

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN: 140291 Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 8:43 am

SETTLEMENT SUMMARY

PART I - COST REPORT STATUS		
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013 Time: 8:43 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SHEPHERD HOSPITAL (140291) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	348,135	303,632	-359,665	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	348,135	303,632	-359,665	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: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 8:43 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 450 W. HIGHWAY 22	PO Box:		1.00
2.00	City: BARRINGTON	State: IL	Zip Code: 60010-	County: LAKE

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
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	GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012	12/31/2012	20.00	
21.00	Type of Control (see instructions)					1		21.00	

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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
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.	1,650	0	1	0	253	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 8:43 am		
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.				39.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		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	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	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		
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		
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000		67.00	
					1.00	2.00	3.00	
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 report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 8:43 am	
		1.00	2.00	3.00			
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N					75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0			76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N			80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
		V		XIX			
		1.00		2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		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)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	615,888		3,410,927		3,702,252	

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		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02		
119.00	DO NOT USE THIS LINE			119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00		
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00		
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00		
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036	140.00		
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS	Contractor's Number: 00130	141.00		
142.00	Street: 2025 WINDSOR DRIVE	PO Box:		142.00		
143.00	City: OAK BROOK	State: IL	Zip Code: 60523	143.00		
			1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N	145.00		
		1.00	2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	Y		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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

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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.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 8:43 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/09/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2013	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: 140291

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

Worksheet S-2
Part II
Date/Time Prepared:
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
		1.00	2.00	3.00	
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	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.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	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.	SCOTT		MI TCHELL	41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6309905133		SCOTT.MI TCHELL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 8:43 am
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		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/31/2013	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 SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 8:43 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	151	55,266	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)		151	55,266	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,588	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	61,854	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0	0	0	17.00
18.00 SUBPROVIDER	42.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		169				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	14,685	1,620	30,451			1.00
2.00 HMO	751	253				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,685	1,620	30,451			7.00
8.00 INTENSIVE CARE UNIT	3,272	332	5,249			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		202	2,966			13.00
14.00 Total (see instructions)	17,957	2,154	38,666	0.00	1,132.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 8:43 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,132.00	27.00
28.00	Observation Bed Days		226	4,013			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	4,109	455	9,750	1.00
2.00	HMO			167			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,109	455	9,750	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 8:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	76,910,055	0	76,910,055	2,350,400.00	32.72
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	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	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		160,069	0	160,069	4,160.00	38.48
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		235,888	0	235,888	5,428.00	43.46
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,260,025	0	1,260,025	8,719.00	144.51
14.00	Home office salaries & wage-related costs		13,625,351	0	13,625,351	303,066.00	44.96
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		23,563,851	0	23,563,851		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		46,813	0	46,813		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,576,529	0	1,576,529	16,640.00	94.74
27.00	Administrative & General	5.00	13,632,091	0	13,632,091	436,800.00	31.21
28.00	Administrative & General under contract (see inst.)		442,932	0	442,932	2,443.00	181.31
29.00	Maintenance & Repairs	6.00	1,345,171	0	1,345,171	45,760.00	29.40
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	57,186	0	57,186	4,240.00	13.49
32.00	Housekeeping	9.00	1,533,580	0	1,533,580	97,760.00	15.69
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,549,825	0	1,549,825	89,440.00	17.33
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	1,979,051	0	1,979,051	43,680.00	45.31
39.00	Central Services and Supply	14.00	439,168	0	439,168	24,960.00	17.59
40.00	Pharmacy	15.00	3,131,224	0	3,131,224	70,720.00	44.28
41.00	Medical Records & Medical Records Library	16.00	1,443,209	0	1,443,209	58,240.00	24.78

