

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: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/16/2013 2:53 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: _____ Time: _____
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No. _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TRINITY ROCK ISLAND (140280) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	16,827	-30,672	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	-9,760	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	12,775	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	19,842	-30,672	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: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/16/2013 2:53 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2701 17TH STREET			PO Box:							1.00
2.00	City: ROCK ISLAND			State: IL		Zip Code: 61201		County: ROCK ISLAND			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		TRINITY ROCK ISLAND	140280	19340	1	06/01/1972	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		TRINITY REHABILITATION	14T280	19340	5	06/01/1984	N	P	P	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		TRINITY SKILLED NURSING UNIT	145564	19340		01/22/1987	N	P	P	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			4,911	6,126	636	870	548	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.			100	217	0	0	0	0	25.00	
							Urban/Rural S	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	

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		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.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	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.					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
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
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.						
64.00	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		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 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		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N		0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N				109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	220,564	478,308	2,662,925	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	H00186	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: TRINITY REGIONAL HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001	
142.00	Street: 2701 17TH STREET	PO Box:			
143.00	City: ROCK ISLAND	State: IL		Zip Code: 61201-5351	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

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							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)							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: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/16/2013 2:53 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/16/2013 2:53 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
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
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MONICA		SUTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5144		MONICA.SUTTER@UNI TYPOINT.ORG	43.00

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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140280

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

Worksheet S-2
Part V
Date/Time Prepared:
5/16/2013 2:53 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	MONICA	1.00
2.00	Last Name	SUTTER	2.00
3.00	Title	SENIOR REIMBURSEMENT ANALYST	3.00
4.00	Employer	UNITYPOINT HEALTH	4.00
5.00	Phone Number	(515)362-5144	5.00
6.00	E-mail Address	MONICA.SUTTER@UNITYPOINT.ORG	6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/16/2013 2:53 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	243	88,938	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)		243	88,938	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
8.01 NICU	31.01	9	3,294	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	31	11,346	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		303	110,898	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,052		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	29	10,614		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)		354				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	18,201	10,098	44,810			1.00
2.00 HMO	3,895	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	318	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)	18,201	10,098	44,810			7.00
8.00 INTENSIVE CARE UNIT	2,605	206	4,668			8.00
8.01 NICU	0	399	1,746			8.01
9.00 CORONARY CARE UNIT	4,818	0	7,642			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,134	3,139			13.00
14.00 Total (see instructions)	25,624	12,837	62,005	0.00	1,114.19	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,941	317	4,549	0.00	23.72	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	5,950	8	7,330	0.00	27.31	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	1,165.22	27.00
28.00 Observation Bed Days		544	4,153			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			608			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		254	875			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	5,827	3,029	15,064	1.00
2.00 HMO			924			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,827	3,029	15,064	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	224	21	352	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: 140280

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

Worksheet S-3
Part II
Date/Time Prepared:
5/16/2013 2:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	76,887,540	-2,224,156	74,663,384	2,423,660.00	30.81
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		469,372	0	469,372	1,981.00	236.94
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		8,604,533	0	8,604,533	42,396.00	202.96
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,236,205	0	1,236,205	56,802.00	21.76
10.00	Excluded area salaries (see instructions)		8,427,692	0	8,427,692	316,943.00	26.59
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,166,597	0	1,166,597	27,658.00	42.18
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		3,034,195	0	3,034,195	75,830.00	40.01
14.00	Home office salaries & wage-related costs		39,680,662	0	39,680,662	1,285,085.00	30.88
15.00	Home office: Physician Part A - Administrative		693,567	0	693,567	8,470.00	81.89
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		16,313,648	0	16,313,648		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		2,783,745	0	2,783,745		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		43,340	0	43,340		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		585,322	0	585,322		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	883,432	0	883,432	23,018.00	38.38
28.00	Administrative & General under contract (see inst.)		2,149,009	0	2,149,009	25,338.00	84.81
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	0	0	0	0.00	0.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	4,308,614	0	4,308,614	102,597.00	42.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140280

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

Worksheet S-3
Part II
Date/Time Prepared:
5/16/2013 2:53 pm

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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: 140280

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

Worksheet S-3
Part III
Date/Time Prepared:
5/16/2013 2:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	70,432,016	-2,224,156	68,207,860	2,406,602.00	28.34	1.00
2.00	Excluded area salaries (see instructions)	9,663,897	0	9,663,897	373,745.00	25.86	2.00
3.00	Subtotal salaries (line 1 minus line 2)	60,768,119	-2,224,156	58,543,963	2,032,857.00	28.80	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,575,021	0	44,575,021	1,397,043.00	31.91	4.00
5.00	Subtotal wage-related costs (see inst.)	16,356,988	0	16,356,988	0.00	27.94	5.00
6.00	Total (sum of lines 3 thru 5)	121,700,128	-2,224,156	119,475,972	3,429,900.00	34.83	6.00
7.00	Total overhead cost (see instructions)	7,341,055	0	7,341,055	150,953.00	48.63	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/16/2013 2:53 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,641,403	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		7,813,281	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		493,405	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		203,307	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)		348,839	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		659,681	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		5,056,875	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		251,078	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		258,186	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		19,726,055	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140280

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

Worksheet S-3
Part V
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,349,801	19,726,055	1.00
2.00	Hospital	6,349,801	19,021,004	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	324,860	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	380,191	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	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140280

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

Worksheet S-7
Date/Time Prepared:
5/16/2013 2:53 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	23	0	23	5.00
6.00	RVL	153	0	153	6.00
7.00	RHX	160	0	160	7.00
8.00	RHL	126	0	126	8.00
9.00	RMX	24	0	24	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	24	0	24	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	433	0	433	15.00
16.00	RVB	1,791	0	1,791	16.00
17.00	RVA	970	0	970	17.00
18.00	RHC	484	0	484	18.00
19.00	RHB	1,325	0	1,325	19.00
20.00	RHA	228	0	228	20.00
21.00	RMC	15	0	15	21.00
22.00	RMB	60	0	60	22.00
23.00	RMA	23	0	23	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	5	0	5	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	3	0	3	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	6	0	6	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	93	0	93	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	0	0	0	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	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	4	0	4	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140280

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

Worksheet S-7

Date/Time Prepared:
5/16/2013 2:53 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	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	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		5,950	0	5,950	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).		19340	19340	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)		3,312,066			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/16/2013 2:53 pm
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.334803	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		8,029,995	2.00		
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00		
6.00	Medicaid charges		73,851,521	6.00		
7.00	Medicaid cost (line 1 times line 6)		24,725,711	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)		16,695,716	8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		20,398	9.00		
10.00	Stand-alone SCHIP charges		29,313	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)		9,814	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00		
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		339	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		781,892	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)		261,780	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)		261,441	16.00		
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		2,829,951	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)		16,957,157	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		9,194,337	1,378,309	10,572,646	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		3,078,292	461,462	3,539,754	21.00
22.00	Partial payment by patients approved for charity care		48,706	49,359	98,065	22.00
23.00	Cost of charity care (line 21 minus line 22)		3,029,586	412,103	3,441,689	23.00
			1.00			
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				20,668,012	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				1,044,138	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				19,623,874	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				6,570,132	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				10,011,821	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				26,968,978	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/16/2013 2:53 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	5,773,474	5,773,474	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS	0	0	0	-2,585,972	-2,585,972	4.00
5.01 00560 PURCHASING	0	0	0	0	0	5.01
5.02 00570 ADMITTING	0	0	0	0	0	5.02
5.03 00580 CASHIERING/AR	0	0	0	0	0	5.03
5.04 00590 A&G	883,432	28,798,060	29,681,492	4,732,080	34,413,572	5.04
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	0	0	0	0	0	9.00
10.00 01000 DIETARY	0	0	0	0	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 01500 PHARMACY	4,308,614	16,584,881	20,893,495	-13,805,119	7,088,376	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	953,415	512,275	1,465,690	-129,040	1,336,650	20.00
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	0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	177,348	64,172	241,520	-1	241,519	23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	158,637	76,949	235,586	-158	235,428	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	16,880,008	8,893,218	25,773,226	-3,331,255	22,441,971	30.00
31.00 03100 INTENSIVE CARE UNIT	2,913,604	2,124,753	5,038,357	-580,809	4,457,548	31.00
31.01 02060 NICU	878,162	981,011	1,859,173	-18,227	1,840,946	31.01
32.00 03200 CORONARY CARE UNIT	2,527,858	1,579,962	4,107,820	-645,714	3,462,106	32.00
41.00 04100 SUBPROVIDER - I RF	1,112,367	867,815	1,980,182	-204,706	1,775,476	41.00
43.00 04300 NURSERY	0	0	0	957,601	957,601	43.00
44.00 04400 SKILLED NURSING FACILITY	1,236,205	757,040	1,993,245	-247,289	1,745,956	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,609,379	21,029,362	24,638,741	-15,714,993	8,923,748	50.00
51.00 05100 RECOVERY ROOM	2,553,972	1,229,938	3,783,910	-69,194	3,714,716	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,819,172	1,201,938	3,021,110	-773,611	2,247,499	52.00
53.00 05300 ANESTHESIOLOGY	0	939,526	939,526	-44,576	894,950	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,319,574	2,595,383	4,914,957	-450,755	4,464,202	54.00
54.01 03450 NUCLEAR MEDICINE	297,995	878,673	1,176,668	-706,347	470,321	54.01
54.02 03630 ULTRASOUND	509,823	362,709	872,532	-133,978	738,554	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	1,863,459	1,914,423	3,777,882	-207,224	3,570,658	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	694,333	1,258,015	1,952,348	-201,987	1,750,361	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	890,937	890,937	0	890,937	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,986,466	13,385,871	15,372,337	-10,406,664	4,965,673	59.00
60.00 06000 LABORATORY	0	9,071,056	9,071,056	-1,896,857	7,174,199	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,869,505	1,869,505	63.00
64.00 06400 INTRAVENOUS THERAPY	686,413	280,628	967,041	499,190	1,466,231	64.00
65.00 06500 RESPIRATORY THERAPY	1,625,020	1,310,419	2,935,439	-992,662	1,942,777	65.00
65.01 03560 PULMONARY	0	0	0	621,268	621,268	65.01
66.00 06600 PHYSICAL THERAPY	2,468,249	1,553,381	4,021,630	-1,658,545	2,363,085	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,071,902	1,071,902	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	181,074	181,074	68.00
69.00 06900 ELECTROCARDIOLOGY	1,565,499	1,870,131	3,435,630	-2,329,264	1,106,366	69.00
69.01 03140 RADIOLOGY	0	0	0	1,172,387	1,172,387	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	356,205	312,464	668,669	144,902	813,571	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	9,771,467	9,771,467	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	18,983,967	18,983,967	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	13,262,019	13,262,019	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	637,705	637,705	74.00
76.00 03340 GASTROINTESTINAL	723,220	1,030,018	1,753,238	-394,372	1,358,866	76.00
76.97 07697 CARDIAC REHABILITATION	476,299	258,869	735,168	-51,916	683,252	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
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2,051,862	1,610,305	3,662,167	-108,241	3,553,926	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140280

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

Worksheet A
Date/Time Prepared:
5/16/2013 2:53 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	
91.00	09100 EMERGENCY	13,225,025	5,524,955	18,749,980	-1,338,875	17,411,105	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1,427,760	1,239,112	2,666,872	-91,746	2,575,126	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	72,289,375	130,988,249	203,277,624	558,444	203,836,068	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,428,370	1,920,138	5,348,508	-216,331	5,132,177	192.00
192.01	19201 RIVERSIDE OUTPATIENT	236,231	130,026	366,257	0	366,257	192.01
192.02	19202 PRIMARY OFFICE CLINIC	372,147	210,995	583,142	0	583,142	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	791	103	894	0	894	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	0	-9,468	-9,468	194.00
194.01	07951 MEDICAL OFFICE	0	465,562	465,562	-332,339	133,223	194.01
194.02	07952 GROUP HOMES DEPT 783	560,626	351,186	911,812	-306	911,506	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
200.00	TOTAL (SUM OF LINES 118-199)	76,887,540	134,066,259	210,953,799	0	210,953,799	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140280

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

Worksheet A
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-9,756	5,763,718	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	72,796	-2,513,176	4.00
5.01	00560	PURCHASING	1,335,699	1,335,699	5.01
5.02	00570	ADMINISTRATIVE	2,456,445	2,456,445	5.02
5.03	00580	CASHIERING/AR	1,789,517	1,789,517	5.03
5.04	00590	A&G	5,139,437	39,553,009	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,637,897	7,637,897	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	3,454,889	3,454,889	9.00
10.00	01000	DIETARY	2,972,874	2,972,874	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,667,469	1,667,469	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,860,954	1,860,954	14.00
15.00	01500	PHARMACY	-139,039	6,949,337	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,735,356	1,735,356	16.00
17.00	01700	SOCIAL SERVICE	3,536,361	3,536,361	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	-2,275,322	-938,672	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	-374,253	-132,734	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	-360,756	-125,328	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,358,595	19,083,376	30.00
31.00	03100	INTENSIVE CARE UNIT	-46,532	4,411,016	31.00
31.01	02060	NICU	-23,835	1,817,111	31.01
32.00	03200	CORONARY CARE UNIT	38,470	3,500,576	32.00
41.00	04100	SUBPROVIDER - IRF	-78,106	1,697,370	41.00
43.00	04300	NURSERY	-16,209	941,392	43.00
44.00	04400	SKILLED NURSING FACILITY	55,297	1,801,253	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	713,144	9,636,892	50.00
51.00	05100	RECOVERY ROOM	-59,370	3,655,346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-35,825	2,211,674	52.00
53.00	05300	ANESTHESIOLOGY	0	894,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-112,312	4,351,890	54.00
54.01	03450	NUCLEAR MEDICINE	-5,856	464,465	54.01
54.02	03630	ULTRASOUND	-9,510	729,044	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-343,313	3,227,345	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-14,941	1,735,420	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,147,962	2,038,899	58.00
59.00	05900	CARDIAC CATHETERIZATION	-704,251	4,261,422	59.00
60.00	06000	LABORATORY	0	7,174,199	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,869,505	63.00
64.00	06400	INTRAVENOUS THERAPY	-156,634	1,309,597	64.00
65.00	06500	RESPIRATORY THERAPY	-33,600	1,909,177	65.00
65.01	03560	PULMONARY	-10,442	610,826	65.01
66.00	06600	PHYSICAL THERAPY	-127,492	2,235,593	66.00
67.00	06700	OCCUPATIONAL THERAPY	-18,917	1,052,985	67.00
68.00	06800	SPEECH PATHOLOGY	-3,126	177,948	68.00
69.00	06900	ELECTROCARDIOLOGY	-501,931	604,435	69.00
69.01	03140	CARDIOLOGY	-14,879	1,157,508	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-62,393	751,178	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	9,771,467	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,983,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,262,019	73.00
74.00	07400	RENAL DIALYSIS	-10,857	626,848	74.00
76.00	03340	GASTROINTESTINAL	-13,609	1,345,257	76.00
76.97	07697	CARDIAC REHABILITATION	-11,211	672,041	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-225,540	3,328,386	90.00
91.00	09100	EMERGENCY	-8,330,750	9,080,355	91.00
92.00	09200	OBSERVATION BEDS			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140280

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

Worksheet A
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	-404,850	2,170,276	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,720,555	221,556,623	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-51,571	5,080,606	192.00
192.01	19201 RIVERSIDE OUTPATIENT	-6,552	359,705	192.01
192.02	19202 PRIMARY OFFICE CLINIC	-2,979	580,163	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	6	900	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	-9,468	194.00
194.01	07951 MEDICAL OFFICE	0	133,223	194.01
194.02	07952 GROUP HOMES DEPT 783	-21,170	890,336	194.02
194.03	07953 PRECEDENCE	0	0	194.03
194.04	07954 CALL CENTER	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	194.06
200.00	TOTAL (SUM OF LINES 118-199)	17,638,289	228,592,088	200.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
5/16/2013 2:53 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFIT ALLOCATION					
1.00	A&G	5.04	0	2,585,972	1.00
	TOTALS		0	2,585,972	
B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,756	1.00
	TOTALS		0	9,756	
C - BOND AMORTIZATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	144,750	1.00
	TOTALS		0	144,750	
D - BLOOD COSTS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,869,505	1.00
	TOTALS		0	1,869,505	
E - MEDICAID ASSESSMENT FEES					
1.00	SKILLED NURSING FACILITY	44.00	0	15,922	1.00
	TOTALS		0	15,922	
F - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,262,019	1.00
2.00	A&G	5.04	0	299	2.00
3.00	RECOVERY ROOM	51.00	0	96	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	13,262,414	
G - PROPERTY TAXES RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	395,070	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	395,070	
H - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0	9,771,467	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6

Date/Time Prepared:
5/16/2013 2:53 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
TOTALS			0	9,771,467	
I - IMPLANTABLE MEDICAL SUPPLIES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	18,983,967	1.00
2.00	A&G	5.04	0	75	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
TOTALS			0	18,984,042	
J - ER PHYSICIAN SALARY RECLASS					
1.00	EMERGENCY	91.00	0	2,175,977	1.00
TOTALS			0	2,175,977	
K - IHS IT ALLOCATIONS					
1.00	A&G	5.04	0	7,605,405	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			0	7,605,405	
L - A&P RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	106,967	53,238	1.00
TOTALS			106,967	53,238	

