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	183,964,123	110,996,111	294,960,234	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		61,491,790		29.00
30.00	RECONCILIATION	-21			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)		-21		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)		61,491,769		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140251

Period:  
From 07/01/2012  
To 12/31/2012

Worksheet G-3

Date/Time Prepared:  
5/22/2013 3:11 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	294,960,234	1.00
2.00	Less contractual allowances and discounts on patients' accounts	243,195,050	2.00
3.00	Net patient revenues (line 1 minus line 2)	51,765,184	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	61,491,769	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,726,585	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,219,265	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SERVICES	1,192,771	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTIONS	114,708	24.01
24.02	RECONCILIATION	0	24.02
25.00	Total other income (sum of lines 6-24)	2,526,744	25.00
26.00	Total (line 5 plus line 25)	-7,199,841	26.00
27.00	OTHER EXPENSES (SPECIFY)	1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-7,199,842	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140251	Period: From 07/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/22/2013 3:11 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier			1,195,372 1.00
2.00	Capital DRG outlier payments			8,209 2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)			94.02 3.00
4.00	Number of interns & residents (see instructions)			2.97 4.00
5.00	Indirect medical education percentage (see instructions)			0.90 5.00
6.00	Indirect medical education adjustment (line 1 times line 5)			10,758 6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)			8.84 7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)			19.24 8.00
9.00	Sum of lines 7 and 8			28.08 9.00
10.00	Allowable disproportionate share percentage (see instructions)			5.85 10.00
11.00	Disproportionate share adjustment (line 1 times line 10)			69,929 11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)			1,284,268 12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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

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