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 8:43 am

		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	433,836	0	433,836	12,480.00	34.76	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2013 8:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	77,352,987	0	77,352,987	2,352,843.00	32.88	1.00
2.00	Excluded area salaries (see instructions)	160,069	0	160,069	4,160.00	38.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	77,192,918	0	77,192,918	2,348,683.00	32.87	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,121,264	0	15,121,264	317,213.00	47.67	4.00
5.00	Subtotal wage-related costs (see inst.)	23,563,851	0	23,563,851	0.00	30.53	5.00
6.00	Total (sum of lines 3 thru 5)	115,878,033	0	115,878,033	2,665,896.00	43.47	6.00
7.00	Total overhead cost (see instructions)	27,563,802	0	27,563,802	903,163.00	30.52	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 8:43 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,555,317 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			2,192,849 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)			8,501,541 8.00
9.00	Prescription Drug Plan			1,340,785 9.00
10.00	Dental, Hearing and Vision Plan			391,751 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			108,691 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)			617,484 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,245,190 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			5,357,736 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			53,731 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))			414,934 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			830,655 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			23,610,664 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: 140291

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,938,845	23,610,664	1.00
2.00	Hospital	1,938,845	23,610,664	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 8:43 am
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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)		0.296041	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		0	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		35,537,435	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,520,538	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)		10,520,538	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 10, 520,538 and 16)		8, 10,520,538	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	12,665,464	2,508,536	15,174,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,749,497	742,630	4,492,127	21.00
22.00	Partial payment by patients approved for charity care	373,624	29,775	403,399	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,375,873	712,855	4,088,728	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?			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)		3,296,194	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		624,526	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		2,671,668	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		790,923	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,879,651	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,400,189	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/30/2013 8:43 am