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6

Date/Time Prepared:
5/16/2013 2:53 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
M - NURSERY RECLASS						
1.00	NURSERY		43.00	700,415	257,186	1.00
	TOTALS			700,415	257,186	
N - IV THERAPY RECLASS						
1.00	INTRAVENOUS THERAPY		64.00	621,377	254,884	1.00
	TOTALS			621,377	254,884	
O - RADIOLOGY - DIAG RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC		54.00	268,873	258,482	1.00
2.00			0.00	0	0	2.00
	TOTALS			268,873	258,482	
P - RADIOLOGY - THER RECLASS						
1.00	RADIOLOGY-THERAPEUTIC		55.00	232,214	69,415	1.00
	TOTALS			232,214	69,415	
Q - OPERATING ROOM RECLASS						
1.00	OPERATING ROOM		50.00	53,073	32,745	1.00
	TOTALS			53,073	32,745	
R - THERAPY RECLASS						
1.00	OCCUPATIONAL THERAPY		67.00	759,637	312,265	1.00
2.00	SPEECH PATHOLOGY		68.00	125,685	55,389	2.00
	TOTALS			885,322	367,654	
S - PULMONARY RECLASS						
1.00	PULMONARY		65.01	393,742	227,526	1.00
	TOTALS			393,742	227,526	
T - RADIOLOGY RECLASS						
1.00	CARDIOLOGY		69.01	578,211	594,176	1.00
	TOTALS			578,211	594,176	
U - CLINIC RECLASS						
1.00	CLINIC		90.00	188,830	93,980	1.00
	TOTALS			188,830	93,980	
V - RECOVERY RECLASS						
1.00	RECOVERY ROOM		51.00	77,095	60,950	1.00
	TOTALS			77,095	60,950	
X - EEG RECLASS						
1.00	ELECTROENCEPHALOGRAPHY		70.00	97,247	99,932	1.00
	TOTALS			97,247	99,932	
Y - OBSERVATION RECLASS						
1.00	ADULTS & PEDIATRICS		30.00	184,349	86,029	1.00
2.00			0.00	0	0	2.00
3.00			0.00	0	0	3.00
4.00			0.00	0	0	4.00
	TOTALS			184,349	86,029	
Z - RENAL RECLASS						
1.00	RENAL DIALYSIS		74.00	408,516	229,189	1.00
	TOTALS			408,516	229,189	
AA - MONITOR TECH RECLASS						
1.00	ELECTROCARDIOLOGY		69.00	0	48,179	1.00
	TOTALS			0	48,179	
AD - DEPRECIATION RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	5,223,898	1.00
	TOTALS			0	5,223,898	
500.00	Grand Total: Increases			4,796,231	64,777,743	500.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BENEFIT ALLOCATION						
1.00	EMPLOYEE BENEFITS	4.00	0	2,585,972	0	1.00
	TOTALS		0	2,585,972		
B - INTEREST EXPENSE						
1.00	A&G	5.04	0	9,756	11	1.00
	TOTALS		0	9,756		
C - BOND AMORTIZATION						
1.00	A&G	5.04	0	144,750	9	1.00
	TOTALS		0	144,750		
D - BLOOD COSTS						
1.00	LABORATORY	60.00	0	1,869,505	0	1.00
	TOTALS		0	1,869,505		
E - MEDICAID ASSESSMENT FEES						
1.00	A&G	5.04	0	15,922	0	1.00
	TOTALS		0	15,922		
F - DRUGS RECLASS						
1.00	PHARMACY	15.00	0	13,097,343	0	1.00
2.00	NURSING SCHOOL	20.00	0	2,141	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	11,005	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,926	0	4.00
5.00	NICU	31.01	0	1,268	0	5.00
6.00	CORONARY CARE UNIT	32.00	0	94	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	44	0	7.00
8.00	SKILLED NURSING FACILITY	44.00	0	31	0	8.00
9.00	OPERATING ROOM	50.00	0	82,422	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	45	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	24,426	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	99	0	12.00
13.00	ULTRASOUND	54.02	0	618	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,302	0	14.00
15.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	115	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	4,818	0	16.00
17.00	INTRAVENOUS THERAPY	64.00	0	985	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	139	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	2	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	110	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	136	0	21.00
22.00	GASTROINTESTINAL	76.00	0	9,920	0	22.00
23.00	CARDIAC REHABILITATION	76.97	0	9	0	23.00
24.00	EMERGENCY	91.00	0	2,571	0	24.00
25.00	AMBULANCE SERVICES	95.00	0	9,539	0	25.00
26.00	GROUP HOMES DEPT 783	194.02	0	306	0	26.00
	TOTALS		0	13,262,414		
G - PROPERTY TAXES RECLASS						
1.00	A&G	5.04	0	18,244	13	1.00
2.00	PHYSICAL THERAPY	66.00	0	20,229	0	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,277	0	3.00
4.00	AMBULANCE SERVICES	95.00	0	17,981	0	4.00
5.00	MEDICAL OFFICE	194.01	0	332,339	0	5.00
	TOTALS		0	395,070		
H - MEDICAL SUPPLIES RECLASS						
1.00	A&G	5.04	0	47,101	0	1.00
2.00	PHARMACY	15.00	0	156,128	0	2.00
3.00	NURSING SCHOOL	20.00	0	781	0	3.00
4.00	PARAMED PRGM-(RADIOLOGY)	23.00	0	1	0	4.00
5.00	PARAMED PROGRAM-RESP CARE	23.03	0	158	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	365,359	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	207,479	0	7.00
8.00	NICU	31.01	0	16,384	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	82,413	0	9.00
10.00	SUBPROVIDER - IRF	41.00	0	22,320	0	10.00
11.00	SKILLED NURSING FACILITY	44.00	0	25,489	0	11.00
12.00	OPERATING ROOM	50.00	0	4,216,242	0	12.00
13.00	RECOVERY ROOM	51.00	0	15,413	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	76,861	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	19,897	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	102,209	0	16.00
17.00	NUCLEAR MEDICINE	54.01	0	706,347	0	17.00
18.00	ULTRASOUND	54.02	0	47,542	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	139,559	0	19.00
20.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	201,407	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	2,739,752	0	21.00

RECLASSIFICATIONS

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Period:
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Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
22.00	LABORATORY	60.00	0	238	0		22.00	
23.00	INTRAVENOUS THERAPY	64.00	0	2,595	0		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	295,073	0		24.00	
25.00	PHYSICAL THERAPY	66.00	0	4,987	0		25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	14,197	0		26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,551	0		27.00	
28.00	GASTROINTESTINAL	76.00	0	109,911	0		28.00	
29.00	CARDIAC REHABILITATION	76.97	0	583	0		29.00	
30.00	CLINIC	90.00	0	34,700	0		30.00	
31.00	EMERGENCY	91.00	0	90,711	0		31.00	
32.00	AMBULANCE SERVICES	95.00	0	14,079	0		32.00	
	TOTALS		0	9,771,467				
I - IMPLANTABLE MEDICAL SUPPLIES RECLASS								
1.00	PHARMACY	15.00	0	124,907	0		1.00	
2.00	NURSING SCHOOL	20.00	0	454	0		2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	5,657	0		3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	21,627	0		4.00	
5.00	NICU	31.01	0	575	0		5.00	
6.00	CORONARY CARE UNIT	32.00	0	1,919	0		6.00	
7.00	SUBPROVIDER - IRF	41.00	0	317	0		7.00	
8.00	SKILLED NURSING FACILITY	44.00	0	21	0		8.00	
9.00	OPERATING ROOM	50.00	0	11,108,369	0		9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,318	0		10.00	
11.00	ANESTHESIOLOGY	53.00	0	253	0		11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,327	0		12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	86	0		13.00	
14.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	465	0		14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	7,519,176	0		15.00	
16.00	INTRAVENOUS THERAPY	64.00	0	9,861	0		16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	612	0		17.00	
18.00	GASTROINTESTINAL	76.00	0	68,680	0		18.00	
19.00	CLINIC	90.00	0	79,856	0		19.00	
20.00	EMERGENCY	91.00	0	15,399	0		20.00	
21.00	AMBULANCE SERVICES	95.00	0	4,163	0		21.00	
	TOTALS		0	18,984,042				
J - ER PHYSICIAN SALARY RECLASS								
1.00	EMERGENCY	91.00	2,175,977	0	0		1.00	
	TOTALS		2,175,977	0				
K - IHS IT ALLOCATIONS								
1.00	PHARMACY	15.00	0	426,741	0		1.00	
2.00	NURSING SCHOOL	20.00	0	125,664	0		2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	1,784,511	0		3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	325,201	0		4.00	
5.00	CORONARY CARE UNIT	32.00	0	350,076	0		5.00	
6.00	SUBPROVIDER - IRF	41.00	0	182,025	0		6.00	
7.00	SKILLED NURSING FACILITY	44.00	0	237,670	0		7.00	
8.00	OPERATING ROOM	50.00	0	393,778	0		8.00	
9.00	RECOVERY ROOM	51.00	0	191,389	0		9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	212,315	0		10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	861,475	0		11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	356,906	0		12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	142,918	0		13.00	
14.00	LABORATORY	60.00	0	27,114	0		14.00	
15.00	INTRAVENOUS THERAPY	64.00	0	62,001	0		15.00	
16.00	RESPIRATORY THERAPY	65.00	0	76,182	0		16.00	
17.00	PHYSICAL THERAPY	66.00	0	380,351	0		17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	472,230	0		18.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,313	0		19.00	
20.00	GASTROINTESTINAL	76.00	0	67,816	0		20.00	
21.00	CARDIAC REHABILITATION	76.97	0	51,324	0		21.00	
22.00	CLINIC	90.00	0	221,689	0		22.00	
23.00	EMERGENCY	91.00	0	353,933	0		23.00	
24.00	AMBULANCE SERVICES	95.00	0	45,984	0		24.00	
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	188,986	0		25.00	
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,678	0		26.00	
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,667	0		27.00	
28.00	NON REIMBURSABLE	194.00	0	9,468	0		28.00	
	TOTALS		0	7,605,405				
L - A&P RECLASS								
1.00	DELIVERY ROOM & LABOR ROOM	52.00	106,967	53,238	0		1.00	
	TOTALS		106,967	53,238				

RECLASSIFICATIONS

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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
M - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	700,415	257,186	0		1.00
	TOTALS		700,415	257,186			
N - IV THERAPY RECLASS							
1.00	EMERGENCY	91.00	621,377	254,884	0		1.00
	TOTALS		621,377	254,884			
O - RADIOLOGY - DIAG RECLASS							
1.00	CLINIC	90.00	35,816	18,990	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	233,057	239,492	0		2.00
	TOTALS		268,873	258,482			
P - RADIOLOGY - THER RECLASS							
1.00	INTRAVENOUS THERAPY	64.00	232,214	69,415	0		1.00
	TOTALS		232,214	69,415			
Q - OPERATING ROOM RECLASS							
1.00	ULTRASOUND	54.02	53,073	32,745	0		1.00
	TOTALS		53,073	32,745			
R - THERAPY RECLASS							
1.00	PHYSICAL THERAPY	66.00	885,322	367,654	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		885,322	367,654			
S - PULMONARY RECLASS							
1.00	RESPIRATORY THERAPY	65.00	393,742	227,526	0		1.00
	TOTALS		393,742	227,526			
T - RADIOLOGY RECLASS							
1.00	ELECTROCARDIOLOGY	69.00	578,211	594,176	0		1.00
	TOTALS		578,211	594,176			
U - CLINIC RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	188,830	93,980	0		1.00
	TOTALS		188,830	93,980			
V - RECOVERY RECLASS							
1.00	GASTRO INTESTINAL	76.00	77,095	60,950	0		1.00
	TOTALS		77,095	60,950			
X - EEG RECLASS							
1.00	ELECTROCARDIOLOGY	69.00	97,247	99,932	0		1.00
	TOTALS		97,247	99,932			
Y - OBSERVATION RECLASS							
1.00	INTENSIVE CARE UNIT	31.00	15,884	8,692	0		1.00
2.00	CORONARY CARE UNIT	32.00	145,352	65,860	0		2.00
3.00	RECOVERY ROOM	51.00	373	160	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	22,740	11,317	0		4.00
	TOTALS		184,349	86,029			
Z - RENAL RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	408,516	229,189	0		1.00
	TOTALS		408,516	229,189			
AA - MONITOR TECH RECLASS							
1.00	ELECTROCARDIOLOGY	69.00	48,179	0	0		1.00
	TOTALS		48,179	0			
AD - DEPRECIATION RECLASS							
1.00	A&G	5.04	0	5,223,898	9		1.00
	TOTALS		0	5,223,898			
500.00	Grand Total: Decreases		7,020,387	62,553,587			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140280

Period:
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Parts I-III
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,979,147	0	0	0	0	1.00
2.00	Land Improvements	4,968,122	238,603	0	238,603	0	2.00
3.00	Buildings and Fixtures	144,170,962	4,480,391	0	4,480,391	110,635	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	2,426,014	3,311,644	0	3,311,644	144,964	5.00
6.00	Movable Equipment	72,011,904	10,687,899	0	10,687,899	4,601,259	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	225,556,149	18,718,537	0	18,718,537	4,856,858	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	225,556,149	18,718,537	0	18,718,537	4,856,858	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	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
COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL		
Cost Center Description		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	161,319,284	0	161,319,284	0.673798	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	78,098,544	0	78,098,544	0.326202	0	2.00
3.00	Total (sum of lines 1-2)	239,417,828	0	239,417,828	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,979,147	0		1.00		
2.00	Land Improvements	5,206,725	0		2.00		
3.00	Buildings and Fixtures	148,540,718	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	5,592,694	0		5.00		
6.00	Movable Equipment	78,098,544	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	239,417,828	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	239,417,828	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	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		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL 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	5,368,648	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	5,368,648	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	395,070	0	5,763,718	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	395,070	0	5,763,718	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140280

Period:
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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,631,706				
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	45,313,060				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			OCAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant			0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	32.00
33.00 OFFSET CONTRIBUTION COST	A	-139,615	A&G		5.04	33.00
33.05 OFFSET CONTRIBUTION COST	A	-5,000	CLINIC		90.00	33.05
33.06 BAD DEBT	A	-122,000	A&G		5.04	33.06
34.00 OFFSET PROVIDER TAX	A	-8,020,997	A&G		5.04	34.00
35.00 POST RETIREMENT BENEFIT COST	A	23,080	EMPLOYEE BENEFITS		4.00	35.00
36.00 BOND AMORTIZATION	A	135,067	A&G		5.04	36.00
37.00 A&G MISC INCOME	B	-586,955	A&G		5.04	37.00
37.01 DRUGS MISC INCOME	B	-58,826	PHARMACY		15.00	37.01
37.02 NURSING SCHOOL MISC INCOME	B	-2,256,850	NURSING SCHOOL		20.00	37.02
37.03 RAD TECH MISC INCOME	B	-370,355	PARAMED ED PRGM-(RADIOLOGY)		23.00	37.03
37.06 RESP CARE MISC INCOME	B	-344,115	PARAMED PROGRAM-RESP CARE		23.03	37.06
37.07 A&P MISC INCOME	B	-52,150	ADULTS & PEDIATRICS		30.00	37.07
37.08 OR MISC INCOME	B	-8,955	OPERATING ROOM		50.00	37.08
37.09 RADIOLOGY MISC INCOME	B	-40,377	RADIOLOGY-DIAGNOSTIC		54.00	37.09
37.10 RADIOLOGY-THER MISC INCOME	B	-277,783	RADIOLOGY-THERAPEUTIC		55.00	37.10
37.11 CARDIAC CATH MISC INCOME	B	-500	CARDIAC CATHETERIZATION		59.00	37.11
37.12 REHAB MISC INCOME	B	-1,000	SUBPROVIDER - IRF		41.00	37.12
37.13 PT MISC INCOME	B	-43,698	PHYSICAL THERAPY		66.00	37.13
37.14 EKG MISC INCOME	B	-4,470	ELECTROCARDIOLOGY		69.00	37.14
37.15 CLINIC MISC INCOME	B	-96,287	CLINIC		90.00	37.15
37.16 ER MISC INCOME	B	-4,300	EMERGENCY		91.00	37.16
37.17 AMBULANCE MISC INCOME	B	-354,391	AMBULANCE SERVICES		95.00	37.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 140280

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

Worksheet A-8

Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
38.00	A	38,868	EMPLOYEE BENEFITS	4.00 38.00
39.00	A	-2,796,014	EMERGENCY	91.00 39.00
40.00	A	-10,966	A&G	5.04 40.00
40.06	A	-14	COMPUTED TOMOGRAPHY (CT) SCAN	57.00 40.06
40.07	A	-8,204	RADIOLOGY-THERAPEUTIC	55.00 40.07
40.08	A	-52	CLINIC	90.00 40.08
40.09	A	-300	EMERGENCY	91.00 40.09
40.10	A	-300	AMBULANCE SERVICES	95.00 40.10
41.00	A	-16,044	CLINIC	90.00 41.00
42.00	A	-68,147	ELECTROCARDIOLOGY	69.00 42.00
44.00	A	8,680	A&G	5.04 44.00
44.01	A	-80,213	PHARMACY	15.00 44.01
44.02	A	-18,472	NURSING SCHOOL	20.00 44.02
44.03	A	-3,898	PARAMEDICAL PRGM-(RADIOLOGY)	23.00 44.03
44.06	A	-3,618	PARAMEDICAL PROGRAM-RESP CARE	23.03 44.06
44.07	A	-344,612	ADULTS & PEDIATRICS	30.00 44.07
44.08	A	-66,050	INTENSIVE CARE UNIT	31.00 44.08
44.09	A	-18,835	NICU	31.01 44.09
44.10	A	-64,004	CORONARY CARE UNIT	32.00 44.10
44.11	A	-30,369	SUBPROVIDER - IRF	41.00 44.11
44.12	A	-16,209	NURSERY	43.00 44.12
44.13	A	-35,569	SKILLED NURSING FACILITY	44.00 44.13
44.14	A	-87,965	OPERATING ROOM	50.00 44.14
44.15	A	-59,370	RECOVERY ROOM	51.00 44.15
44.16	A	-35,825	DELIVERY ROOM & LABOR ROOM	52.00 44.16
44.17	A	-71,935	RADIOLOGY-DIAGNOSTIC	54.00 44.17
44.18	A	-5,856	NUCLEAR MEDICINE	54.01 44.18
44.19	A	-9,510	ULTRASOUND	54.02 44.19
44.20	A	-43,271	RADIOLOGY-THERAPEUTIC	55.00 44.20
44.21	A	-14,927	COMPUTED TOMOGRAPHY (CT) SCAN	57.00 44.21
44.22	A	-42,575	CARDIAC CATHETERIZATION	59.00 44.22
44.23	A	-22,813	INTRAVENOUS THERAPY	64.00 44.23
44.24	A	-32,653	RESPIRATORY THERAPY	65.00 44.24
44.25	A	-10,442	PULMONARY	65.01 44.25
44.26	A	-39,215	PHYSICAL THERAPY	66.00 44.26
44.27	A	-18,917	OCCUPATIONAL THERAPY	67.00 44.27
44.28	A	-3,126	SPEECH PATHOLOGY	68.00 44.28
44.29	A	-18,354	ELECTROCARDIOLOGY	69.00 44.29
44.30	A	-14,879	CARDIOLOGY	69.01 44.30
44.31	A	-12,072	ELECTROENCEPHALOGRAPHY	70.00 44.31
44.32	A	-10,857	RENAL DIALYSIS	74.00 44.32
44.33	A	-13,609	GASTROINTESTINAL	76.00 44.33
44.34	A	-11,211	CARDIAC REHABILITATION	76.97 44.34
44.35	A	-58,456	CLINIC	90.00 44.35
44.36	A	-107,983	EMERGENCY	91.00 44.36
44.37	A	-50,159	AMBULANCE SERVICES	95.00 44.37
44.38	A	-51,571	PHYSICIANS' PRIVATE OFFICES	192.00 44.38
44.39	A	-6,552	REVERSE OUTPATIENT	192.01 44.39
44.40	A	-2,979	PRIMARY OFFICE CLINIC	192.02 44.40
44.42	A	6	NON-REIMBURSABLE CLINIC	192.04 44.42
44.44	A	-21,170	GROUP HOMES DEPT 783	194.02 44.44
50.00		17,638,289		50.00
TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)				

ADJUSTMENTS TO EXPENSES

Provider CCN: 140280

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

Worksheet A-8
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OFFSET CONTRIBUTION COST	0	33.00
33.05	OFFSET CONTRIBUTION COST	0	33.05
33.06	BAD DEBT	0	33.06
34.00	OFFSET PROVIDER TAX	0	34.00
35.00	POST RETIREMENT BENEFIT COST	0	35.00
36.00	BOND AMORTIZATION	0	36.00
37.00	A&G MISC INCOME	0	37.00
37.01	DRUGS MISC INCOME	0	37.01
37.02	NURSING SCHOOL MISC INCOME	0	37.02
37.03	RAD TECH MISC INCOME	0	37.03
37.06	RESP CARE MISC INCOME	0	37.06
37.07	A&P MISC INCOME	0	37.07
37.08	OR MISC INCOME	0	37.08
37.09	RADIOLOGY MISC INCOME	0	37.09
37.10	RADIOLOGY-THER MISC INCOME	0	37.10
37.11	CARDIAC CATH MISC INCOME	0	37.11
37.12	REHAB MISC INCOME	0	37.12
37.13	PT MISC INCOME	0	37.13
37.14	EKG MISC INCOME	0	37.14
37.15	CLINIC MISC INCOME	0	37.15
37.16	ER MISC INCOME	0	37.16
37.17	AMBULANCE MISC INCOME	0	37.17
38.00	SISTER BENEFITS	0	38.00
39.00	ER PHYSICIAN	0	39.00
40.00	A&G NON-ALLOWABLE EXP	0	40.00
40.06	CT SCAN NON-ALLOW EXP	0	40.06
40.07	RADIOLOGY-THER NON-ALLOW EXP	0	40.07
40.08	CLINIC NON-ALLOW EXP	0	40.08