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 NEW CAP REL COSTS-BLDG & FIXT		0	0	6,508,609	6,508,609	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	3,076,651	3,076,651	2.00
4.00 00400 EMPLOYEE BENEFITS	1,576,529	18,034,016	19,610,545	-581	19,609,964	4.00
5.01 00510 NONPATIENT TELEPHONES	199,712	653,012	852,724	-682	852,042	5.01
5.02 00511 DATA PROCESSING	0	1,799,233	1,799,233	-72,505	1,726,728	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	422,594	864,688	1,287,282	-4,294	1,282,988	5.03
5.04 00513 ADMINISTRATION	2,481,945	360,713	2,842,658	-9,518	2,833,140	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	1,618,475	8,208,317	9,826,792	-27,749	9,799,043	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	8,909,365	39,485,625	48,394,990	-6,712,549	41,682,441	5.06
6.00 00600 MAINTENANCE & REPAIRS	1,345,171	7,377,292	8,722,463	-183,029	8,539,434	6.00
7.00 00700 OPERATION OF PLANT	0	7,576	7,576	-4	7,572	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	57,186	13,549	70,735	0	70,735	8.00
9.00 00900 HOUSEKEEPING	1,533,580	809,454	2,343,034	-27,495	2,315,539	9.00
10.00 01000 DIETARY	1,549,825	970,452	2,520,277	-15,780	2,504,497	10.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,979,051	487,867	2,466,918	-10,874	2,456,044	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	439,168	1,564,809	2,003,977	-815,277	1,188,700	14.00
15.00 01500 PHARMACY	3,131,224	12,442,998	15,574,222	-11,471,344	4,102,878	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,443,209	1,280,357	2,723,566	-4,939	2,718,627	16.00
17.00 01700 SOCIAL SERVICE	433,836	35,562	469,398	-1	469,397	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,496,286	3,279,099	16,775,385	305,885	17,081,270	30.00
31.00 03100 INTENSIVE CARE UNIT	5,191,883	1,908,002	7,099,885	-1,993,507	5,106,378	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,152,400	195,812	1,348,212	-97,135	1,251,077	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	6,387,075	19,731,708	26,118,783	-17,404,291	8,714,492	50.00
51.00 05100 RECOVERY ROOM	974,653	213,167	1,187,820	-71,237	1,116,583	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,776,450	1,317,656	3,094,106	-367,205	2,726,901	52.00
53.00 05300 ANESTHESIOLOGY	114,241	484,963	599,204	-400,550	198,654	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,348,265	5,094,329	9,442,594	-1,662,242	7,780,352	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	405,313	507,750	913,063	-411,949	501,114	56.00
56.01 03630 ULTRA SOUND	761,627	137,742	899,369	-37,894	861,475	56.01
57.00 05700 CT SCAN	915,966	1,218,102	2,134,068	-296,036	1,838,032	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	466,867	1,206,269	1,673,136	-154,141	1,518,995	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,252,036	5,054,459	6,306,495	-4,745,173	1,561,322	59.00
60.00 06000 LABORATORY	241	7,376,037	7,376,278	-949,444	6,426,834	60.00
60.01 06001 BLOOD LABORATORY	0	909,969	909,969	-117,049	792,920	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	1,527,343	382,073	1,909,416	-175,602	1,733,814	65.00
66.00 06600 PHYSICAL THERAPY	1,908,818	433,923	2,342,741	-56,309	2,286,432	66.00
67.00 06700 OCCUPATIONAL THERAPY	203,475	20,600	224,075	-4,072	220,003	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,105,606	1,197,745	2,303,351	-97,034	2,206,317	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	100,807	18,666	119,473	-10,363	109,110	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,111,663	17,111,663	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,206,974	11,206,974	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	11,370,840	11,370,840	73.00
76.00 03020 CARDIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	562,164	98,808	660,972	-26,698	634,274	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	2,876,334	1,967,512	4,843,846	-346,902	4,496,944	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	4,101,266	1,972,708	6,073,974	-797,473	5,276,501	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140291		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/30/2013 8:43 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	76,749,986	149,122,619	225,872,605	1,695	225,874,300	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	680	6,650	7,330	-1,665	5,665	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	159,389	176,434	335,823	-30	335,793	194.00
200.00		TOTAL (SUM OF LINES 118-199)	76,910,055	149,305,703	226,215,758	0	226,215,758	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	192,832	6,701,441				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,035,474	4,112,125				2.00
4.00	00400	EMPLOYEE BENEFITS	2,480,776	22,090,740				4.00
5.01	00510	NONPATIENT TELEPHONES	-367,118	484,924				5.01
5.02	00511	DATA PROCESSING	2,251,925	3,978,653				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	-257,371	1,025,617				5.03
5.04	00513	ADMINISTRATIVE	0	2,833,140				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	9,799,043				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-20,188,896	21,493,545				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	8,539,434				6.00
7.00	00700	OPERATION OF PLANT	0	7,572				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	70,735				8.00
9.00	00900	HOUSEKEEPING	0	2,315,539				9.00
10.00	01000	DIETARY	-448,993	2,055,504				10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	-27,710	2,428,334				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,188,700				14.00
15.00	01500	PHARMACY	-9,338	4,093,540				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-41,228	2,677,399				16.00
17.00	01700	SOCIAL SERVICE	0	469,397				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-85,177	16,996,093				30.00
31.00	03100	INTENSIVE CARE UNIT	-2,250	5,104,128				31.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	1,251,077				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	-832,100	7,882,392				50.00
51.00	05100	RECOVERY ROOM	0	1,116,583				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-659,825	2,067,076				52.00
53.00	05300	ANESTHESIOLOGY	0	198,654				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-19,980	7,760,372				54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	501,114				56.00
56.01	03630	ULTRA SOUND	0	861,475				56.01
57.00	05700	CT SCAN	0	1,838,032				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,518,995				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,561,322				59.00
60.00	06000	LABORATORY	-199,920	6,226,914				60.00
60.01	06001	BLOOD LABORATORY	0	792,920				60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0				62.01
65.00	06500	RESPIRATORY THERAPY	-1,620	1,732,194				65.00
66.00	06600	PHYSICAL THERAPY	0	2,286,432				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	220,003				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	-751,494	1,454,823				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	109,110				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,111,663				71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0				71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,206,974				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,370,840				73.00
76.00	03020	CARDIOLOGY	0	0				76.00
76.97	07697	CARDIAC REHABILITATION	0	634,274				76.97

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-32,836	4,464,108	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-257,404	5,019,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,222,253	207,652,047	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-4,500	1,165	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	-2,807	332,986	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-18,229,560	207,986,198	200.00

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,508,609	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,076,651	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
TOTALS			0	9,585,260	
C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,370,840	1.00
TOTALS			0	11,370,840	
D - OXYGEN					
1.00	RESPIRATORY THERAPY	65.00	0	47,510	1.00
TOTALS			0	47,510	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	28,318,637	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

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
TOTALS			0	28,318,637					
G - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,206,974				1.00	
TOTALS			0	11,206,974					
J - UNIVERSAL BEDS									
1.00	ADULTS & PEDIATRICS	30.00	1,146,637	371,985				1.00	
TOTALS			1,146,637	371,985					
500.00	Grand Total: Increases		1,146,637	60,901,206				500.00	

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		
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	581	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	463	9	2.00	
3.00	DATA PROCESSING	5.02	0	72,499	9	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	4,294	9	4.00	
5.00	ADMINISTRATIVE	5.04	0	8,739	9	5.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	27,280	9	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,703,222	9	7.00	
8.00	MAINTENANCE & REPAIRS	6.00	0	67,912	9	8.00	
9.00	OCCUPATIONAL THERAPY	67.00	0	146	9	9.00	
10.00	HOUSEKEEPING	9.00	0	3,069	9	10.00	
11.00	DIETARY	10.00	0	13,639	9	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	7,488	9	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	96,926	9	13.00	
14.00	PHARMACY	15.00	0	2,587	9	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,794	9	15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	406,325	9	16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	37,664	9	17.00	
18.00	NURSERY	43.00	0	20,971	9	18.00	
19.00	OPERATING ROOM	50.00	0	483,601	9	19.00	
20.00	RECOVERY ROOM	51.00	0	33,155	9	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	58,314	9	21.00	
22.00	ANESTHESIOLOGY	53.00	0	18,876	9	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	636,280	9	23.00	
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	20,995	9	24.00	
25.00	ULTRA SOUND	56.01	0	22,814	9	25.00	
26.00	CT SCAN	57.00	0	25,979	9	26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	49,925	9	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	333,199	9	28.00	
29.00	LABORATORY	60.00	0	781	9	29.00	
30.00	RESPIRATORY THERAPY	65.00	0	56,531	9	30.00	
31.00	PHYSICAL THERAPY	66.00	0	9,134	9	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	81,783	9	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,544	9	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	14,835	9	34.00	
35.00	CLINIC	90.00	0	96,670	9	35.00	
36.00	EMERGENCY	91.00	0	154,853	9	36.00	
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,362	9	37.00	
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	30	9	38.00	
	TOTALS		0	9,585,260			
C - DRUGS							
1.00	PHARMACY	15.00	0	11,370,840	0	1.00	
	TOTALS		0	11,370,840			
D - OXYGEN							
1.00	MAINTENANCE & REPAIRS	6.00	0	47,510	0	1.00	
	TOTALS		0	47,510			
F - MEDICAL SUPPLIES							
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	303	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	219	0	2.00	
3.00	DATA PROCESSING	5.02	0	6	0	3.00	
4.00	ADMINISTRATIVE	5.04	0	779	0	4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	469	0	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,327	0	6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	67,607	0	7.00	
8.00	OPERATION OF PLANT	7.00	0	4	0	8.00	
9.00	HOUSEKEEPING	9.00	0	24,426	0	9.00	
10.00	DIETARY	10.00	0	2,141	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	3,386	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	718,351	0	12.00	
13.00	PHARMACY	15.00	0	97,917	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	145	0	14.00	
15.00	SOCIAL SERVICE	17.00	0	1	0	15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	806,412	0	16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	437,221	0	17.00	
18.00	NURSERY	43.00	0	76,164	0	18.00	
19.00	OPERATING ROOM	50.00	0	16,920,690	0	19.00	
20.00	RECOVERY ROOM	51.00	0	38,082	0	20.00	

RECLASSIFICATIONS

Provider CCN: 140291

Period:
From 01/01/2012
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Worksheet A-6