Provider CCN: 140280

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

Worksheet A-8

Date/Time Prepared:
 5/16/2013 2:53 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
40.09	ER NON-ALLOW EXP	0	40.09
40.10	AMBULANCE NON-ALLOW EXP	0	40.10
41.00	WOUND CARE ADVERTISING	0	41.00
42.00	MONITOR TECH	0	42.00
44.00	SELF INSURANCE	0	44.00
44.01	SELF INSURANCE	0	44.01
44.02	SELF INSURANCE	0	44.02
44.03	SELF INSURANCE	0	44.03
44.06	SELF INSURANCE	0	44.06
44.07	SELF INSURANCE	0	44.07
44.08	SELF INSURANCE	0	44.08
44.09	SELF INSURANCE	0	44.09
44.10	SELF INSURANCE	0	44.10
44.11	SELF INSURANCE	0	44.11
44.12	SELF INSURANCE	0	44.12
44.13	SELF INSURANCE	0	44.13
44.14	SELF INSURANCE	0	44.14
44.15	SELF INSURANCE	0	44.15
44.16	SELF INSURANCE	0	44.16
44.17	SELF INSURANCE	0	44.17
44.18	SELF INSURANCE	0	44.18
44.19	SELF INSURANCE	0	44.19
44.20	SELF INSURANCE	0	44.20
44.21	SELF INSURANCE	0	44.21
44.22	SELF INSURANCE	0	44.22
44.23	SELF INSURANCE	0	44.23
44.24	SELF INSURANCE	0	44.24
44.25	SELF INSURANCE	0	44.25
44.26	SELF INSURANCE	0	44.26
44.27	SELF INSURANCE	0	44.27
44.28	SELF INSURANCE	0	44.28
44.29	SELF INSURANCE	0	44.29
44.30	SELF INSURANCE	0	44.30
44.31	SELF INSURANCE	0	44.31
44.32	SELF INSURANCE	0	44.32
44.33	SELF INSURANCE	0	44.33
44.34	SELF INSURANCE	0	44.34
44.35	SELF INSURANCE	0	44.35
44.36	SELF INSURANCE	0	44.36
44.37	SELF INSURANCE	0	44.37
44.38	SELF INSURANCE	0	44.38
44.39	SELF INSURANCE	0	44.39
44.40	SELF INSURANCE	0	44.40
44.42	SELF INSURANCE	0	44.42
44.44	SELF INSURANCE	0	44.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140280

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

Worksheet A-8-1

Date/Time Prepared:
5/16/2013 2:53 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.04	A&G	TRHS	1.00
2.00	4.00	EMPLOYEE BENEFITS	TRHS	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	TRHS	3.00
4.00	5.01	PURCHASING	TRHS	4.00
4.01	5.02	ADMINISTRATIVE	TRHS	4.01
4.02	5.03	CASHIERING/AR	TRHS	4.02
4.03	7.00	OPERATION OF PLANT	TRHS	4.03
4.04	9.00	HOUSEKEEPING	TRHS	4.04
4.05	10.00	DIETARY	TRHS	4.05
4.06	13.00	NURSING ADMINISTRATION	TRHS	4.06
4.07	14.00	CENTRAL SERVICES & SUPPLY	TRHS	4.07
4.08	16.00	MEDICAL RECORDS & LIBRARY	TRHS	4.08
4.09	17.00	SOCIAL SERVICE	TRHS	4.09
4.10	50.00	OPERATING ROOM	TRHS	4.10
4.11	30.00	ADULTS & PEDIATRICS	TRHS	4.11
4.12	31.00	INTENSIVE CARE UNIT	TRHS	4.12
4.13	32.00	CORONARY CARE UNIT	TRHS	4.13
4.14	41.00	SUBPROVIDER - IRF	TRHS	4.14
4.15	44.00	SKILLED NURSING FACILITY	TRHS	4.15
4.21	58.00	MAGNETIC RESONANCE IMAGING (MRI)	METRO MRI	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	IOWA HEALTH SYSTEM	100.00	6.00
7.00	B	TRINITY REGIONAL HEALTH SYSTEM	100.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 140280

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

Worksheet A-8-1

Date/Time Prepared: 5/16/2013 2:53 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	36,299,388	22,423,165	13,876,223	0	1.00
2.00	10,848	0	10,848	0	2.00
3.00	0	9,756	-9,756	11	3.00
4.00	1,335,699	0	1,335,699	0	4.00
4.01	2,456,445	0	2,456,445	0	4.01
4.02	1,789,517	0	1,789,517	0	4.02
4.03	7,637,897	0	7,637,897	0	4.03
4.04	3,454,889	0	3,454,889	0	4.04
4.05	2,972,874	0	2,972,874	0	4.05
4.06	1,667,469	0	1,667,469	0	4.06
4.07	1,860,954	0	1,860,954	0	4.07
4.08	1,735,356	0	1,735,356	0	4.08
4.09	3,536,361	0	3,536,361	0	4.09
4.10	985,064	0	985,064	0	4.10
4.11	530,257	0	530,257	0	4.11
4.12	62,849	0	62,849	0	4.12
4.13	102,474	0	102,474	0	4.13
4.14	60,999	0	60,999	0	4.14
4.15	98,679	0	98,679	0	4.15
4.21	2,042,066	894,104	1,147,962	0	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12. 68,640,085	23,327,025	45,313,060		5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

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

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

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

6.00		0.00		6.00
7.00	TRINITY REGIONAL HEALTH SYSTEM	100.00	HEALTH SYSTEM	7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140280

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2013 2:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	23.03	AGGREGATE-PARAMED PROGRAM-RESP CARE	15,083	12,000	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,666,410	3,492,090	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	56,516	1,365	3.00
4.00	31.01	AGGREGATE-NICU	620,000	5,000	4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IRF	129,326	90,026	5.00
6.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	7,813	7,813	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	175,000	175,000	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	733,140	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	25,054	0	9.00
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	714,326	552,688	10.00
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	142,721	129,490	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	2,430	0	12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	57,681	25,931	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	415,904	406,918	14.00
15.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	59,715	43,050	15.00
16.00	90.00	AGGREGATE-CLINIC	50,855	48,830	16.00
17.00	91.00	AGGREGATE-EMERGENCY	7,043,947	5,422,153	17.00
200.00			13,915,921	10,412,354	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140280

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2013 2:53 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	3,083	171,400	25	2,060	103	1.00
2.00	174,320	171,400	3,174	261,550	13,078	2.00
3.00	55,151	171,400	160	13,185	659	3.00
4.00	615,000	171,400	14,170	1,167,663	58,383	4.00
5.00	39,300	171,400	262	21,590	1,080	5.00
6.00	0	171,400	0	0	0	6.00
7.00	0	204,100	0	0	0	7.00
8.00	733,140	200,300	12,911	1,243,305	62,165	8.00
9.00	25,054	231,100	99	10,999	550	9.00
10.00	161,638	171,400	645	53,150	2,658	10.00
11.00	13,231	171,400	108	8,900	445	11.00
12.00	2,430	171,400	18	1,483	74	12.00
13.00	31,750	171,400	159	13,102	655	13.00
14.00	8,986	171,400	60	4,944	247	14.00
15.00	16,665	171,400	114	9,394	470	15.00
16.00	2,025	171,400	14	1,154	58	16.00
17.00	1,621,794	171,400	45,892	3,781,677	189,084	17.00
200.00	3,503,567		77,811	6,594,156	329,709	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140280

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2013 2:53 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	2,060	1.00
2.00	0	0	0	0	261,550	2.00
3.00	0	0	0	0	13,185	3.00
4.00	0	0	0	0	1,167,663	4.00
5.00	0	0	0	0	21,590	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	1,243,305	8.00
9.00	0	0	0	0	10,999	9.00
10.00	0	0	0	0	53,150	10.00
11.00	0	0	0	0	8,900	11.00
12.00	0	0	0	0	1,483	12.00
13.00	0	0	0	0	13,102	13.00
14.00	0	0	0	0	4,944	14.00
15.00	0	0	0	0	9,394	15.00
16.00	0	0	0	0	1,154	16.00
17.00	0	0	0	0	3,781,677	17.00
200.00	0	0	0	0	6,594,156	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140280

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

Worksheet A-8-2
Date/Time Prepared:
5/16/2013 2:53 pm

	RCE	Adjustment	
	Disallowance	18.00	
1.00	1,023	13,023	1.00
2.00	0	3,492,090	2.00
3.00	41,966	43,331	3.00
4.00	0	5,000	4.00
5.00	17,710	107,736	5.00
6.00	0	7,813	6.00
7.00	0	175,000	7.00
8.00	0	0	8.00
9.00	14,055	14,055	9.00
10.00	108,488	661,176	10.00
11.00	4,331	133,821	11.00
12.00	947	947	12.00
13.00	18,648	44,579	13.00
14.00	4,042	410,960	14.00
15.00	7,271	50,321	15.00
16.00	871	49,701	16.00
17.00	0	5,422,153	17.00
200.00	219,352	10,631,706	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	PURCHASING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,763,718	5,763,718			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS	-2,513,176	76,098	0	-2,437,078	4.00
5.01 00560	PURCHASING	1,335,699	21,707	0	0	1,357,406 5.01
5.02 00570	ADMINISTRATIVE	2,456,445	54,112	0	0	0 5.02
5.03 00580	CASHIERING/AR	1,789,517	39,759	0	0	0 5.03
5.04 00590	A&G	39,553,009	909,212	0	0	23,189 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	7,637,897	631,075	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	24,366	0	0	0 8.00
9.00 00900	HOUSEKEEPING	3,454,889	31,072	0	0	0 9.00
10.00 01000	DIETARY	2,972,874	166,013	0	0	0 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,667,469	38,945	0	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,860,954	151,864	0	0	0 14.00
15.00 01500	PHARMACY	6,949,337	47,821	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,735,356	68,782	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	3,536,361	16,832	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	-938,672	104,337	0	0	34 20.00
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	0 22.00
23.00 02300	PARAMEDICAL PRGM-(RADIOLOGY)	-132,734	17,691	0	0	1 23.00
23.01 02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0 23.01
23.02 02302	PARAMED PROGRAM-EMS	0	0	0	0	0 23.02
23.03 02303	PARAMED PROGRAM-RESP CARE	-125,328	19,371	0	0	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,083,376	655,584	0	0	10,865 30.00
31.00 03100	INTENSIVE CARE UNIT	4,411,016	103,681	0	0	5,208 31.00
31.01 02060	NICU	1,817,111	33,340	0	0	616 31.01
32.00 03200	CORONARY CARE UNIT	3,500,576	83,014	0	0	2,528 32.00
41.00 04100	SUBPROVIDER - I&R	1,697,370	63,251	0	0	1,743 41.00
43.00 04300	NURSERY	941,392	39,028	0	0	267 43.00
44.00 04400	SKILLED NURSING FACILITY	1,801,253	80,377	0	0	1,013 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,636,892	370,678	0	0	66,322 50.00
51.00 05100	RECOVERY ROOM	3,655,346	97,849	0	0	2,249 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,211,674	87,512	0	0	9,119 52.00
53.00 05300	ANESTHESIOLOGY	894,950	0	0	0	16 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,351,890	193,499	0	0	1,547 54.00
54.01 03450	NUCLEAR MEDICINE	464,465	13,886	0	0	0 54.01
54.02 03630	ULTRASOUND	729,044	1,982	0	0	865 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	3,227,345	91,249	0	0	1,860 55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,735,420	14,752	0	0	2,662 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,038,899	11,889	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	4,261,422	56,855	0	0	25,313 59.00
60.00 06000	LABORATORY	7,174,199	46,382	0	0	54 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,869,505	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	1,309,597	21,337	0	0	1,921 64.00
65.00 06500	RESPIRATORY THERAPY	1,909,177	6,932	0	0	32 65.00
65.01 03560	PULMONARY	610,826	2,215	0	0	10 65.01
66.00 06600	PHYSICAL THERAPY	2,235,593	26,981	0	0	347 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,052,985	13,336	0	0	105 67.00
68.00 06800	SPEECH PATHOLOGY	177,948	2,185	0	0	22 68.00
69.00 06900	ELECTROCARDIOLOGY	604,435	12,206	0	0	213 69.00
69.01 03140	CARDIOLOGY	1,157,508	24,411	0	0	84 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	751,178	4,106	0	0	48 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	9,771,467	0	0	0	408,195 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	18,983,967	0	0	0	764,082 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,262,019	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	626,848	11,671	0	0	390 74.00
76.00 03340	GASTROINTESTINAL	1,345,257	19,394	0	0	13,126 76.00
76.97 07697	CARDIAC REHABILITATION	672,041	9,064	0	0	76 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHIOTHERAPY	0	0	0	0	0 76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	PURCHASING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	3,328,386	91,920	0	0	6,119	90.00
91.00 09100 EMERGENCY	9,080,355	150,568	0	0	5,244	91.00
92.00 09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2,170,276	0	0	0	316	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	221,556,623	4,860,191	0	1,355,801	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,967	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,080,606	145,776	0	0	366	192.00
192.01 19201 RIVERSIDE OUTPATIENT	359,705	21,074	0	0	517	192.01
192.02 19202 PRIMARY OFFICE CLINIC	580,163	0	0	0	70	192.02
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04 19204 NON-REIMBURSABLE CLINIC	900	0	0	0	0	192.04
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00 07950 NON REIMBURSABLE	-9,468	723,710	0	0	0	194.00
194.01 07951 MEDICAL OFFICE	133,223	0	0	0	10	194.01
194.02 07952 GROUP HOMES DEPT 783	890,336	0	0	0	642	194.02
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03
194.04 07954 CALL CENTER	0	0	0	0	0	194.04
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	-2,437,078	0	201.00
202.00	TOTAL (sum lines 118-201)	228,592,088	5,763,718	0	-2,437,078	1,357,406 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINING	CASHIERING/AR	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
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
5.01	00560	PURCHASING						5.01
5.02	00570	ADMINING	2,510,557					5.02
5.03	00580	CASHIERING/AR	0	1,829,276				5.03
5.04	00590	A&G	0	0	40,485,410	40,485,410	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	8,268,972	1,747,259	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	24,366	5,149	0	8.00
9.00	00900	HOUSEKEEPING	0	0	3,485,961	736,594	0	9.00
10.00	01000	DIETARY	0	0	3,138,887	663,256	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,706,414	360,570	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,012,818	425,314	0	14.00
15.00	01500	PHARMACY	0	0	6,997,158	1,478,520	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,804,138	381,220	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,553,193	750,800	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	-834,301	0	0	20.00
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	0	22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	0	0	-115,042	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	-105,957	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	169,421	123,449	20,042,695	4,235,082	0	30.00
31.00	03100	INTENSIVE CARE UNIT	38,453	28,019	4,586,377	969,115	0	31.00
31.01	02060	NICU	8,884	6,473	1,866,424	394,381	0	31.01
32.00	03200	CORONARY CARE UNIT	40,729	29,678	3,656,525	772,635	0	32.00
41.00	04100	SUBPROVIDER - I&R	20,343	14,823	1,797,530	379,823	0	41.00
43.00	04300	NURSERY	9,913	7,223	997,823	210,843	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,649	9,217	1,904,509	402,428	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	258,956	188,689	10,521,537	2,223,232	0	50.00
51.00	05100	RECOVERY ROOM	40,196	29,289	3,824,929	808,219	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,074	27,743	2,374,122	501,659	0	52.00
53.00	05300	ANESTHESIOLOGY	30,370	22,129	947,465	200,202	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,637	58,756	4,686,329	990,235	0	54.00
54.01	03450	NUCLEAR MEDICINE	16,140	11,760	506,251	106,972	0	54.01
54.02	03630	ULTRASOUND	23,358	17,020	772,269	163,183	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	62,981	45,891	3,429,326	724,627	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	183,974	134,054	2,070,862	437,579	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,510	12,030	2,079,328	439,368	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	201,859	147,086	4,692,535	991,547	0	59.00
60.00	06000	LABORATORY	159,195	115,998	7,495,828	1,583,891	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,997	5,827	1,883,329	397,953	0	63.00
64.00	06400	INTRAVENOUS THERAPY	29,575	21,550	1,383,980	292,439	0	64.00
65.00	06500	RESPIRATORY THERAPY	39,424	28,726	1,984,291	419,287	0	65.00
65.01	03560	PULMONARY	26,680	19,440	659,171	139,285	0	65.01
66.00	06600	PHYSICAL THERAPY	43,341	31,580	2,337,842	493,993	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,310	15,528	1,103,264	233,123	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,491	2,544	186,190	39,343	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,478	18,565	660,897	139,650	0	69.00
69.01	03140	CARDIOLOGY	28,930	21,080	1,232,013	260,328	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	16,700	12,168	784,200	165,704	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	139,342	101,532	10,420,536	2,201,891	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	188,806	137,574	20,074,429	4,241,742	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	297,954	217,056	13,777,029	2,911,128	0	73.00
74.00	07400	RENAL DIALYSIS	5,862	4,271	649,042	137,145	0	74.00
76.00	03340	GASTROINTESTINAL	34,111	24,855	1,436,743	303,588	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,872	4,279	691,332	146,081	0	76.97
76.98	07698	HYPERBARI C 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	50,608	36,875	3,513,908	742,499	0	90.00
91.00	09100	EMERGENCY	121,221	88,328	9,445,716	1,995,908	0	91.00
92.00	09200	OBSERVATION BEDS			0			92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description		ADMINING	CASHIERING/AR	Subtotal	A&G	MAINTENANCE & REPAIRS	
		5.02	5.03	5A.03	5.04	6.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	11,213	8,171	2,189,976	462,748	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,510,557	1,829,276	223,088,569	38,807,538	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	12,967	2,740	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,226,748	1,104,428	0 192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	381,296	80,569	0 192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	580,233	122,605	0 192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0 192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	900	190	0 192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0 192.05
194.00	07950	NON REIMBURSABLE	0	0	714,242	150,921	0 194.00
194.01	07951	MEDICAL OFFICE	0	0	133,233	28,153	0 194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	890,978	188,266	0 194.02
194.03	07953	PRECEDENCE	0	0	0	0	0 194.03
194.04	07954	CALL CENTER	0	0	0	0	0 194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0 194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0 194.06
200.00		Cross Foot Adjustments			0		200.00
201.00		Negative Cost Centers	0	0	-2,437,078	0	0 201.00
202.00		TOTAL (sum lines 118-201)	2,510,557	1,829,276	228,592,088	40,485,410	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00560	PURCHASING					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00580	CASHIERING/AR					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	10,016,231				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	60,534	90,049			8.00
9.00	00900	HOUSEKEEPING	77,193	0	4,299,748		9.00
10.00	01000	DIETARY	412,433	0	179,517	4,394,093	10.00
11.00	01100	CAFETERIA	0	0	0	2,949,822	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	96,753	0	42,113	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	377,280	0	164,216	0	14.00
15.00	01500	PHARMACY	118,803	0	51,711	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	170,877	0	74,376	0	16.00
17.00	01700	SOCIAL SERVICE	41,816	0	18,201	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	259,207	32	112,823	0	20.00
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	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	43,950	0	19,130	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	48,124	0	20,947	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,628,691	27,210	708,909	959,304	30.00
31.00	03100	INTENSIVE CARE UNIT	257,579	3,784	112,114	93,781	31.00
31.01	02060	NICU	82,827	814	36,052	0	31.01
32.00	03200	CORONARY CARE UNIT	206,235	5,813	89,766	152,913	32.00
41.00	04100	SUBPROVIDER - I&R	157,138	2,963	68,396	91,024	41.00
43.00	04300	NURSERY	96,959	895	42,203	0	43.00
44.00	04400	SKILLED NURSING FACILITY	199,684	2,547	86,915	147,249	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	920,889	6,382	400,829	0	50.00
51.00	05100	RECOVERY ROOM	243,091	7,859	105,808	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	217,410	2,529	94,630	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	480,716	3,645	209,238	0	54.00
54.01	03450	NUCLEAR MEDICINE	34,497	213	15,015	0	54.01
54.02	03630	ULTRASOUND	4,923	813	2,143	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	226,694	990	98,671	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	36,650	0	15,952	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,537	0	12,856	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	141,246	3,058	61,479	0	59.00
60.00	06000	LABORATORY	115,228	3	50,155	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	53,009	2,124	23,073	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,221	0	7,495	0	65.00
65.01	03560	PULMONARY	5,503	0	2,395	0	65.01
66.00	06600	PHYSICAL THERAPY	67,029	687	29,175	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	33,131	165	14,421	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,428	37	2,363	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,323	289	13,199	0	69.00
69.01	03140	CARDIOLOGY	60,646	579	26,397	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	10,201	884	4,440	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
74.00	07400	RENAL DIALYSIS	28,994	1,156	12,620	0	74.00
76.00	03340	GASTROINTESTINAL	48,180	1,955	20,971	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,518	69	9,801	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	228,360	1,241	99,397	0	90.00
91.00	09100	EMERGENCY	374,061	11,311	162,815	0	91.00
92.00	09200	OBSERVATION BEDS					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,771,568	90,047	3,322,727	4,394,093	2,449,852
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,214	0	14,021	0	499,970
192.00	19200	PHYSICIANS' PRIVATE OFFICES	362,156	0	157,633	0	0
192.01	19201	RIVERSIDE OUTPATIENT	52,354	0	22,788	0	0
192.02	19202	PRIMARY OFFICE CLINIC	0	2	0	0	0
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0
194.00	07950	NON REIMBURSABLE	1,797,939	0	782,579	0	0
194.01	07951	MEDICAL OFFICE	0	0	0	0	0
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0
194.03	07953	PRECEDENCE	0	0	0	0	0
194.04	07954	CALL CENTER	0	0	0	0	0
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0
194.06	07956	PARAMED NON-ACCREDITED	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)	10,016,231	90,049	4,299,748	4,394,093	2,949,822

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

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Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
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
11.01	01101	2,449,852					11.01
12.00	01200	0	0				12.00
13.00	01300	0	0	2,205,850			13.00
14.00	01400	0	0	0	2,979,628		14.00
15.00	01500	111,365	0	0	12,684	8,770,241	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	30,070	0	0	78	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	6,864	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	5,757	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	609,181	0	1,082,535	16,419	0	30.00
31.00	03100	108,440	0	192,701	7,873	0	31.00
31.01	02060	29,001	0	51,536	1,426	0	31.01
32.00	03200	111,735	0	198,557	3,631	0	32.00
41.00	04100	53,555	0	95,168	3,053	0	41.00
43.00	04300	25,820	0	45,883	366	0	43.00
44.00	04400	61,657	0	109,565	1,497	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	141,320	0	0	134,277	0	50.00
51.00	05100	94,633	0	0	2,179	0	51.00
52.00	05200	58,648	0	104,218	21,343	0	52.00
53.00	05300	0	0	0	39	0	53.00
54.00	05400	120,978	0	0	2,860	0	54.00
54.01	03450	8,476	0	0	110	0	54.01
54.02	03630	14,042	0	0	2,319	0	54.02
55.00	05500	63,970	0	0	3,821	0	55.00
57.00	05700	23,137	0	0	1,193	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	65,278	0	0	51,848	0	59.00
60.00	06000	0	0	0	117	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	37,158	0	0	4,662	0	64.00
65.00	06500	52,383	0	0	75	0	65.00
65.01	03560	16,752	0	0	24	0	65.01
66.00	06600	63,205	0	0	789	0	66.00
67.00	06700	30,703	0	0	244	0	67.00
68.00	06800	5,064	0	0	50	0	68.00
69.00	06900	24,865	0	0	522	0	69.00
69.01	03140	23,929	0	0	194	0	69.01
70.00	07000	19,636	0	0	103	0	70.00
71.00	07100	0	0	0	842,205	0	71.00
72.00	07200	0	0	0	1,823,135	0	72.00
73.00	07300	0	0	0	0	8,770,039	73.00
74.00	07400	18,741	0	0	531	0	74.00
76.00	03340	23,013	0	0	8,015	0	76.00
76.97	07697	18,222	0	0	188	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	97,152	0	0	14,912	0	90.00
91.00	09100	183,276	0	325,687	12,556	0	91.00
92.00	09200						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
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Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		11.00	12.00	13.00	14.00	15.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	91,826	0	0	708	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		2,449,852	0	2,205,850	2,976,046	8,770,039	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	731	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	1,284	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	4	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	7	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	1,556	202	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers		0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)		2,449,852	0	2,205,850	2,979,628	8,770,241	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
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
5.01 00560 PURCHASING						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/AR						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
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	2,430,611					16.00
17.00 01700 SOCIAL SERVICE	0	4,364,010				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0	0	-432,091		20.00
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	0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	164,007	2,646,733	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	37,225	275,719	0	0	0	31.00
31.01 02060 NICU	8,600	103,129	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	39,428	451,380	0	0	0	32.00
41.00 04100 SUBPROVIDER - I&R	19,693	268,690	0	0	0	41.00
43.00 04300 NURSERY	9,597	185,407	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	12,245	432,952	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	250,681	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	38,911	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	36,858	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	29,399	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	78,060	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	15,624	0	0	0	0	54.01
54.02 03630 ULTRASOUND	22,612	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	60,968	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	178,096	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	15,982	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	195,409	0	0	0	0	59.00
60.00 06000 LABORATORY	154,108	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	7,742	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	28,630	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	38,164	0	0	0	0	65.00
65.01 03560 PULMONARY	25,827	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	41,956	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	20,629	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	3,379	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	24,664	0	0	0	0	69.00
69.01 03140 RADIOLOGY	28,006	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	16,166	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	134,890	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	182,773	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	288,708	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	5,675	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL	33,021	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	5,684	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LIOTHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	48,991	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
							SRVCS-SALARY & FRINGES		
			16.00	17.00	19.00	20.00	21.00		
91.00	09100	EMERGENCY							91.00
92.00	09200	OBSERVATION BEDS	117,348	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	10,855	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,430,611	4,364,010	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments					0		200.00
201.00		Negative Cost Centers	0	0	0		-432,091		201.00
202.00		TOTAL (sum lines 118-201)	2,430,611	4,364,010	0		-432,091		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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To 12/31/2012

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCES-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
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
5.01 00560 PURCHASING						5.01
5.02 00570 ADMINISTRATION						5.02
5.03 00580 CASHIERING/AR						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0	-45,098				23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0			23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0		23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0	0	0	0	-31,129	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02060 NICU	0	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL	0	0	0	0	0	76.00
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
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM- (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE		
			SRVCES-OTHER PRGM COSTS						
			22.00	23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS							92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-45,098	0	0	0	-31,129	201.00
202.00		TOTAL (sum lines 118-201)	0	-45,098	0	0	0	-31,129	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

Period:
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To 12/31/2012

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
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
11.01	01101				11.01
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	32,120,766	0	32,120,766	30.00
31.00	03100	6,644,708	0	6,644,708	31.00
31.01	02060	2,574,190	0	2,574,190	31.01
32.00	03200	5,688,618	0	5,688,618	32.00
41.00	04100	2,937,033	0	2,937,033	41.00
43.00	04300	1,615,796	0	1,615,796	43.00
44.00	04400	3,361,248	0	3,361,248	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	14,599,147	0	14,599,147	50.00
51.00	05100	5,125,629	0	5,125,629	51.00
52.00	05200	3,411,417	0	3,411,417	52.00
53.00	05300	1,177,105	0	1,177,105	53.00
54.00	05400	6,572,061	0	6,572,061	54.00
54.01	03450	687,158	0	687,158	54.01
54.02	03630	982,304	0	982,304	54.02
55.00	05500	4,609,067	0	4,609,067	55.00
57.00	05700	2,763,469	0	2,763,469	57.00
58.00	05800	2,577,071	0	2,577,071	58.00
59.00	05900	6,202,400	0	6,202,400	59.00
60.00	06000	9,399,330	0	9,399,330	60.00
62.30	06250	0	0	0	62.30
63.00	06300	2,289,024	0	2,289,024	63.00
64.00	06400	1,825,075	0	1,825,075	64.00
65.00	06500	2,518,916	0	2,518,916	65.00
65.01	03560	848,957	0	848,957	65.01
66.00	06600	3,034,676	0	3,034,676	66.00
67.00	06700	1,435,680	0	1,435,680	67.00
68.00	06800	241,854	0	241,854	68.00
69.00	06900	894,409	0	894,409	69.00
69.01	03140	1,632,092	0	1,632,092	69.01
70.00	07000	1,001,334	0	1,001,334	70.00
71.00	07100	13,599,522	0	13,599,522	71.00
72.00	07200	26,322,079	0	26,322,079	72.00
73.00	07300	25,746,904	0	25,746,904	73.00
74.00	07400	853,904	0	853,904	74.00
76.00	03340	1,875,486	0	1,875,486	76.00
76.97	07697	893,895	0	893,895	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	4,746,460	0	4,746,460	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	12,628,678	0	12,628,678	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,756,113	0	2,756,113	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	218,193,575	0	218,193,575	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	561,912	0	561,912	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,851,696	0	6,851,696	192.00
192.01	19201	RI VERSI DE OUTPATI ENT	538,291	0	538,291	192.01
192.02	19202	PR I M A R Y OFFICE CL I N I C	702,844	0	702,844	192.02
192.03	19203	ORTHOPE DIC CL I N I C	0	0	0	192.03
192.04	19204	NON-REI MBURSABLE CL I N I C	1,090	0	1,090	192.04
192.05	19205	TR I N I T Y F A M I L Y P R A C T I C E	0	0	0	192.05
194.00	07950	NON REI MBURSABLE	3,445,681	0	3,445,681	194.00
194.01	07951	MEDI CAL OFFICE	161,393	0	161,393	194.01
194.02	07952	GR OUP HOMES DEPT 783	1,081,002	0	1,081,002	194.02
194.03	07953	PRECE DENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FIT NESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDI TED	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-2,945,396	0	-2,945,396	201.00
202.00		TOTAL (sum lines 118-201)	228,592,088	0	228,592,088	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
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	0	76,098	0	76,098	4.00
5.01 00560	PURCHASING	0	21,707	0	21,707	5.01
5.02 00570	ADMINISTRATIVE	0	54,112	0	54,112	5.02
5.03 00580	CASHIERING/AR	0	39,759	0	39,759	5.03
5.04 00590	A&G	609,033	909,212	0	1,518,245	5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	631,075	0	631,075	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	24,366	0	24,366	8.00
9.00 00900	HOUSEKEEPING	0	31,072	0	31,072	9.00
10.00 01000	DIETARY	0	166,013	0	166,013	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	38,945	0	38,945	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	151,864	0	151,864	14.00
15.00 01500	PHARMACY	84,380	47,821	0	132,201	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	68,782	0	68,782	16.00
17.00 01700	SOCIAL SERVICE	0	16,832	0	16,832	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	104,337	0	104,337	20.00
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	0	0	22.00
23.00 02300	PARAMED ED PRGM-(RADIOLOGY)	0	17,691	0	17,691	23.00
23.01 02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02 02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03 02303	PARAMED PROGRAM-RESP CARE	0	19,371	0	19,371	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	113,183	655,584	0	768,767	30.00
31.00 03100	INTENSIVE CARE UNIT	207,030	103,681	0	310,711	31.00
31.01 02060	NICU	53,473	33,340	0	86,813	31.01
32.00 03200	CORONARY CARE UNIT	56,112	83,014	0	139,126	32.00
41.00 04100	SUBPROVIDER - IRF	54,045	63,251	0	117,296	41.00
43.00 04300	NURSERY	24,687	39,028	0	63,715	43.00
44.00 04400	SKILLED NURSING FACILITY	12,022	80,377	0	92,399	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	886,193	370,678	0	1,256,871	50.00
51.00 05100	RECOVERY ROOM	132,619	97,849	0	230,468	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	45,248	87,512	0	132,760	52.00
53.00 05300	ANESTHESIOLOGY	154,669	0	0	154,669	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	806,368	193,499	0	999,867	54.00
54.01 03450	NUCLEAR MEDICINE	84,978	13,886	0	98,864	54.01
54.02 03630	ULTRASOUND	113,741	1,982	0	115,723	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	564,722	91,249	0	655,971	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	386,399	14,752	0	401,151	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	256,281	11,889	0	268,170	58.00
59.00 05900	CARDIAC CATHETERIZATION	770,478	56,855	0	827,333	59.00
60.00 06000	LABORATORY	0	46,382	0	46,382	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	14,098	21,337	0	35,435	64.00
65.00 06500	RESPIRATORY THERAPY	56,992	6,932	0	63,924	65.00
65.01 03560	PULMONARY	18,225	2,215	0	20,440	65.01
66.00 06600	PHYSICAL THERAPY	17,207	26,981	0	44,188	66.00
67.00 06700	OCCUPATIONAL THERAPY	8,836	13,336	0	22,172	67.00
68.00 06800	SPEECH PATHOLOGY	1,400	2,185	0	3,585	68.00
69.00 06900	ELECTROCARDIOLOGY	35,912	12,206	0	48,118	69.00
69.01 03140	CARDIOLOGY	71,825	24,411	0	96,236	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	32,485	4,106	0	36,591	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
74.00 07400	RENAL DIALYSIS	471	11,671	0	12,142	74.00
76.00 03340	GASTROINTESTINAL	132,966	19,394	0	152,360	76.00
76.97 07697	CARDIAC REHABILITATION	4,814	9,064	0	13,878	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHIOTHERAPY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	10,097	91,920	0	102,017	0	90.00
91.00 09100 EMERGENCY	63,928	150,568	0	214,496	0	91.00
92.00 09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	112,369	0	0	112,369	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)					
	5,997,286	4,860,191	0	10,857,477	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,967	0	12,967	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	583	145,776	0	146,359	0	192.00
192.01 19201 RIVERSIDE OUTPATIENT	0	21,074	0	21,074	0	192.01
192.02 19202 PRIMARY OFFICE CLINIC	1,945	0	0	1,945	0	192.02
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04 19204 NON-REIMBURSABLE CLINIC	74	0	0	74	0	192.04
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00 07950 NON REIMBURSABLE	0	723,710	0	723,710	0	194.00
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03
194.04 07954 CALL CENTER	0	0	0	0	0	194.04
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments					
		0	0	0	0	200.00
201.00	Negative Cost Centers					
		0	0	0	76,098	201.00
202.00	TOTAL (sum lines 118-201)					
	5,999,888	5,763,718	0	11,763,606	76,098	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/16/2013 2:53 pm
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Cost Center Description		PURCHASING	ADMINISTRATIVE	CASHIERING/AR	A&G	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS							
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
5.01	00560	PURCHASING	21,707				5.01
5.02	00570	ADMINISTRATIVE	0	54,112			5.02
5.03	00580	CASHIERING/AR	0	0	39,759		5.03
5.04	00590	A&G	371	0	0	1,518,616	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	65,540	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	193	8.00
9.00	00900	HOUSEKEEPING	0	0	0	27,630	9.00
10.00	01000	DIETARY	0	0	0	24,879	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	13,525	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	15,954	14.00
15.00	01500	PHARMACY	0	0	0	55,459	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	14,300	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	28,163	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1	0	0	0	20.00
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	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	174	3,639	2,662	158,858	30.00
31.00	03100	INTENSIVE CARE UNIT	83	826	604	36,352	31.00
31.01	02060	NICU	10	191	140	14,793	31.01
32.00	03200	CORONARY CARE UNIT	40	875	640	28,982	32.00
41.00	04100	SUBPROVIDER - I&R	28	437	320	14,247	41.00
43.00	04300	NURSERY	4	213	156	7,909	43.00
44.00	04400	SKILLED NURSING FACILITY	16	272	199	15,095	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,060	5,562	4,069	83,394	50.00
51.00	05100	RECOVERY ROOM	36	863	632	30,316	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	146	818	598	18,817	52.00
53.00	05300	ANESTHESIOLOGY	0	652	477	7,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25	1,732	1,267	37,144	54.00
54.01	03450	NUCLEAR MEDICINE	0	347	254	4,013	54.01
54.02	03630	ULTRASOUND	14	502	367	6,121	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	30	1,353	990	27,181	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	43	3,951	2,891	16,414	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	355	259	16,481	58.00
59.00	05900	CARDIAC CATHETERIZATION	405	4,335	3,172	37,193	59.00
60.00	06000	LABORATORY	1	3,419	2,502	59,412	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	172	126	14,927	63.00
64.00	06400	INTRAVENOUS THERAPY	31	635	465	10,969	64.00
65.00	06500	RESPIRATORY THERAPY	1	847	620	15,727	65.00
65.01	03560	PULMONARY	0	573	419	5,225	65.01
66.00	06600	PHYSICAL THERAPY	6	931	681	18,530	66.00
67.00	06700	OCCUPATIONAL THERAPY	2	458	335	8,744	67.00
68.00	06800	SPEECH PATHOLOGY	0	75	55	1,476	68.00
69.00	06900	ELECTROCARDIOLOGY	3	547	400	5,238	69.00
69.01	03140	CARDIOLOGY	1	621	455	9,765	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1	359	262	6,216	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,524	2,993	2,190	82,593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,222	4,055	2,967	159,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,588	4,989	109,197	73.00
74.00	07400	RENAL DIALYSIS	6	126	92	5,144	74.00
76.00	03340	GASTROINTESTINAL	210	733	536	11,388	76.00
76.97	07697	CARDIAC REHABILITATION	1	126	92	5,479	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	98	1,087	795	27,851	90.00
91.00	09100	EMERGENCY	84	2,603	1,905	74,867	91.00
92.00	09200	OBSERVATION BEDS					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
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Cost Center Description	PURCHASING	ADMINISTRATIVE	CASHIERING/AR	A&G	MAINTENANCE & REPAIRS	
	5.01	5.02	5.03	5.04	6.00	
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	5	241	176	17,358	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	21,682	54,112	39,759	1,455,679	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	103	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	6	0	0	41,427	0	192.00
192.01 19201 RIVERSIDE OUTPATIENT	8	0	0	3,022	0	192.01
192.02 19202 PRIMARY OFFICE CLINIC	1	0	0	4,599	0	192.02
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	7	0	192.04
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00 07950 NON REIMBURSABLE	0	0	0	5,661	0	194.00
194.01 07951 MEDICAL OFFICE	0	0	0	1,056	0	194.01
194.02 07952 GROUP HOMES DEPT 783	10	0	0	7,062	0	194.02
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03
194.04 07954 CALL CENTER	0	0	0	0	0	194.04
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	21,707	54,112	39,759	1,518,616	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/16/2013 2:53 pm
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00560	PURCHASING					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00580	CASHIERING/AR					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	696,615				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,210	28,769			8.00
9.00	00900	HOUSEKEEPING	5,369	0	64,071		9.00
10.00	01000	DIETARY	28,684	0	2,675	222,251	10.00
11.00	01100	CAFETERIA	0	0	0	149,201	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	123,913
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,729	0	628	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	26,239	0	2,447	0	0
15.00	01500	PHARMACY	8,263	0	771	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	11,884	0	1,108	0	0
17.00	01700	SOCIAL SERVICE	2,908	0	271	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	18,027	10	1,681	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	3,057	0	285	0	0
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0
23.03	02303	PARAMED PROGRAM-RESP CARE	3,347	0	312	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	113,273	8,690	10,564	48,521	0
31.00	03100	INTENSIVE CARE UNIT	17,914	1,209	1,671	4,743	0
31.01	02060	NICU	5,761	260	537	0	0
32.00	03200	CORONARY CARE UNIT	14,343	1,857	1,338	7,734	0
41.00	04100	SUBPROVIDER - I&R	10,929	947	1,019	4,604	0
43.00	04300	NURSERY	6,743	286	629	0	0
44.00	04400	SKILLED NURSING FACILITY	13,888	814	1,295	7,448	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	64,047	2,039	5,973	0	0
51.00	05100	RECOVERY ROOM	16,907	2,511	1,577	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,121	808	1,410	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,433	1,165	3,118	0	0
54.01	03450	NUCLEAR MEDICINE	2,399	68	224	0	0
54.02	03630	ULTRASOUND	342	260	32	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	15,766	316	1,470	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,549	0	238	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,054	0	192	0	0
59.00	05900	CARDIAC CATHETERIZATION	9,823	977	916	0	0
60.00	06000	LABORATORY	8,014	1	747	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	3,687	679	344	0	0
65.00	06500	RESPIRATORY THERAPY	1,198	0	112	0	0
65.01	03560	PULMONARY	383	0	36	0	0
66.00	06600	PHYSICAL THERAPY	4,662	220	435	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,304	53	215	0	0
68.00	06800	SPEECH PATHOLOGY	378	12	35	0	0
69.00	06900	ELECTROCARDIOLOGY	2,109	92	197	0	0
69.01	03140	CARDIOLOGY	4,218	185	393	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	709	282	66	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,017	369	188	0	0
76.00	03340	GASTROINTESTINAL	3,351	625	312	0	0
76.97	07697	CARDIAC REHABILITATION	1,566	22	146	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,882	397	1,481	0	0
91.00	09100	EMERGENCY	26,015	3,614	2,426	0	0
92.00	09200	OBSERVATION BEDS					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	540,502	28,768	49,514	222,251	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,240	0	209	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,187	0	2,349	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	3,641	0	340	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	1	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	125,045	0	11,659	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	696,615	28,769	64,071	222,251	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
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
11.01	01101	123,913					11.01
12.00	01200	0	0				12.00
13.00	01300	0	0	59,827			13.00
14.00	01400	0	0	0	196,504		14.00
15.00	01500	5,633	0	0	836	203,163	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	1,521	0	0	5	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	347	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	291	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	30,810	0	29,361	1,083	0	30.00
31.00	03100	5,485	0	5,226	519	0	31.00
31.01	02060	1,467	0	1,398	94	0	31.01
32.00	03200	5,652	0	5,385	239	0	32.00
41.00	04100	2,709	0	2,581	201	0	41.00
43.00	04300	1,306	0	1,244	24	0	43.00
44.00	04400	3,119	0	2,972	99	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,148	0	0	8,855	0	50.00
51.00	05100	4,787	0	0	144	0	51.00
52.00	05200	2,966	0	2,827	1,408	0	52.00
53.00	05300	0	0	0	3	0	53.00
54.00	05400	6,119	0	0	189	0	54.00
54.01	03450	429	0	0	7	0	54.01
54.02	03630	710	0	0	153	0	54.02
55.00	05500	3,236	0	0	252	0	55.00
57.00	05700	1,170	0	0	79	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	3,302	0	0	3,419	0	59.00
60.00	06000	0	0	0	8	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	1,879	0	0	307	0	64.00
65.00	06500	2,650	0	0	5	0	65.00
65.01	03560	847	0	0	2	0	65.01
66.00	06600	3,197	0	0	52	0	66.00
67.00	06700	1,553	0	0	16	0	67.00
68.00	06800	256	0	0	3	0	68.00
69.00	06900	1,258	0	0	34	0	69.00
69.01	03140	1,210	0	0	13	0	69.01
70.00	07000	993	0	0	7	0	70.00
71.00	07100	0	0	0	55,543	0	71.00
72.00	07200	0	0	0	120,235	0	72.00
73.00	07300	0	0	0	0	203,158	73.00
74.00	07400	948	0	0	35	0	74.00
76.00	03340	1,164	0	0	529	0	76.00
76.97	07697	922	0	0	12	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	4,914	0	0	983	0	90.00
91.00	09100	9,270	0	8,833	828	0	91.00
92.00	09200						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
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Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		11.00	12.00	13.00	14.00	15.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,645	0	0	47	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		123,913	0	59,827	196,268	203,158	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	48	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	85	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	103	5	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers		0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)		123,913	0	59,827	196,504	203,163	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/16/2013 2:53 pm		
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES
		16.00	17.00	19.00	20.00	21.00
GENERAL SERVICE COST CENTERS						
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
5.01	00560	PURCHASING				5.01
5.02	00570	ADMINISTRATIVE				5.02
5.03	00580	CASHIERING/AR				5.03
5.04	00590	A&G				5.04
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
11.01	01101	EMPLOYEE CAFETERIA				11.01
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	96,074			16.00
17.00	01700	SOCIAL SERVICE	0	48,174		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	125,582	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(RADIOLOGY)	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,479	29,217		30.00
31.00	03100	INTENSIVE CARE UNIT	1,470	3,044		31.00
31.01	02060	NICU	340	1,138		31.01
32.00	03200	CORONARY CARE UNIT	1,557	4,983		32.00
41.00	04100	SUBPROVIDER - I&R	778	2,966		41.00
43.00	04300	NURSERY	379	2,047		43.00
44.00	04400	SKILLED NURSING FACILITY	484	4,779		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,902	0		50.00
51.00	05100	RECOVERY ROOM	1,537	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,456	0		52.00
53.00	05300	ANESTHESIOLOGY	1,161	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,084	0		54.00
54.01	03450	NUCLEAR MEDICINE	617	0		54.01
54.02	03630	ULTRASOUND	893	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,408	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,035	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	631	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,719	0		59.00
60.00	06000	LABORATORY	6,088	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	306	0		63.00
64.00	06400	INTRAVENOUS THERAPY	1,131	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,508	0		65.00
65.01	03560	PULMONARY	1,020	0		65.01
66.00	06600	PHYSICAL THERAPY	1,657	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	815	0		67.00
68.00	06800	SPEECH PATHOLOGY	133	0		68.00
69.00	06900	ELECTROCARDIOLOGY	974	0		69.00
69.01	03140	CARDIOLOGY	1,106	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	639	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,328	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,220	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,467	0		73.00
74.00	07400	RENAL DIALYSIS	224	0		74.00
76.00	03340	GASTROINTESTINAL	1,304	0		76.00
76.97	07697	CARDIAC REHABILITATION	225	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,935	0		90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00		
91.00	09100	EMERGENCY							91.00
92.00	09200	OBSERVATION BEDS	4,635	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	429	0					95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,074	48,174	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0					190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0					192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0					192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0					192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0					192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0					192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0					192.05
194.00	07950	NON REIMBURSABLE	0	0					194.00
194.01	07951	MEDICAL OFFICE	0	0					194.01
194.02	07952	GROUP HOMES DEPT 783	0	0					194.02
194.03	07953	PRECEDENCE	0	0					194.03
194.04	07954	CALL CENTER	0	0					194.04
194.05	07955	WORK FITNESS CENTER	0	0					194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0					194.06
200.00		Cross Foot Adjustments			0	0			200.00
201.00		Negative Cost Centers	0	0	0	125,582			201.00
202.00		TOTAL (sum lines 118-201)	96,074	48,174	0	125,582			202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