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		Decreases						
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.			
6.00		7.00	8.00	9.00	10.00			
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	308,891	0			21.00
22.00	ANESTHESIOLOGY	53.00	0	381,674	0			22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,025,962	0			23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	390,954	0			24.00
25.00	ULTRA SOUND	56.01	0	15,080	0			25.00
26.00	CT SCAN	57.00	0	270,057	0			26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	104,216	0			27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	4,411,974	0			28.00
29.00	LABORATORY	60.00	0	948,663	0			29.00
30.00	BLOOD LABORATORY	60.01	0	117,049	0			30.00
31.00	RESPIRATORY THERAPY	65.00	0	166,581	0			31.00
32.00	PHYSICAL THERAPY	66.00	0	47,175	0			32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	3,926	0			33.00
34.00	ELECTROCARDIOLOGY	69.00	0	15,251	0			34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,819	0			35.00
36.00	CARDIAC REHABILITATION	76.97	0	11,863	0			36.00
37.00	CLINIC	90.00	0	250,232	0			37.00
38.00	EMERGENCY	91.00	0	642,620	0			38.00
TOTALS			0	28,318,637				
G - IMPLANTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,206,974	0			1.00
TOTALS			0	11,206,974				
J - UNIVERSAL BEDS								
1.00	INTENSIVE CARE UNIT	31.00	1,146,637	371,985	0			1.00
TOTALS			1,146,637	371,985				
500.00	Grand Total: Decreases		1,146,637	60,901,206				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,676,896	0	0	0	1.00
2.00	Land Improvements	5,536,831	2,329,253	0	2,329,253	2.00
3.00	Buildings and Fixtures	139,275,653	1,193,923	0	1,193,923	3.00
4.00	Building Improvements	5,424,199	0	0	0	4.00
5.00	Fixed Equipment	53,861,495	6,517,544	0	6,517,544	205,482
6.00	Movable Equipment	273,349	63,417	0	63,417	0
7.00	HIT designated Assets	454,996	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	210,503,419	10,104,137	0	10,104,137	205,482
9.00	Reconciling Items	0	-2,420,158	0	-2,420,158	0
10.00	Total (line 8 minus line 9)	210,503,419	12,524,295	0	12,524,295	205,482
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,676,896	0			1.00
2.00	Land Improvements	7,866,084	3,689,854			2.00
3.00	Buildings and Fixtures	140,469,576	27,197,205			3.00
4.00	Building Improvements	5,424,199	979,892			4.00
5.00	Fixed Equipment	60,173,557	36,626,185			5.00
6.00	Movable Equipment	336,766	245,824			6.00
7.00	HIT designated Assets	454,996	0			7.00
8.00	Subtotal (sum of lines 1-7)	220,402,074	68,738,960			8.00
9.00	Reconciling Items	-2,420,158	0			9.00
10.00	Total (line 8 minus line 9)	222,822,232	68,738,960			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2	0	2	0.666667	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0	2.00
3.00	Total (sum of lines 1-2)	3	0	3	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,701,441	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,112,125	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,813,566	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	6,701,441	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,112,125	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,813,566	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140291

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

Worksheet A-8

Date/Time Prepared:
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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		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-367,118	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,592,356			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-4,695,088			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	A	-12,702	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	63,378	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-25,965	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 INTERCOMPANY INTEREST	A	-2,728,202	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
34.00 MEDICAID PROVIDER TAX	A	-2,851,758	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
35.00		0		0.00	0	35.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
36.00 ELIMINATE AHA/IHS/MCHC LOBBYING	A	-37,681	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 36.00
37.00 ELIMINATE CENTER 1090/1093/1099/1120	A	-492,200	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 37.00
37.50		0		0.00	0 37.50
38.00		0		0.00	0 38.00
39.00 RURAL FLOOR/ BUDGET NEUTRALITY EXP	A	-213,562	OTHER ADMINISTRATIVE AND GENERAL	5.06	9 39.00
39.02 MIS INCOME	B	-38,502	EMPLOYEE BENEFITS	4.00	0 39.02
39.03 MIS INCOME	B	-257,371	PURCHASING RECEIVING AND STORES	5.03	0 39.03
40.00 MIS INCOME	B	-694,573	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 40.00
41.00 MIS INCOME	B	-32,836	CLINIC	90.00	0 41.00
42.00 MIS INCOME	B	-448,993	DIETARY	10.00	0 42.00
43.00 MIS INCOME	B	-4,370	NURSING ADMINISTRATION	13.00	0 43.00
45.00 MIS INCOME	B	-9,338	PHARMACY	15.00	0 45.00
45.01 MIS INCOME	B	-28,526	MEDICAL RECORDS & LIBRARY	16.00	0 45.01
45.02 MIS INCOME	B	-5,505	ADULTS & PEDIATRICS	30.00	0 45.02
45.03 MIS INCOME	B	-2,807	OTHER NONREIMBURSABLE COST CENTERS	194.00	0 45.03
45.04 MIS INCOME	B	-4,860	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04
45.05 MIS INCOME	B	-199,920	LABORATORY	60.00	0 45.05
45.06 MIS INCOME	B	-1,620	RESPIRATORY THERAPY	65.00	0 45.06
45.08 MIS INCOME	B	-5,509	ELECTROCARDIOLOGY	69.00	0 45.08
45.09		0		0.00	0 45.09
45.10		0		0.00	0 45.10
45.13		0		0.00	0 45.13
45.16 NONALLOWABLE	A	-2,341,718	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.16
45.48 HBP	A	-23,340	NURSING ADMINISTRATION	13.00	0 45.48
45.49 HBP	A	-172,018	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.49
45.50 HBP	A	-4,500	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 45.50
45.51		0		0.00	0 45.51
45.52		0		0.00	0 45.52
45.53		0		0.00	0 45.53
45.54		0		0.00	0 45.54
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,229,560			50.00