Period:
From 01/01/2012
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCES-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
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
5.01 00560 PURCHASING						5.01
5.02 00570 ADMINISTRATION						5.02
5.03 00580 CASHIERING/AR						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)		21,380				23.00
23.01 02301 PARAMED PROGRAM-OR TECH			0			23.01
23.02 02302 PARAMED PROGRAM-EMS				0		23.02
23.03 02303 PARAMED PROGRAM-RESP CARE					23,321	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
31.01 02060 NICU						31.01
32.00 03200 CORONARY CARE UNIT						32.00
41.00 04100 SUBPROVIDER - I&R						41.00
43.00 04300 NURSERY						43.00
44.00 04400 SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM						50.00
51.00 05100 RECOVERY ROOM						51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM						52.00
53.00 05300 ANESTHESIOLOGY						53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC						54.00
54.01 03450 NUCLEAR MEDICINE						54.01
54.02 03630 ULTRASOUND						54.02
55.00 05500 RADIOLOGY-THERAPEUTIC						55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN						57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00 05900 CARDIAC CATHETERIZATION						59.00
60.00 06000 LABORATORY						60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.						63.00
64.00 06400 INTRAVENOUS THERAPY						64.00
65.00 06500 RESPIRATORY THERAPY						65.00
65.01 03560 PULMONARY						65.01
66.00 06600 PHYSICAL THERAPY						66.00
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
69.01 03140 RADIOLOGY						69.01
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS						71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
74.00 07400 RENAL DIALYSIS						74.00
76.00 03340 GASTROINTESTINAL						76.00
76.97 07697 CARDIAC REHABILITATION						76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY						76.98
76.99 07699 LI THOTRI PSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

Period:
From 01/01/2012
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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM- (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	RIVERSIDE OUTPATIENT						192.01
192.02	19202	PRIMARY OFFICE CLINIC						192.02
192.03	19203	ORTHOPEDIC CLINIC						192.03
192.04	19204	NON-REIMBURSABLE CLINIC						192.04
192.05	19205	TRINITY FAMILY PRACTICE						192.05
194.00	07950	NON REIMBURSABLE						194.00
194.01	07951	MEDICAL OFFICE						194.01
194.02	07952	GROUP HOMES DEPT 783						194.02
194.03	07953	PRECEDENCE						194.03
194.04	07954	CALL CENTER						194.04
194.05	07955	WORK FITNESS CENTER						194.05
194.06	07956	PARAMED NON-ACCREDITED						194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	21,380	0	0	23,321	201.00
202.00		TOTAL (sum lines 118-201)	0	21,380	0	0	23,321	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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From 01/01/2012
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
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
11.01	01101				11.01
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	1,212,098	0	1,212,098	30.00
31.00	03100	389,857	0	389,857	31.00
31.01	02060	112,942	0	112,942	31.01
32.00	03200	212,751	0	212,751	32.00
41.00	04100	159,062	0	159,062	41.00
43.00	04300	84,655	0	84,655	43.00
44.00	04400	142,879	0	142,879	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,448,920	0	1,448,920	50.00
51.00	05100	289,778	0	289,778	51.00
52.00	05200	179,135	0	179,135	52.00
53.00	05300	164,472	0	164,472	53.00
54.00	05400	1,087,143	0	1,087,143	54.00
54.01	03450	107,222	0	107,222	54.01
54.02	03630	125,117	0	125,117	54.02
55.00	05500	708,973	0	708,973	55.00
57.00	05700	435,521	0	435,521	57.00
58.00	05800	288,142	0	288,142	58.00
59.00	05900	898,594	0	898,594	59.00
60.00	06000	126,574	0	126,574	60.00
62.30	06250	0	0	0	62.30
63.00	06300	15,531	0	15,531	63.00
64.00	06400	55,562	0	55,562	64.00
65.00	06500	86,592	0	86,592	65.00
65.01	03560	28,945	0	28,945	65.01
66.00	06600	74,559	0	74,559	66.00
67.00	06700	36,667	0	36,667	67.00
68.00	06800	6,008	0	6,008	68.00
69.00	06900	58,970	0	58,970	69.00
69.01	03140	114,203	0	114,203	69.01
70.00	07000	46,125	0	46,125	70.00
71.00	07100	155,171	0	155,171	71.00
72.00	07200	305,809	0	305,809	72.00
73.00	07300	335,399	0	335,399	73.00
74.00	07400	21,291	0	21,291	74.00
76.00	03340	172,512	0	172,512	76.00
76.97	07697	22,469	0	22,469	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	157,440	0	157,440	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	349,576	0	349,576	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	135,270	0	135,270	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,351,934	0	10,351,934	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,807	0	40,807	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	215,376	0	215,376	192.00
192.01	19201	RIVERSIDE OUTPATIENT	28,170	0	28,170	192.01
192.02	19202	PRIMARY OFFICE CLINIC	6,546	0	6,546	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	81	0	81	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	866,075	0	866,075	194.00
194.01	07951	MEDICAL OFFICE	1,056	0	1,056	194.01
194.02	07952	GROUP HOMES DEPT 783	7,180	0	7,180	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	246,381	0	246,381	201.00
202.00		TOTAL (sum lines 118-201)	11,763,606	0	11,763,606	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

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Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING (COST OF GOODS)	ADMITTING (TOTAL REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	764,986	0				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00 00400 EMPLOYEE BENEFITS	10,100	0	74,663,384			4.00
5.01 00560 PURCHASING	2,881	0	0	27,152,180		5.01
5.02 00570 ADMITTING	7,182	0	0	0	657,566,405	5.02
5.03 00580 CASHIERING/AR	5,277	0	0	0	0	5.03
5.04 00590 A&G	120,675	0	883,432	463,836	0	5.04
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	83,759	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	3,234	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	4,124	0	0	0	0	9.00
10.00 01000 DIETARY	22,034	0	0	0	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	5,169	0	0	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	20,156	0	0	0	0	14.00
15.00 01500 PHARMACY	6,347	0	4,308,614	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	9,129	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	2,234	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	13,848	0	953,415	680	0	20.00
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	0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	2,348	0	177,348	13	0	23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	2,571	0	158,637	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	87,012	0	16,062,393	217,331	44,374,284	30.00
31.00 03100 INTENSIVE CARE UNIT	13,761	0	2,897,720	104,171	10,071,618	31.00
31.01 02060 NICU	4,425	0	878,162	12,312	2,326,752	31.01
32.00 03200 CORONARY CARE UNIT	11,018	0	2,382,506	50,577	10,667,692	32.00
41.00 04100 SUBPROVIDER - IRF	8,395	0	1,112,367	34,871	5,328,119	41.00
43.00 04300 NURSERY	5,180	0	700,415	5,340	2,596,512	43.00
44.00 04400 SKILLED NURSING FACILITY	10,668	0	1,236,205	20,256	3,313,077	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	49,198	0	3,662,452	1,326,633	67,824,983	50.00
51.00 05100 RECOVERY ROOM	12,987	0	2,630,694	44,984	10,527,963	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	11,615	0	1,500,635	182,406	9,972,323	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	314	7,954,328	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	25,682	0	2,588,447	30,941	21,120,236	54.00
54.01 03450 NUCLEAR MEDICINE	1,843	0	297,995	0	4,227,257	54.01
54.02 03630 ULTRASOUND	263	0	456,750	17,293	6,117,903	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	12,111	0	2,095,673	37,197	16,495,697	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,958	0	694,333	53,256	48,186,031	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,578	0	0	0	4,324,212	58.00
59.00 05900 CARDIAC CATHETERIZATION	7,546	0	1,986,466	506,340	52,870,465	59.00
60.00 06000 LABORATORY	6,156	0	0	1,073	41,696,007	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,094,607	63.00
64.00 06400 INTRAVENOUS THERAPY	2,832	0	1,075,576	38,422	7,746,122	64.00
65.00 06500 RESPIRATORY THERAPY	920	0	1,231,278	641	10,325,712	65.00
65.01 03560 PULMONARY	294	0	393,742	205	6,987,910	65.01
66.00 06600 PHYSICAL THERAPY	3,581	0	1,582,927	6,946	11,351,693	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,770	0	759,637	2,099	5,581,549	67.00
68.00 06800 SPEECH PATHOLOGY	290	0	125,685	431	914,327	68.00
69.00 06900 ELECTROCARDIOLOGY	1,620	0	608,805	4,263	6,673,079	69.00
69.01 03140 RADIOLOGY	3,240	0	578,211	1,678	7,577,375	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	545	0	453,452	969	4,374,002	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	8,165,035	36,496,171	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	15,284,077	49,451,622	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	78,047,168	73.00
74.00 07400 RENAL DIALYSIS	1,549	0	408,516	7,792	1,535,364	74.00
76.00 03340 GASTROINTESTINAL	2,574	0	646,125	262,548	8,934,361	76.00
76.97 07697 CARDIAC REHABILITATION	1,203	0	476,299	1,514	1,537,983	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING (COST OF GOODS)	ADMITTING (TOTAL REVENUE)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00						
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	12,200	0	2,204,876	122,402	13,255,012	90.00		
91.00 09100 EMERGENCY	19,984	0	10,427,671	104,898	31,749,916	91.00		
92.00 09200 OBSERVATION BEDS						92.00		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	1,427,760	6,316	2,936,973	95.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		645,066	0	70,065,219	27,120,060	657,566,405	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,721	0	0	0	0	190.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	19,348	0	3,428,370	7,331	0	192.00		
192.01 19201 RIVERSIDE OUTPATIENT	2,797	0	236,231	10,339	0	192.01		
192.02 19202 PRIMARY OFFICE CLINIC	0	0	372,147	1,408	0	192.02		
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03		
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	791	0	0	192.04		
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05		
194.00 07950 NON REIMBURSABLE	96,054	0	0	0	0	194.00		
194.01 07951 MEDICAL OFFICE	0	0	0	207	0	194.01		
194.02 07952 GROUP HOMES DEPT 783	0	0	560,626	12,835	0	194.02		
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03		
194.04 07954 CALL CENTER	0	0	0	0	0	194.04		
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05		
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	5,763,718	0	-2,437,078	1,357,406	2,510,557	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	7.534410	0.000000	0.000000	0.049993	0.003818	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			76,098	21,707	54,112	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001019	0.000799	0.000082	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description			CASHIERING/AR (TOTAL REVENUES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS								
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
5.01	00560	PURCHASING						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00580	CASHIERING/AR	657,566,405					5.03
5.04	00590	A&G	0	-40,485,410	191,599,056			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	8,268,972	0	535,112	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	24,366	0	3,234	8.00
9.00	00900	HOUSEKEEPING	0	0	3,485,961	0	4,124	9.00
10.00	01000	DIETARY	0	0	3,138,887	0	22,034	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,706,414	0	5,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,012,818	0	20,156	14.00
15.00	01500	PHARMACY	0	0	6,997,158	0	6,347	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,804,138	0	9,129	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,553,193	0	2,234	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	834,301	0	0	13,848	20.00
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	0	22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	0	115,042	0	0	2,348	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	105,957	0	0	2,571	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,374,284	0	20,042,695	0	87,012	30.00
31.00	03100	INTENSIVE CARE UNIT	10,071,618	0	4,586,377	0	13,761	31.00
31.01	02060	NICU	2,326,752	0	1,866,424	0	4,425	31.01
32.00	03200	CORONARY CARE UNIT	10,667,692	0	3,656,525	0	11,018	32.00
41.00	04100	SUBPROVIDER - IRF	5,328,119	0	1,797,530	0	8,395	41.00
43.00	04300	NURSERY	2,596,512	0	997,823	0	5,180	43.00
44.00	04400	SKILLED NURSING FACILITY	3,313,077	0	1,904,509	0	10,668	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	67,824,983	0	10,521,537	0	49,198	50.00
51.00	05100	RECOVERY ROOM	10,527,963	0	3,824,929	0	12,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,972,323	0	2,374,122	0	11,615	52.00
53.00	05300	ANESTHESIOLOGY	7,954,328	0	947,465	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,120,236	0	4,686,329	0	25,682	54.00
54.01	03450	NUCLEAR MEDICINE	4,227,257	0	506,251	0	1,843	54.01
54.02	03630	ULTRASOUND	6,117,903	0	772,269	0	263	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	16,495,697	0	3,429,326	0	12,111	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	48,186,031	0	2,070,862	0	1,958	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,324,212	0	2,079,328	0	1,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,870,465	0	4,692,535	0	7,546	59.00
60.00	06000	LABORATORY	41,696,007	0	7,495,828	0	6,156	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,094,607	0	1,883,329	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,746,122	0	1,383,980	0	2,832	64.00
65.00	06500	RESPIRATORY THERAPY	10,325,712	0	1,984,291	0	920	65.00
65.01	03560	PULMONARY	6,987,910	0	659,171	0	294	65.01
66.00	06600	PHYSICAL THERAPY	11,351,693	0	2,337,842	0	3,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,581,549	0	1,103,264	0	1,770	67.00
68.00	06800	SPEECH PATHOLOGY	914,327	0	186,190	0	290	68.00
69.00	06900	ELECTROCARDIOLOGY	6,673,079	0	660,897	0	1,620	69.00
69.01	03140	CARDIOLOGY	7,577,375	0	1,232,013	0	3,240	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,374,002	0	784,200	0	545	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	36,496,171	0	10,420,536	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	49,451,622	0	20,074,429	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,047,168	0	13,777,029	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,535,364	0	649,042	0	1,549	74.00
76.00	03340	GASTROINTESTINAL	8,934,361	0	1,436,743	0	2,574	76.00
76.97	07697	CARDIAC REHABILITATION	1,537,983	0	691,332	0	1,203	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	13,255,012	0	3,513,908	0	12,200	90.00
91.00	09100	EMERGENCY	31,749,916	0	9,445,716	0	19,984	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description		CASHIERING/AR (TOTAL REVENUES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,936,973	0	2,189,976	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	657,566,405	-39,430,110	183,658,459	0	415,192	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	12,967	0	1,721	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	5,226,748	0	19,348	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	381,296	0	2,797	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	580,233	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	900	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	714,242	0	96,054	194.00
194.01	07951 MEDICAL OFFICE	0	0	133,233	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	890,978	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,829,276		40,485,410	0	10,016,231	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002782		0.211303	0.000000	18.718009	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	39,759		1,518,616	0	696,615	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000060		0.007926	0.000000	1.301812	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (LAUNDRY \$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
		8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800	986,608					8.00
9.00	00900		527,754				9.00
10.00	01000		22,034	825,585			10.00
11.00	01100			554,228	554,228		11.00
11.01	01101				460,291	2,256,963	11.01
12.00	01200						12.00
13.00	01300		5,169				13.00
14.00	01400		20,156				14.00
15.00	01500		6,347			102,597	15.00
16.00	01600		9,129				16.00
17.00	01700		2,234				17.00
19.00	01900						19.00
20.00	02000	348	13,848			27,702	20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300		2,348			6,324	23.00
23.01	02301						23.01
23.02	02302						23.02
23.03	02303		2,571			5,304	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	298,137	87,012	180,239		561,218	30.00
31.00	03100	41,463	13,761	17,620		99,902	31.00
31.01	02060	8,918	4,425			26,718	31.01
32.00	03200	63,686	11,018	28,730		102,938	32.00
41.00	04100	32,463	8,395	17,102		49,338	41.00
43.00	04300	9,801	5,180			23,787	43.00
44.00	04400	27,910	10,668	27,666		56,802	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	69,922	49,198			130,193	50.00
51.00	05100	86,103	12,987			87,182	51.00
52.00	05200	27,710	11,615			54,030	52.00
53.00	05300						53.00
54.00	05400	39,936	25,682			111,453	54.00
54.01	03450	2,333	1,843			7,809	54.01
54.02	03630	8,909	263			12,936	54.02
55.00	05500	10,851	12,111			58,933	55.00
57.00	05700		1,958			21,315	57.00
58.00	05800		1,578				58.00
59.00	05900	33,508	7,546			60,138	59.00
60.00	06000	28	6,156				60.00
62.30	06250						62.30
63.00	06300						63.00
64.00	06400	23,274	2,832			34,232	64.00
65.00	06500		920			48,259	65.00
65.01	03560		294			15,433	65.01
66.00	06600	7,528	3,581			58,229	66.00
67.00	06700	1,805	1,770			28,286	67.00
68.00	06800	410	290			4,665	68.00
69.00	06900	3,170	1,620			22,907	69.00
69.01	03140	6,340	3,240			22,045	69.01
70.00	07000	9,680	545			18,090	70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400	12,662	1,549			17,265	74.00
76.00	03340	21,420	2,574			21,201	76.00
76.97	07697	751	1,203			16,787	76.97
76.98	07698						76.98
76.99	07699						76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	13,598	12,200			89,503	90.00
91.00	09100	123,924	19,984			168,846	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (LAUNDRY \$\$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
		8.00	9.00	10.00	11.00	11.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	84,596	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)		986,588	407,834	825,585	460,291	2,256,963
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,721	0	93,937	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,348	0	0	0
192.01	19201	RIVERSIDE OUTPATIENT	0	2,797	0	0	0
192.02	19202	PRIMARY OFFICE CLINIC	20	0	0	0	0
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0
194.00	07950	NON REIMBURSABLE	0	96,054	0	0	0
194.01	07951	MEDICAL OFFICE	0	0	0	0	0
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0
194.03	07953	PRECEDENCE	0	0	0	0	0
194.04	07954	CALL CENTER	0	0	0	0	0
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0
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)		90,049	4,299,748	4,394,093	2,949,822	2,449,852
203.00	Unit cost multiplier (Wkst. B, Part I)		0.091271	8.147258	5.322399	5.322398	1.085464
204.00	Cost to be allocated (per Wkst. B, Part II)		28,769	64,071	222,251	149,201	123,913
205.00	Unit cost multiplier (Wkst. B, Part II)		0.029160	0.121403	0.269204	0.269205	0.054903

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
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
11.01	01101						11.01
12.00	01200	0					12.00
13.00	01300	0	1,143,579				13.00
14.00	01400	0	0	23,993,317			14.00
15.00	01500	0	0	102,134	13,262,018		15.00
16.00	01600	0	0	0	0	657,566,405	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	629	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	561,218	132,215	0	44,374,284	30.00
31.00	03100	0	99,902	63,393	0	10,071,618	31.00
31.01	02060	0	26,718	11,479	0	2,326,752	31.01
32.00	03200	0	102,938	29,235	0	10,667,692	32.00
41.00	04100	0	49,338	24,582	0	5,328,119	41.00
43.00	04300	0	23,787	2,948	0	2,596,512	43.00
44.00	04400	0	56,802	12,054	0	3,313,077	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	1,081,255	0	67,824,983	50.00
51.00	05100	0	0	17,550	0	10,527,963	51.00
52.00	05200	0	54,030	171,863	0	9,972,323	52.00
53.00	05300	0	0	314	0	7,954,328	53.00
54.00	05400	0	0	23,030	0	21,120,236	54.00
54.01	03450	0	0	884	0	4,227,257	54.01
54.02	03630	0	0	18,671	0	6,117,903	54.02
55.00	05500	0	0	30,765	0	16,495,697	55.00
57.00	05700	0	0	9,603	0	48,186,031	57.00
58.00	05800	0	0	0	0	4,324,212	58.00
59.00	05900	0	0	417,500	0	52,870,465	59.00
60.00	06000	0	0	944	0	41,696,007	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	2,094,607	63.00
64.00	06400	0	0	37,539	0	7,746,122	64.00
65.00	06500	0	0	604	0	10,325,712	65.00
65.01	03560	0	0	193	0	6,987,910	65.01
66.00	06600	0	0	6,357	0	11,351,693	66.00
67.00	06700	0	0	1,964	0	5,581,549	67.00
68.00	06800	0	0	401	0	914,327	68.00
69.00	06900	0	0	4,203	0	6,673,079	69.00
69.01	03140	0	0	1,559	0	7,577,375	69.01
70.00	07000	0	0	827	0	4,374,002	70.00
71.00	07100	0	0	6,781,800	0	36,496,171	71.00
72.00	07200	0	0	14,680,769	0	49,451,622	72.00
73.00	07300	0	0	0	13,261,712	78,047,168	73.00
74.00	07400	0	0	4,278	0	1,535,364	74.00
76.00	03340	0	0	64,537	0	8,934,361	76.00
76.97	07697	0	0	1,514	0	1,537,983	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	120,077	0	13,255,012	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	0	168,846	101,106	0	31,749,916	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	5,700	0	2,936,973	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,143,579	23,964,476	13,261,712	657,566,405	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,884	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	10,339	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	30	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	58	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	12,530	306	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,205,850	2,979,628	8,770,241	2,430,611	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.928900	0.124186	0.661305	0.003696	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	59,827	196,504	203,163	96,074	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.052316	0.008190	0.015319	0.000146	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
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
5.01 00560 PURCHASING						5.01
5.02 00570 ADMINITTING						5.02
5.03 00580 CASHIERING/AR						5.03
5.04 00590 A&G						5.04
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
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	73,884					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		9,745			20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0					23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0					23.01
23.02 02302 PARAMED PROGRAM-EMS	0					23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	44,810		3,189	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,668		1,325	0	0	31.00
31.01 02060 NICU	1,746		35	0	0	31.01
32.00 03200 CORONARY CARE UNIT	7,642		0	0	0	32.00
41.00 04100 SUBPROVIDER - IRF	4,549		0	0	0	41.00
43.00 04300 NURSERY	3,139		0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	7,330		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	488	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	166	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	780	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	5	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	62	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	14	0	0	69.00
69.01 03140 RADIOLOGY	0	0	13	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	2	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
74.00 07400 RENAL DIALYSIS	0	0	195	0	0	74.00
76.00 03340 GASTROINTESTINAL	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	48	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
				17.00	19.00		20.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	113	0	0	90.00	
91.00 09100 EMERGENCY	0	0	337	0	0	91.00	
92.00 09200 OBSERVATION BEDS						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	118.00
	73,884	0	6,772	0	0		
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	2,973	0	0	192.00	
192.01 19201 RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01	
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02	
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03	
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04	
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05	
194.00 07950 NON REIMBURSABLE	0	0	0	0	0	194.00	
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01	
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02	
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03	
194.04 07954 CALL CENTER	0	0	0	0	0	194.04	
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05	
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	Cost to be allocated (per Wkst. B, Part I)					0	202.00
	4,364,010	0	-432,091	0	0		
203.00	Unit cost multiplier (Wkst. B, Part I)					0.000000	203.00
	59.065698	0.000000	0.000000	0.000000	0.000000		
204.00	Cost to be allocated (per Wkst. B, Part II)					0	204.00
	48,174	0	125,582	0	0		
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000000	205.00
	0.652022	0.000000	12.886814	0.000000	0.000000		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)	
		23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS						
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
5.01	00560	PURCHASING				5.01
5.02	00570	ADMINISTRATIVE				5.02
5.03	00580	CASHIERING/AR				5.03
5.04	00590	A&G				5.04
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
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	9,888			23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0		23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01	02060	NICU	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	932	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	115	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	111	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	598	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	66	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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560	PULMONARY	0	0	0	65.01
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	16	0	0	69.00
69.01	03140	CARDIOLOGY	15	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03340	GASTROINTESTINAL	0	0	0	76.00
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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description			PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)		
			23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	51	0	0	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,037	0	0	2,048		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,851	0	0	7,952		192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0		192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0		192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0		192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0		192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0		192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0		194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0		194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0		194.02
194.03	07953	PRECEDENCE	0	0	0	0		194.03
194.04	07954	CALL CENTER	0	0	0	0		194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0		194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0		194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-45,098	0	0	-31,129		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,380	0	0	23,321		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.162217	0.000000	0.000000	2.332100		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140280