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

Provider CCN: 140291

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2013 8:43 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	EMPL BENEFITS	2,519,278	0 1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	2,251,925	0 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIXTURES	NEW BLDG	129,454	0 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUIPMENT	NEW EQUIP	1,061,439	0 4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	A&G	4,378,340	15,035,524 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	0			10,340,436	15,035,524 5.00

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

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

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

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

6.00	B	GOOD SHEPHERD	100.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140291

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 8:43 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,519,278	0		1.00
2.00	2,251,925	0		2.00
3.00	129,454	9		3.00
4.00	1,061,439	9		4.00
4.01	-10,657,184	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-4,695,088			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140291

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 8:43 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	79,672	79,672	0	194,500	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	2,250	2,250	0	154,100	0	2.00
3.00	50.00	OPERATING ROOM	832,100	832,100	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	659,825	659,825	0	194,500	0	4.00
5.00	91.00	EMERGENCY	257,404	257,404	0	171,400	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	745,985	745,985	0	171,400	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	15,120	15,120	0	171,400	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,592,356	2,592,356	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	79,672	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,250	2.00
3.00	50.00	OPERATING ROOM	0	0	0	832,100	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	659,825	4.00
5.00	91.00	EMERGENCY	0	0	0	257,404	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	745,985	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	15,120	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	2,592,356	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	6,701,441	6,701,441				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	4,112,125		4,112,125			2.00
4.00 00400 EMPLOYEE BENEFITS	22,090,740	47,271	29,006	22,167,017		4.00
5.01 00510 NONPATIENT TELEPHONES	484,924	44,309	27,189	58,766	615,188	5.01
5.02 00511 DATA PROCESSING	3,978,653	20,839	12,787	0	0	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	1,025,617	92,115	56,524	124,349	3,460	5.03
5.04 00513 ADMINISTRATION	2,833,140	38,024	23,332	730,317	20,322	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	9,799,043	46,798	28,716	476,240	13,252	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	21,493,545	327,807	201,148	2,621,598	72,950	5.06
6.00 00600 MAINTENANCE & REPAIRS	8,539,434	824,707	506,055	395,819	11,014	6.00
7.00 00700 OPERATION OF PLANT	7,572	1,033,637	634,259	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	70,735	0	0	16,827	468	8.00
9.00 00900 HOUSEKEEPING	2,315,539	169,598	104,068	451,259	12,557	9.00
10.00 01000 DIETARY	2,055,504	198,943	122,075	456,039	12,690	10.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,428,334	17,910	10,990	582,340	16,204	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,188,700	78,837	48,376	129,226	3,596	14.00
15.00 01500 PHARMACY	4,093,540	47,869	29,373	921,369	25,638	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,677,399	73,733	45,244	424,667	11,817	16.00
17.00 01700 SOCIAL SERVICE	469,397	2,126	1,305	127,657	3,552	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	16,996,093	903,811	554,595	4,308,682	119,891	30.00
31.00 03100 INTENSIVE CARE UNIT	5,104,128	201,810	123,834	1,190,322	33,122	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,251,077	48,357	29,673	339,096	9,436	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,882,392	409,494	251,273	1,879,410	52,297	50.00
51.00 05100 RECOVERY ROOM	1,116,583	4,064	2,494	286,794	7,980	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,067,076	19,264	11,821	522,724	14,546	52.00