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2013 2:53 pm

		Title XVII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Dissallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	32,120,766		32,120,766	0	32,120,766	30.00
31.00	03100 INTENSIVE CARE UNIT	6,644,708		6,644,708	41,966	6,686,674	31.00
31.01	02060 NICU	2,574,190		2,574,190	0	2,574,190	31.01
32.00	03200 CORONARY CARE UNIT	5,688,618		5,688,618	0	5,688,618	32.00
41.00	04100 SUBPROVIDER - IRF	2,937,033		2,937,033	17,710	2,954,743	41.00
43.00	04300 NURSERY	1,615,796		1,615,796	0	1,615,796	43.00
44.00	04400 SKILLED NURSING FACILITY	3,361,248		3,361,248	0	3,361,248	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,599,147		14,599,147	0	14,599,147	50.00
51.00	05100 RECOVERY ROOM	5,125,629		5,125,629	0	5,125,629	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,411,417		3,411,417	0	3,411,417	52.00
53.00	05300 ANESTHESIOLOGY	1,177,105		1,177,105	0	1,177,105	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,572,061		6,572,061	0	6,572,061	54.00
54.01	03450 NUCLEAR MEDICINE	687,158		687,158	0	687,158	54.01
54.02	03630 ULTRASOUND	982,304		982,304	0	982,304	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	4,609,067		4,609,067	14,055	4,623,122	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,763,469		2,763,469	0	2,763,469	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,577,071		2,577,071	0	2,577,071	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,202,400		6,202,400	108,488	6,310,888	59.00
60.00	06000 LABORATORY	9,399,330		9,399,330	0	9,399,330	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,289,024		2,289,024	0	2,289,024	63.00
64.00	06400 INTRAVENOUS THERAPY	1,825,075		1,825,075	4,331	1,829,406	64.00
65.00	06500 RESPIRATORY THERAPY	2,518,916	0	2,518,916	947	2,519,863	65.00
65.01	03560 PULMONARY	848,957	0	848,957	0	848,957	65.01
66.00	06600 PHYSICAL THERAPY	3,034,676	0	3,034,676	18,648	3,053,324	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,435,680	0	1,435,680	0	1,435,680	67.00
68.00	06800 SPEECH PATHOLOGY	241,854	0	241,854	0	241,854	68.00
69.00	06900 ELECTROCARDIOLOGY	894,409		894,409	4,042	898,451	69.00
69.01	03140 RADIOLOGY	1,632,092		1,632,092	0	1,632,092	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,001,334		1,001,334	7,271	1,008,605	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	13,599,522		13,599,522	0	13,599,522	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	26,322,079		26,322,079	0	26,322,079	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,746,904		25,746,904	0	25,746,904	73.00
74.00	07400 RENAL DIALYSIS	853,904		853,904	0	853,904	74.00
76.00	03340 GASTROINTESTINAL	1,875,486		1,875,486	0	1,875,486	76.00
76.97	07697 CARDIAC REHABILITATION	893,895		893,895	0	893,895	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	4,746,460		4,746,460	871	4,747,331	90.00
91.00	09100 EMERGENCY	12,628,678		12,628,678	0	12,628,678	91.00
92.00	09200 OBSERVATION BEDS	2,724,451		2,724,451	0	2,724,451	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,756,113		2,756,113	0	2,756,113	95.00
200.00	Subtotal (see instructions)	220,918,026	0	220,918,026	218,329	221,136,355	200.00
201.00	Less Observation Beds	2,724,451		2,724,451		2,724,451	201.00
202.00	Total (see instructions)	218,193,575	0	218,193,575	218,329	218,411,904	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/16/2013 2:53 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,560,710		40,560,710			30.00
31.00	03100	INTENSIVE CARE UNIT	10,014,042		10,014,042			31.00
31.01	02060	NICU	2,274,218		2,274,218			31.01
32.00	03200	CORONARY CARE UNIT	10,592,574		10,592,574			32.00
41.00	04100	SUBPROVIDER - IRF	5,324,862		5,324,862			41.00
43.00	04300	NURSERY	2,541,904		2,541,904			43.00
44.00	04400	SKILLED NURSING FACILITY	3,298,729		3,298,729			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,467,999	38,455,248	66,923,247	0.218148	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,985,762	7,371,337	10,357,099	0.494890	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,151,484	613,063	9,764,547	0.349368	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,780,451	5,050,791	7,831,242	0.150309	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,718,494	16,206,668	20,925,162	0.314075	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE	583,716	3,605,153	4,188,869	0.164044	0.000000	54.01
54.02	03630	ULTRASOUND	1,038,668	4,994,902	6,033,570	0.162806	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	216,734	16,363,924	16,580,658	0.277979	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	12,271,961	35,576,423	47,848,384	0.057755	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,315,181	987,858	4,303,039	0.598896	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,918,950	32,751,521	52,670,471	0.117759	0.000000	59.00
60.00	06000	LABORATORY	24,551,920	16,787,391	41,339,311	0.227370	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,612,164	462,973	2,075,137	1.103071	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,122,435	5,559,740	7,682,175	0.237573	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	9,778,672	496,250	10,274,922	0.245152	0.000000	65.00
65.01	03560	PULMONARY	5,365,091	1,559,974	6,925,065	0.122592	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	7,131,797	4,024,262	11,156,059	0.272020	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,494,384	1,035,857	5,530,241	0.259605	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	665,570	243,143	908,713	0.266150	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,768,316	2,872,496	6,640,812	0.134684	0.000000	69.00
69.01	03140	CARDIOLOGY	4,374,526	3,125,597	7,500,123	0.217609	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	901,697	3,432,575	4,334,272	0.231027	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	23,913,862	12,038,811	35,952,673	0.378262	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,007,572	18,940,981	48,948,553	0.537750	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,520,774	37,834,856	77,355,630	0.332838	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,478,069	49,656	1,527,725	0.558938	0.000000	74.00
76.00	03340	GASTRO INTESTINAL	2,092,030	6,657,370	8,749,400	0.214356	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	297,568	1,231,657	1,529,225	0.584541	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	244,679	12,980,411	13,225,090	0.358898	0.000000	90.00
91.00	09100	EMERGENCY	7,034,320	24,696,005	31,730,325	0.398000	0.000000	91.00
92.00	09200	OBSERVATION BEDS	415,186	2,935,815	3,351,001	0.813026	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,936,973	2,936,973	0.938420	0.000000	95.00
200.00		Subtotal (see instructions)	329,827,071	321,879,681	651,706,752			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	329,827,071	321,879,681	651,706,752			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/16/2013 2:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NICU			31.01
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.218148		50.00
51.00	05100 RECOVERY ROOM	0.494890		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.349368		52.00
53.00	05300 ANESTHESIOLOGY	0.150309		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.314075		54.00
54.01	03450 NUCLEAR MEDICINE	0.164044		54.01
54.02	03630 ULTRASOUND	0.162806		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.278826		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.057755		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.598896		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119818		59.00
60.00	06000 LABORATORY	0.227370		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	1.103071		63.00
64.00	06400 INTRAVENOUS THERAPY	0.238136		64.00
65.00	06500 RESPIRATORY THERAPY	0.245244		65.00
65.01	03560 PULMONARY	0.122592		65.01
66.00	06600 PHYSICAL THERAPY	0.273692		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.259605		67.00
68.00	06800 SPEECH PATHOLOGY	0.266150		68.00
69.00	06900 ELECTROCARDIOLOGY	0.135292		69.00
69.01	03140 RADIOLOGY	0.217609		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.232705		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.378262		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.537750		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.332838		73.00
74.00	07400 RENAL DIALYSIS	0.558938		74.00
76.00	03340 GASTROINTESTINAL	0.214356		76.00
76.97	07697 CARDIAC REHABILITATION	0.584541		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.358964		90.00
91.00	09100 EMERGENCY	0.398000		91.00
92.00	09200 OBSERVATION BEDS	0.813026		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.938420		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/16/2013 2:53 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,212,098	0	1,212,098	48,963	24.76	30.00
31.00	03100	INTENSIVE CARE UNIT	389,857		389,857	4,668	83.52	31.00
31.01	02060	NICU	112,942		112,942	1,746	64.69	31.01
32.00	03200	CORONARY CARE UNIT	212,751		212,751	7,642	27.84	32.00
41.00	04100	SUBPROVIDER - IRF	159,062	0	159,062	4,549	34.97	41.00
43.00	04300	NURSERY	84,655		84,655	3,139	26.97	43.00
44.00	04400	SKILLED NURSING FACILITY	142,879		142,879	7,330	19.49	44.00
200.00		Total (lines 30-199)	2,314,244		2,314,244	78,037		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/16/2013 2:53 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII		Hospital PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	18,201	450,657				30.00
31.00	03100 INTENSIVE CARE UNIT	2,605	217,570				31.00
31.01	02060 NICU	0	0				31.01
32.00	03200 CORONARY CARE UNIT	4,818	134,133				32.00
41.00	04100 SUBPROVIDER - IRF	2,941	102,847				41.00
43.00	04300 NURSERY	0	0				43.00
44.00	04400 SKILLED NURSING FACILITY	5,950	115,966				44.00
200.00	Total (lines 30-199)	34,515	1,021,173				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,448,920	66,923,247	0.021650	13,796,331	298,691	50.00
51.00	05100 RECOVERY ROOM	289,778	10,357,099	0.027979	1,425,491	39,884	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	179,135	9,764,547	0.018345	22,696	416	52.00
53.00	05300 ANESTHESIOLOGY	164,472	7,831,242	0.021002	1,377,994	28,941	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,087,143	20,925,162	0.051954	3,206,537	166,592	54.00
54.01	03450 NUCLEAR MEDICINE	107,222	4,188,869	0.025597	312,226	7,992	54.01
54.02	03630 ULTRASOUND	125,117	6,033,570	0.020737	406,528	8,430	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	708,973	16,580,658	0.042759	56,020	2,395	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	435,521	47,848,384	0.009102	6,080,227	55,342	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	288,142	4,303,039	0.066962	1,678,034	112,365	58.00
59.00	05900 CARDIAC CATHETERIZATION	898,594	52,670,471	0.017061	11,866,574	202,456	59.00
60.00	06000 LABORATORY	126,574	41,339,311	0.003062	11,596,747	35,509	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	15,531	2,075,137	0.007484	1,346,858	10,080	63.00
64.00	06400 INTRAVENOUS THERAPY	55,562	7,682,175	0.007233	998,494	7,222	64.00
65.00	06500 RESPIRATORY THERAPY	86,592	10,274,922	0.008428	5,042,929	42,502	65.00
65.01	03560 PULMONARY	28,945	6,925,065	0.004180	2,858,378	11,948	65.01
66.00	06600 PHYSICAL THERAPY	74,559	11,156,059	0.006683	2,129,562	14,232	66.00
67.00	06700 OCCUPATIONAL THERAPY	36,667	5,530,241	0.006630	424,411	2,814	67.00
68.00	06800 SPEECH PATHOLOGY	6,008	908,713	0.006612	127,401	842	68.00
69.00	06900 ELECTROCARDIOLOGY	58,970	6,640,812	0.008880	2,560,672	22,739	69.00
69.01	03140 RADIOLOGY	114,203	7,500,123	0.015227	2,697,995	41,082	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	46,125	4,334,272	0.010642	411,772	4,382	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	155,171	35,952,673	0.004316	12,335,797	53,241	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	305,809	48,948,553	0.006248	17,112,380	106,918	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	335,399	77,355,630	0.004336	18,347,371	79,554	73.00
74.00	07400 RENAL DIALYSIS	21,291	1,527,725	0.013936	1,060,578	14,780	74.00
76.00	03340 GASTROINTESTINAL	172,512	8,749,400	0.019717	1,136,916	22,417	76.00
76.97	07697 CARDIAC REHABILITATION	22,469	1,529,225	0.014693	144,320	2,120	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	157,440	13,225,090	0.011905	194,716	2,318	90.00
91.00	09100 EMERGENCY	349,576	31,730,325	0.011017	3,201,345	35,269	91.00
92.00	09200 OBSERVATION BEDS	102,810	3,351,001	0.030680	190,912	5,857	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	8,005,230	574,162,740		124,148,212	1,439,330	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/16/2013 2:53 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NICU	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/16/2013 2:53 pm	
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)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	48,963	0.00	18,201	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	4,668	0.00	2,605	0	0	31.00
31.01	02060 NICU	1,746	0.00	0	0	0	31.01
32.00	03200 CORONARY CARE UNIT	7,642	0.00	4,818	0	0	32.00
41.00	04100 SUBPROVIDER - IRF	4,549	0.00	2,941	0	0	41.00
43.00	04300 NURSERY	3,139	0.00	0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	7,330	0.00	5,950	0	0	44.00
200.00	Total (Lines 30-199)	78,037		34,515	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		31.00
31.01 02060 NICU	0	0		31.01
32.00 03200 CORONARY CARE UNIT	0	0		32.00
41.00 04100 SUBPROVIDER - I RF	0	0		41.00
43.00 04300 NURSERY	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm
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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	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	54.01	
54.02	03630	ULTRASOUND	0	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
65.01	03560	PULMONARY	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	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	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
76.00	03340	GASTRO INTESTINAL	0	0	0	0	76.00	
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	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					95.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	66,923,247	0.000000	0.000000	13,796,331	50.00
51.00	05100 RECOVERY ROOM	0	10,357,099	0.000000	0.000000	1,425,491	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,764,547	0.000000	0.000000	22,696	52.00
53.00	05300 ANESTHESIOLOGY	0	7,831,242	0.000000	0.000000	1,377,994	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,925,162	0.000000	0.000000	3,206,537	54.00
54.01	03450 NUCLEAR MEDICINE	0	4,188,869	0.000000	0.000000	312,226	54.01
54.02	03630 ULTRASOUND	0	6,033,570	0.000000	0.000000	406,528	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	16,580,658	0.000000	0.000000	56,020	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	47,848,384	0.000000	0.000000	6,080,227	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,303,039	0.000000	0.000000	1,678,034	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	52,670,471	0.000000	0.000000	11,866,574	59.00
60.00	06000 LABORATORY	0	41,339,311	0.000000	0.000000	11,596,747	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,075,137	0.000000	0.000000	1,346,858	63.00
64.00	06400 INTRAVENOUS THERAPY	0	7,682,175	0.000000	0.000000	998,494	64.00
65.00	06500 RESPIRATORY THERAPY	0	10,274,922	0.000000	0.000000	5,042,929	65.00
65.01	03560 PULMONARY	0	6,925,065	0.000000	0.000000	2,858,378	65.01
66.00	06600 PHYSICAL THERAPY	0	11,156,059	0.000000	0.000000	2,129,562	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,530,241	0.000000	0.000000	424,411	67.00
68.00	06800 SPEECH PATHOLOGY	0	908,713	0.000000	0.000000	127,401	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,640,812	0.000000	0.000000	2,560,672	69.00
69.01	03140 RADIOLOGY	0	7,500,123	0.000000	0.000000	2,697,995	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,334,272	0.000000	0.000000	411,772	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	35,952,673	0.000000	0.000000	12,335,797	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	48,948,553	0.000000	0.000000	17,112,380	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	77,355,630	0.000000	0.000000	18,347,371	73.00
74.00	07400 RENAL DIALYSIS	0	1,527,725	0.000000	0.000000	1,060,578	74.00
76.00	03340 GASTROINTESTINAL	0	8,749,400	0.000000	0.000000	1,136,916	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,529,225	0.000000	0.000000	144,320	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	13,225,090	0.000000	0.000000	194,716	90.00
91.00	09100 EMERGENCY	0	31,730,325	0.000000	0.000000	3,201,345	91.00
92.00	09200 OBSERVATION BEDS	0	3,351,001	0.000000	0.000000	190,912	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	574,162,740			124,148,212	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	05000 OPERATING ROOM	0	10,782,616	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	2,136,162	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,893	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,555,947	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,676,756	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	1,217,012	0	0	0	54.01
54.02	03630 ULTRASOUND	0	857,931	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,058,572	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	9,833,412	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	258,988	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,776,197	0	0	0	59.00
60.00	06000 LABORATORY	0	1,141,650	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	462,973	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,592,877	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	100,629	0	0	0	65.00
65.01	03560 PULMONARY	0	673,300	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	690	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,046,665	0	0	0	69.00
69.01	03140 RADIOLOGY	0	1,095,978	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	925,726	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,060,778	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,608,145	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16,210,235	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	49,656	0	0	0	74.00
76.00	03340 GASTROINTESTINAL	0	2,069,764	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	575,070	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	4,083,205	0	0	0	90.00
91.00	09100 EMERGENCY	0	4,348,873	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	751,836	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	100,954,536	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03450	NUCLEAR MEDICINE	0	0		54.01
54.02	03630	ULTRASOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	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	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03340	GASTROINTESTINAL	0	0		76.00
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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.218148	10,782,616	0	0	2,352,206	50.00	
51.00 05100 RECOVERY ROOM	0.494890	2,136,162	0	0	1,057,165	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.349368	2,893	0	0	1,011	52.00	
53.00 05300 ANESTHESIOLOGY	0.150309	1,555,947	0	0	233,873	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.314075	4,676,756	0	0	1,468,852	54.00	
54.01 03450 NUCLEAR MEDICINE	0.164044	1,217,012	0	0	199,644	54.01	
54.02 03630 ULTRASOUND	0.162806	857,931	0	0	139,676	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.277979	7,058,572	0	0	1,962,135	55.00	
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.057755	9,833,412	0	0	567,929	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.598896	258,988	0	0	155,107	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.117759	13,776,197	0	0	1,622,271	59.00	
60.00 06000 LABORATORY	0.227370	1,141,650	82	0	259,577	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1.103071	462,973	0	0	510,692	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.237573	1,592,877	0	0	378,425	64.00	
65.00 06500 RESPIRATORY THERAPY	0.245152	100,629	0	0	24,669	65.00	
65.01 03560 PULMONARY	0.122592	673,300	0	0	82,541	65.01	
66.00 06600 PHYSICAL THERAPY	0.272020	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.259605	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.266150	690	0	0	184	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.134684	1,046,665	0	0	140,969	69.00	
69.01 03140 RADIOLOGY	0.217609	1,095,978	0	0	238,495	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.231027	925,726	0	0	213,868	70.00	
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.378262	4,060,778	0	0	1,536,038	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.537750	9,608,145	42,200	0	5,166,780	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.332838	16,210,235	0	18,961	5,395,382	73.00	
74.00 07400 RENAL DIALYSIS	0.558938	49,656	0	0	27,755	74.00	
76.00 03340 GASTROINTESTINAL	0.214356	2,069,764	0	0	443,666	76.00	
76.97 07697 CARDIAC REHABILITATION	0.584541	575,070	0	0	336,152	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	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.358898	4,083,205	0	0	1,465,454	90.00	
91.00 09100 EMERGENCY	0.398000	4,348,873	0	0	1,730,851	91.00	
92.00 09200 OBSERVATION BEDS	0.813026	751,836	0	0	611,262	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.938420		0			95.00	
200.00	Subtotal (see instructions)		100,954,536	42,282	18,961	28,322,629	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		100,954,536	42,282	18,961	28,322,629	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/16/2013 2:53 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03450 NUCLEAR MEDICINE	0	0		54.01
54.02 03630 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
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	19	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 03140 RADIOLOGY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	22,693	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,311		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03340 GASTROINTESTINAL	0	0		76.00
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
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	22,712	6,311	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	22,712	6,311	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/16/2013 2:53 pm	
		Component CCN: 14T280		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,448,920	66,923,247	0.021650	41,164	891
51.00	05100	RECOVERY ROOM	289,778	10,357,099	0.027979	7,380	206
52.00	05200	DELIVERY ROOM & LABOR ROOM	179,135	9,764,547	0.018345	0	0
53.00	05300	ANESTHESIOLOGY	164,472	7,831,242	0.021002	5,062	106
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,087,143	20,925,162	0.051954	47,927	2,490
54.01	03450	NUCLEAR MEDICINE	107,222	4,188,869	0.025597	7,210	185
54.02	03630	ULTRASOUND	125,117	6,033,570	0.020737	8,897	184
55.00	05500	RADIOLOGY-THERAPEUTIC	708,973	16,580,658	0.042759	4,764	204
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	435,521	47,848,384	0.009102	55,421	504
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	288,142	4,303,039	0.066962	5,865	393
59.00	05900	CARDIAC CATHETERIZATION	898,594	52,670,471	0.017061	0	0
60.00	06000	LABORATORY	126,574	41,339,311	0.003062	313,675	960
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,531	2,075,137	0.007484	12,298	92
64.00	06400	INTRAVENOUS THERAPY	55,562	7,682,175	0.007233	0	0
65.00	06500	RESPIRATORY THERAPY	86,592	10,274,922	0.008428	226,156	1,906
65.01	03560	PULMONARY	28,945	6,925,065	0.004180	99,974	418
66.00	06600	PHYSICAL THERAPY	74,559	11,156,059	0.006683	1,326,529	8,865
67.00	06700	OCCUPATIONAL THERAPY	36,667	5,530,241	0.006630	1,359,494	9,013
68.00	06800	SPEECH PATHOLOGY	6,008	908,713	0.006612	271,934	1,798
69.00	06900	ELECTROCARDIOLOGY	58,970	6,640,812	0.008880	9,605	85
69.01	03140	CARDIOLOGY	114,203	7,500,123	0.015227	13,659	208
70.00	07000	ELECTROENCEPHALOGRAPHY	46,125	4,334,272	0.010642	2,758	29
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	155,171	35,952,673	0.004316	224,065	967
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	305,809	48,948,553	0.006248	1,256	8
73.00	07300	DRUGS CHARGED TO PATIENTS	335,399	77,355,630	0.004336	660,757	2,865
74.00	07400	RENAL DIALYSIS	21,291	1,527,725	0.013936	71,381	995
76.00	03340	GASTROINTESTINAL	172,512	8,749,400	0.019717	7,128	141
76.97	07697	CARDIAC REHABILITATION	22,469	1,529,225	0.014693	312	5
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	157,440	13,225,090	0.011905	1,829	22
91.00	09100	EMERGENCY	349,576	31,730,325	0.011017	0	0
92.00	09200	OBSERVATION BEDS	0	3,351,001	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	7,902,420	574,162,740		4,786,500	33,540

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 RADIOLOGY	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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTROINTESTINAL	0	0	0	0	0	76.00
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
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
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 140280 Component CCN: 14T280		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,923,247	0.000000	0.000000	41,164	50.00
51.00	05100	RECOVERY ROOM	0	10,357,099	0.000000	0.000000	7,380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,764,547	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,831,242	0.000000	0.000000	5,062	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,925,162	0.000000	0.000000	47,927	54.00
54.01	03450	NUCLEAR MEDICINE	0	4,188,869	0.000000	0.000000	7,210	54.01
54.02	03630	ULTRASOUND	0	6,033,570	0.000000	0.000000	8,897	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,580,658	0.000000	0.000000	4,764	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	47,848,384	0.000000	0.000000	55,421	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,303,039	0.000000	0.000000	5,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	52,670,471	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	41,339,311	0.000000	0.000000	313,675	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,075,137	0.000000	0.000000	12,298	63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,682,175	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,274,922	0.000000	0.000000	226,156	65.00
65.01	03560	PULMONARY	0	6,925,065	0.000000	0.000000	99,974	65.01
66.00	06600	PHYSICAL THERAPY	0	11,156,059	0.000000	0.000000	1,326,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,530,241	0.000000	0.000000	1,359,494	67.00
68.00	06800	SPEECH PATHOLOGY	0	908,713	0.000000	0.000000	271,934	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,640,812	0.000000	0.000000	9,605	69.00
69.01	03140	CARDIOLOGY	0	7,500,123	0.000000	0.000000	13,659	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,334,272	0.000000	0.000000	2,758	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	35,952,673	0.000000	0.000000	224,065	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	48,948,553	0.000000	0.000000	1,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	77,355,630	0.000000	0.000000	660,757	73.00
74.00	07400	RENAL DIALYSIS	0	1,527,725	0.000000	0.000000	71,381	74.00
76.00	03340	GASTROINTESTINAL	0	8,749,400	0.000000	0.000000	7,128	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,529,225	0.000000	0.000000	312	76.97
76.98	07698	HYPERBARI C 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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,225,090	0.000000	0.000000	1,829	90.00
91.00	09100	EMERGENCY	0	31,730,325	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS	0	3,351,001	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	574,162,740			4,786,500	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03340 GASTROINTESTINAL	0	0	0	0	0	76.00
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
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
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	54.01
54.02 03630 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03140 CARDIOLOGY	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	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03340 GASTROINTESTINAL	0	0	76.00
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
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 RADIOLOGY	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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTROINTESTINAL	0	0	0	0	0	76.00
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
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
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 140280 Component CCN: 145564	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	66,923,247	0.000000	0.000000	1,189	50.00
51.00 05100 RECOVERY ROOM	0	10,357,099	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,764,547	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	7,831,242	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	20,925,162	0.000000	0.000000	44,569	54.00
54.01 03450 NUCLEAR MEDICINE	0	4,188,869	0.000000	0.000000	0	54.01
54.02 03630 ULTRASOUND	0	6,033,570	0.000000	0.000000	1,449	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16,580,658	0.000000	0.000000	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	47,848,384	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,303,039	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	52,670,471	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	41,339,311	0.000000	0.000000	394,560	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,075,137	0.000000	0.000000	7,093	63.00
64.00 06400 INTRAVENOUS THERAPY	0	7,682,175	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	10,274,922	0.000000	0.000000	460,420	65.00
65.01 03560 PULMONARY	0	6,925,065	0.000000	0.000000	242,716	65.01
66.00 06600 PHYSICAL THERAPY	0	11,156,059	0.000000	0.000000	1,469,775	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,530,241	0.000000	0.000000	1,406,892	67.00
68.00 06800 SPEECH PATHOLOGY	0	908,713	0.000000	0.000000	15,996	68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,640,812	0.000000	0.000000	7,908	69.00
69.01 03140 RADIOLOGY	0	7,500,123	0.000000	0.000000	9,041	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,334,272	0.000000	0.000000	690	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	35,952,673	0.000000	0.000000	626,731	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	48,948,553	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	77,355,630	0.000000	0.000000	927,126	73.00
74.00 07400 RENAL DIALYSIS	0	1,527,725	0.000000	0.000000	0	74.00
76.00 03340 GASTROINTESTINAL	0	8,749,400	0.000000	0.000000	2,190	76.00
76.97 07697 CARDIAC REHABILITATION	0	1,529,225	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARI C 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
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	13,225,090	0.000000	0.000000	679	90.00
91.00 09100 EMERGENCY	0	31,730,325	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS	0	3,351,001	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	574,162,740		5,619,024	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm
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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 RADIOLOGY	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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03340 GASTROINTESTINAL	0	0	0	0	0	76.00
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
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
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/16/2013 2:53 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	54.01
54.02	03630 ULTRASOUND	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	03560 PULMONARY	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	03140 CARDIOLOGY	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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03340 GASTROINTESTINAL	0	0	76.00
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
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/16/2013 2:53 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,963	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,963	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)		44,810	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)		18,201	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		32,120,766	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)		32,120,766	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		43,936,069	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		43,936,069	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.731080	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)		980.50	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)		32,120,766	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		656.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,940,220	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)		11,940,220	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,686,674	4,668	1,432.45	2,605	3,731,532	43.00
43.01	NICU	2,574,190	1,746	1,474.34	0	0	43.01
44.00	CORONARY CARE UNIT	5,688,618	7,642	744.39	4,818	3,586,471	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)					37,947,061	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,205,284	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)					802,360	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,439,330	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,241,690	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					54,963,594	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,153	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					656.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,724,451	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/16/2013 2:53 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,212,098	32,120,766	0.037736	2,724,451	102,810	90.00
91.00	Nursing School cost	0	32,120,766	0.000000	2,724,451	0	91.00
92.00	Allied health cost	0	32,120,766	0.000000	2,724,451	0	92.00
93.00	All other Medical Education	0	32,120,766	0.000000	2,724,451	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14T280		Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,549	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,549	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)		4,549	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)		2,941	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,954,743	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)		2,954,743	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,330,982	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,330,982	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.554259	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,171.90	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)		2,954,743	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		649.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,910,297	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)		1,910,297	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T280				Date/Time Prepared: 5/16/2013 2:53 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NICU	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,332,623		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,242,920		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)					102,847		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					33,540		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					136,387		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,106,533		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/16/2013 2:53 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	159,062	2,954,743	0.053833	0	0	90.00
91.00	Nursing School cost	0	2,954,743	0.000000	0	0	91.00
92.00	Allied health cost	0	2,954,743	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,954,743	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 145564		Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,330	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,330	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)		7,330	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)		5,950	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,361,248	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)		3,361,248	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,312,066	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,312,066	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.014849	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)		451.85	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)		3,361,248	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 145564		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/16/2013 2:53 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
43.01	NICU						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					3,361,248	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					458.56	71.00
72.00	Program routine service cost (line 9 x line 71)					2,728,432	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)					2,728,432	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)					2,728,432	83.00
84.00	Program inpatient ancillary services (see instructions)					1,573,513	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)					4,301,945	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: 140280 Component CCN: 145564		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/16/2013 2:53 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: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/16/2013 2:53 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,378,141	30.00
31.00	03100	INTENSIVE CARE UNIT		5,358,226	31.00
31.01	02060	NICU		0	31.01
32.00	03200	CORONARY CARE UNIT		6,191,488	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.218148	13,796,331	50.00
51.00	05100	RECOVERY ROOM	0.494890	1,425,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349368	22,696	52.00
53.00	05300	ANESTHESIOLOGY	0.150309	1,377,994	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.314075	3,206,537	54.00
54.01	03450	NUCLEAR MEDICINE	0.164044	312,226	54.01
54.02	03630	ULTRASOUND	0.162806	406,528	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.278826	56,020	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.057755	6,080,227	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.598896	1,678,034	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119818	11,866,574	59.00
60.00	06000	LABORATORY	0.227370	11,596,747	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1.103071	1,346,858	63.00
64.00	06400	INTRAVENOUS THERAPY	0.238136	998,494	64.00
65.00	06500	RESPIRATORY THERAPY	0.245244	5,042,929	65.00
65.01	03560	PULMONARY	0.122592	2,858,378	65.01
66.00	06600	PHYSICAL THERAPY	0.273692	2,129,562	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259605	424,411	67.00
68.00	06800	SPEECH PATHOLOGY	0.266150	127,401	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135292	2,560,672	69.00
69.01	03140	CARDIOLOGY	0.217609	2,697,995	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232705	411,772	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.378262	12,335,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.537750	17,112,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.332838	18,347,371	73.00
74.00	07400	RENAL DIALYSIS	0.558938	1,060,578	74.00
76.00	03340	GASTROINTESTINAL	0.214356	1,136,916	76.00
76.97	07697	CARDIAC REHABILITATION	0.584541	144,320	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.358964	194,716	90.00
91.00	09100	EMERGENCY	0.398000	3,201,345	91.00
92.00	09200	OBSERVATION BEDS	0.813026	190,912	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		124,148,212	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)		124,148,212	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T280		Date/Time Prepared: 5/16/2013 2:53 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NICU		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		3,405,784	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.218148	41,164	50.00
51.00	05100	RECOVERY ROOM	0.494890	7,380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349368	0	52.00
53.00	05300	ANESTHESIOLOGY	0.150309	5,062	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.314075	47,927	54.00
54.01	03450	NUCLEAR MEDICINE	0.164044	7,210	54.01
54.02	03630	ULTRASOUND	0.162806	8,897	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.278826	4,764	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.057755	55,421	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.598896	5,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119818	0	59.00
60.00	06000	LABORATORY	0.227370	313,675	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1.103071	12,298	63.00
64.00	06400	INTRAVENOUS THERAPY	0.238136	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.245244	226,156	65.00
65.01	03560	PULMONARY	0.122592	99,974	65.01
66.00	06600	PHYSICAL THERAPY	0.273692	1,326,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259605	1,359,494	67.00
68.00	06800	SPEECH PATHOLOGY	0.266150	271,934	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135292	9,605	69.00
69.01	03140	CARDIOLOGY	0.217609	13,659	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232705	2,758	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.378262	224,065	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.537750	1,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.332838	660,757	73.00
74.00	07400	RENAL DIALYSIS	0.558938	71,381	74.00
76.00	03340	GASTROINTESTINAL	0.214356	7,128	76.00
76.97	07697	CARDIAC REHABILITATION	0.584541	312	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.358964	1,829	90.00
91.00	09100	EMERGENCY	0.398000	0	91.00
92.00	09200	OBSERVATION BEDS	0.813026	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,786,500	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)		4,786,500	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 145564		Date/Time Prepared: 5/16/2013 2:53 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NICU		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.218148	1,189	259 50.00
51.00	05100	RECOVERY ROOM	0.494890	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349368	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.150309	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.314075	44,569	13,998 54.00
54.01	03450	NUCLEAR MEDICINE	0.164044	0	0 54.01
54.02	03630	ULTRASOUND	0.162806	1,449	236 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.277979	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.057755	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.598896	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.117759	0	0 59.00
60.00	06000	LABORATORY	0.227370	394,560	89,711 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1.103071	7,093	7,824 63.00
64.00	06400	INTRAVENOUS THERAPY	0.237573	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.245152	460,420	112,873 65.00
65.01	03560	PULMONARY	0.122592	242,716	29,755 65.01
66.00	06600	PHYSICAL THERAPY	0.272020	1,469,775	399,808 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259605	1,406,892	365,236 67.00
68.00	06800	SPEECH PATHOLOGY	0.266150	15,996	4,257 68.00
69.00	06900	ELECTROCARDIOLOGY	0.134684	7,908	1,065 69.00
69.01	03140	CARDIOLOGY	0.217609	9,041	1,967 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.231027	690	159 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.378262	626,731	237,069 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.537750	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.332838	927,126	308,583 73.00
74.00	07400	RENAL DIALYSIS	0.558938	0	0 74.00
76.00	03340	GASTROINTESTINAL	0.214356	2,190	469 76.00
76.97	07697	CARDIAC REHABILITATION	0.584541	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	0.358898	679	244 90.00
91.00	09100	EMERGENCY	0.398000	0	0 91.00
92.00	09200	OBSERVATION BEDS	0.813026	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		5,619,024	1,573,513 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		5,619,024	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		45,500,489	1.00
2.00	Outlier payments for discharges. (see instructions)		1,303,036	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		291.65	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.66	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		20.62	31.00
32.00	Sum of lines 30 and 31		25.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.07	33.00
34.00	Disproportionate share adjustment (see instructions)		4,581,899	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		51,385,424	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)		51,385,424	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,852,498	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		8,172	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: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVIII	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)			55,246,094 59.00
60.00	Primary payer payments			43,846 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			55,202,248 61.00
62.00	Deductibles billed to program beneficiaries			4,870,189 62.00
63.00	Coinurance billed to program beneficiaries			136,360 63.00
64.00	Allowable bad debts (see instructions)			720,606 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			504,424 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			572,803 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			50,700,123 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)			-1,593 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-20,720 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)			50,677,810 71.00
72.00	Interim payments			50,660,983 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)			16,827 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			791,285 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140280

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/16/2013 2:53 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00	45,500,489	0	0	45,500,489	1.00	
2.00	Outlier payments for discharges (see instructions)	2.00	1,303,036	0	0	1,303,036	2.00	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1007	0.1007	0.1007	0.1007	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	4,581,899	0	0	4,581,899	11.00	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	51,385,424	0	0	51,385,424	13.00	
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	51,385,424	0	0	51,385,424	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	3,852,498	0	0	3,852,498	16.00	
17.00	Special add-on payments for new technologies	54.00	8,172	0	0	8,172	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	0	55,246,094	19.00	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,640,670	0	0	3,640,670	20.00	
21.00	Capital DRG outlier payments	2.00	20,693	0	0	20,693	21.00	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	22.00	
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0525	0.0525	0.0525	0.0525	24.00	
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	191,135	0	0	191,135	25.00	
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	3,852,498	0	0	3,852,498	26.00	
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00		
27.00	Low volume adjustment factor				0.000000	0.000000	27.00	
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0	0	28.00	
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	29.00	

LOW VOLUME CALCULATION EXHIBIT 4		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVII	Hospital	PPS
		Total (Col 2 through 4) 5.00		
1.00	DRG amounts other than outlier payments	45,500,489		1.00
2.00	Outlier payments for discharges (see instructions)	1,303,036		2.00
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	0		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	0		6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	Amount from Worksheet E Part A, line 27 (see instructions)			7.00
8.00	IME adjustment (see instructions)	0		8.00
9.00	Total IME payment (sum of lines 6 and 8)	0		9.00
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	4,581,899		11.00
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	51,385,424		13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	51,385,424		15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	3,852,498		16.00
17.00	Special add-on payments for new technologies	8,172		17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	55,246,094		19.00
		5.00		
20.00	Capital DRG other than outlier	3,640,670		20.00
21.00	Capital DRG outlier payments	20,693		21.00
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	0		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	191,135		25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	3,852,498		26.00
		5.00		
27.00	Low volume adjustment factor			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,023	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,322,629	2.00
3.00	PPS payments		26,057,220	3.00
4.00	Outlier payment (see instructions)		43,685	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)		29,023	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		61,243	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)		61,243	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		61,243	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		32,220	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)		29,023	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)		26,100,905	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		8,440	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,643,134	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)		20,478,354	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)		20,478,354	30.00
31.00	Primary payer payments		9,637	31.00
32.00	Subtotal (line 30 minus line 31)		20,468,717	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		751,664	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		526,165	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		559,178	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		20,994,882	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-209	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)		20,995,091	40.00
41.00	Interim payments		21,025,763	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)		-30,672	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/16/2013 2:53 pm
	Title XVIII	Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)	0	112.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/16/2013 2:53 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		50,660,983		21,025,763	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)		50,660,983		21,025,763	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		16,827		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		30,672	6.02	
7.00	Total Medicare program liability (see instructions)		50,677,810		20,995,091	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: 140280
Component CCN: 14T280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/16/2013 2:53 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,445,693		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)		3,445,693		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		9,760		0	6.02
7.00	Total Medicare program liability (see instructions)		3,435,933		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140280
Component CCN: 145564

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

Worksheet E-1
Part I
Date/Time Prepared:
5/16/2013 2:53 pm
PPS

Title XVIII

Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,086,387		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)		2,086,387		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,775		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,099,162		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,248,507 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0184 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			129,001 3.00
4.00	Outlier Payments			90,549 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.428962 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,468,057 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,468,057 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,468,057 19.00
20.00	Deductibles			18,448 20.00
21.00	Subtotal (line 19 minus line 20)			3,449,609 21.00
22.00	Coinsurance			14,450 22.00
23.00	Subtotal (line 21 minus line 22)			3,435,159 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,106 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			774 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,435,933 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,435,933 32.00
33.00	Interim payments			3,445,693 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-9,760 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			22,037 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			90,549 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/16/2013 2:53 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)		2,343,886	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)		2,343,886	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		257,499	7.00
8.00	Allowable bad debts (see instructions)		16,723	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		3,564	9.00
10.00	Allowable reimbursable bad debts (see instructions)		12,775	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)		2,099,162	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)		2,099,162	15.00
16.00	Interim payments		2,086,387	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)		12,775	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140280

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

Worksheet G

Date/Time Prepared:
5/16/2013 2:53 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	12,288,256	0	0	0	1.00
2.00	Temporary investments	2,687,263	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	170,272,643	0	0	0	4.00
5.00	Other receivable	161,025	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-121,866,823	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	7,435,681	0	0	0	8.00
9.00	Other current assets	1,096,522	0	0	0	9.00
10.00	Due from other funds	3,314,093	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	75,388,660	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,322,281	0	0	0	12.00
13.00	Land improvements	7,532,640	0	0	0	13.00
14.00	Accumulated depreciation	-4,984,337	0	0	0	14.00
15.00	Buildings	203,936,044	0	0	0	15.00
16.00	Accumulated depreciation	-114,935,342	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	900,741	0	0	0	19.00
20.00	Accumulated depreciation	-195,633	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	96,995,147	0	0	0	23.00
24.00	Accumulated depreciation	-66,924,152	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	4,871,179	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	133,518,568	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	154,742,649	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	15,264,424	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	170,007,073	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	378,914,301	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,919,679	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,717,375	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	0	0	0	0	43.00
44.00	Other current liabilities	27,876,766	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	55,513,820	0	0	0	45.00
LONG TERM LIABILITIES						
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	135,569,690	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	135,569,690	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	191,083,510	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	187,830,791				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	187,830,791	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	378,914,301	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140280

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

Worksheet G-1

Date/Time Prepared:
5/16/2013 2:53 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		186,473,783		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		48,731,317			2.00
3.00	Total (sum of line 1 and line 2)		235,205,100		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	BETTENDORF NET INCOME	19,555,312		0		5.00
6.00		0		0		6.00
7.00	OTHER	25,712		0		7.00
8.00	CMHC NET INCOME	17,826		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		19,598,850		0	10.00
11.00	Subtotal (line 3 plus line 10)		254,803,950		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRHS NET LOSS	48,764,827		0		13.00
14.00	UNRESTRICTED NET ASSETS	5,113,919		0		14.00
15.00	UNRESTRICTED PENSION CHANGES	184,402		0		15.00
16.00	INTERCO TRANSFERS OF AP	11,905,686		0		16.00
17.00	TEMPORARY-HELD BY FOUNDATION	1,004,325		0		17.00
18.00	Total deductions (sum of lines 12-17)		66,973,159		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		187,830,791		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140280

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

Worksheet G-1

Date/Time Prepared:
5/16/2013 2:53 pm

	Endowment Fund	Plant Fund			
		6.00	7.00		
1.00 Fund balances at beginning of period	0			0	1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00 Total (sum of line 1 and line 2)	0			0	3.00
4.00 Additions (credit adjustments) (specify)			0		4.00
5.00 BETTENDORF NET INCOME			0		5.00
6.00			0		6.00
7.00 OTHER			0		7.00
8.00 CMHC NET INCOME			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 TRHS NET LOSS			0		13.00
14.00 UNRESTRICTED NET ASSETS			0		14.00
15.00 UNRESTRICTED PENSION CHANGES			0		15.00
16.00 INTERCO TRANSFERS OF AP			0		16.00
17.00 TEMPORARY-HELD BY FOUNDATION			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: 140280

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/16/2013 2:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,936,069		43,936,069	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,330,982		5,330,982	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	3,312,066		3,312,066	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)	52,579,117		52,579,117	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,294,237		10,294,237	11.00
11.01	NICU	2,326,287		2,326,287	11.01
12.00	CORONARY CARE UNIT	10,533,904		10,533,904	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,154,428		23,154,428	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	75,733,545		75,733,545	17.00
18.00	Ancillary services	256,301,374	325,712,836	582,014,210	18.00
19.00	Outpatient services	0	9,879,392	9,879,392	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	2,936,973	2,936,973	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER - PHYSICIANS	0	25,662,751	25,662,751	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	332,034,919	364,191,952	696,226,871	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		210,953,799		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		210,953,799		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140280

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

Worksheet G-3

Date/Time Prepared:
5/16/2013 2:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	696,226,871	1.00
2.00	Less contractual allowances and discounts on patients' accounts	447,037,216	2.00
3.00	Net patient revenues (line 1 minus line 2)	249,189,655	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	210,953,799	4.00
5.00	Net income from service to patients (line 3 minus line 4)	38,235,856	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	67,510	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.)	3,009,430	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	1,712,009	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER - GRANTS	4,045,763	24.00
24.01	OTHER - MEANINGFUL USE	228,100	24.01
24.02	OTHER - MISCELLANEOUS	1,432,649	24.02
25.00	Total other income (sum of lines 6-24)	10,495,461	25.00
26.00	Total (line 5 plus line 25)	48,731,317	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	48,731,317	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140280

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

Worksheet 1-5

Date/Time Prepared:
5/16/2013 2:53 pm

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140280	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/16/2013 2:53 pm
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,640,670	1.00
2.00	Capital DRG outlier payments		20,693	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		162.50	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.66	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		20.62	8.00
9.00	Sum of lines 7 and 8		25.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.25	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		191,135	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,852,498	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00