53.00 05300 ANESTHESIOLOGY	198,654	11,089	6,804	33,616	935	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,760,372	767,702	471,076	1,279,486	35,604	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	501,114	22,966	14,092	119,264	3,319	56.00
56.01 03630 ULTRA SOUND	861,475	4,741	2,909	224,110	6,236	56.01
57.00 05700 CT SCAN	1,838,032	19,989	12,265	269,525	7,500	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,518,995	10,774	6,611	137,377	3,823	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,561,322	75,151	46,114	368,414	10,252	59.00
60.00 06000 LABORATORY	6,226,914	123,272	75,642	71	2	60.00
60.01 06001 BLOOD LABORATORY	792,920	8,175	5,016	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	1,732,194	6,427	3,944	449,424	12,506	65.00
66.00 06600 PHYSICAL THERAPY	2,286,432	52,910	32,466	561,674	15,629	66.00
67.00 06700 OCCUPATIONAL THERAPY	220,003	3,087	1,894	59,873	1,666	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,454,823	35,961	22,066	325,327	9,053	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	109,110	3,717	2,281	29,663	825	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,111,663	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,206,974	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,370,840	0	0	0	0	73.00
76.00 03020 CARDIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	634,274	18,051	11,077	165,418	4,603	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	4,464,108	468,594	287,538	846,367	23,551	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	5,019,097	353,009	216,613	1,206,806	33,581	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	207,652,047	6,636,938	4,072,545	22,119,916	613,877	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,165	60,959	37,405	200	6	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	332,986	3,544	2,175	46,901	1,305	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	207,986,198	6,701,441	4,112,125	22,167,017	615,188	202.00
Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING	4,012,279					5.02
5.03 00512 PURCHASING RECEIVING AND STORES	0	1,302,065				5.03
5.04 00513 ADMINISTRATIVE	0	1,720	3,646,855			5.04
5.05 00514 CASHERING/ACCOUNTS RECEIVABLE	0	503	0	10,364,552		5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	0	13,499	0	0	24,730,547	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	15,451	0	0	10,292,480	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	1,675,468	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	88,030	8.00
9.00 00900 HOUSEKEEPING	0	11,115	0	0	3,064,136	9.00
10.00 01000 DIETARY	0	55,341	0	0	2,900,592	10.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	1,343	0	0	3,057,121	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	44,861	0	0	1,493,596	14.00
15.00 01500 PHARMACY	0	7,460	0	0	5,125,249	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,101	0	0	3,233,961	16.00
17.00 01700 SOCIAL SERVICE	0	101	0	0	604,138	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	270,461	50,619	520,140	698,669	24,422,961	30.00
31.00 03100 INTENSIVE CARE UNIT	83,895	16,398	161,343	216,721	7,131,573	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	49,569	3,224	95,328	128,048	1,953,808	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	578,355	695,011	416,385	1,493,880	13,658,497	50.00
51.00 05100 RECOVERY ROOM	68,179	1,580	41,509	176,124	1,705,307	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	72,224	13,048	124,339	186,573	3,031,615	52.00
53.00 05300 ANESTHESIOLOGY	113,337	15,906	72,449	292,777	745,567	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	350,462	45,689	120,763	905,329	11,736,483	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	48,233	15,588	14,815	124,597	863,988	56.00
56.01 03630 ULTRA SOUND	50,296	1,019	15,698	129,928	1,296,412	56.01
57.00 05700 CT SCAN	255,715	11,128	131,670	660,574	3,206,398	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	105,137	4,313	45,770	271,594	2,104,394	58.00
59.00 05900 CARDIAC CATHETERIZATION	149,117	176,320	138,127	385,206	2,910,023	59.00
60.00 06000 LABORATORY	312,119	37,602	303,713	806,281	7,885,616	60.00
60.01 06001 BLOOD LABORATORY	30,172	4,639	44,093	77,941	962,956	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	86,720	7,217	152,850	224,020	2,675,302	65.00
66.00 06600 PHYSICAL THERAPY	57,540	2,766	49,734	148,640	3,207,791	66.00
67.00 06700 OCCUPATIONAL THERAPY	6,455	179	8,959	16,675	318,791	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

Period:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	90,551	3,917	59,568	233,915	2,235,181	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,290	112	3,228	8,498	160,724	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	181,052	0	199,233	467,702	17,959,650	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	182,558	0	253,619	471,591	12,114,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	542,403	0	549,592	1,401,162	13,863,997	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,020	1,156	745	20,718	864,062	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	81,746	12,551	695	211,171	6,396,321	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	234,673	29,236	122,490	606,218	7,821,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,012,279	1,301,713	3,646,855	10,364,552	207,499,200	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13	0	0	99,748	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	339	0	0	387,250	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,012,279	1,302,065	3,646,855	10,364,552	207,986,198	202.00
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	24,730,547					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,388,980	11,681,460				6.00
7.00	00700	OPERATION OF PLANT	226,106	2,295,695	4,197,269			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,880	0	0	99,910		8.00
9.00	00900	HOUSEKEEPING	413,508	376,675	168,447	0	4,022,766	9.00
10.00	01000	DIETARY	391,438	441,850	197,593	0	197,296	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	412,562	39,777	17,788	0	17,761	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	201,562	175,096	78,302	0	78,184	14.00
15.00	01500	PHARMACY	691,657	106,317	47,544	0	47,473	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	436,426	163,761	73,233	0	73,123	16.00
17.00	01700	SOCIAL SERVICE	81,529	4,723	2,112	0	2,109	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,295,916	2,007,357	897,681	78,683	896,333	30.00
31.00	03100	INTENSIVE CARE UNIT	962,413	448,217	200,441	13,563	200,139	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	263,668	107,401	48,029	7,664	47,957	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,843,228	909,484	406,717	0	406,105	50.00
51.00	05100	RECOVERY ROOM	230,133	9,026	4,036	0	4,030	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	409,119	42,786	19,134	0	19,105	52.00
53.00	05300	ANESTHESIOLOGY	100,615	24,629	11,014	0	10,997	53.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,583,850	1,705,059	762,494	0	761,348	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	116,596	51,007	22,810	0	22,776	56.00
56.01	03630	ULTRA SOUND	174,952	10,530	4,709	0	4,702	56.01
57.00	05700	CT SCAN	432,707	44,395	19,853	0	19,823	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	283,990	23,929	10,701	0	10,685	58.00
59.00	05900	CARDIAC CATHETERIZATION	392,711	166,909	74,641	0	74,529	59.00
60.00	06000	LABORATORY	1,064,172	273,786	122,436	0	122,252	60.00
60.01	06001	BLOOD LABORATORY	129,952	18,157	8,120	0	8,107	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	361,035	14,274	6,383	0	6,373	65.00
66.00	06600	PHYSICAL THERAPY	432,895	117,512	52,551	0	52,472	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,021	6,857	3,066	0	3,062	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	301,640	79,869	35,717	0	35,663	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,690	8,256	3,692	0	3,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,423,673	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,634,897	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,870,960	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	116,606	40,092	17,929	0	17,902	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	863,190	1,040,744	465,416	0	464,716	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,055,549	784,030	350,615	0	350,088	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,664,826	11,538,200	4,133,204	99,910	3,958,797	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,461	135,389	60,545	0	60,454	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	52,260	7,871	3,520	0	3,515	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,730,547	11,681,460	4,197,269	99,910	4,022,766	202.00
Cost Center Description			DIETARY	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINISTRATION						5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	4,128,769					10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,545,009			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	71,437	2,098,177		14.00
15.00	01500	PHARMACY	0	0	0	7,281	6,025,521	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	9,745	11	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	24,524	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00

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Cost Center Description			DIETARY	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	12.00	13.00	14.00	15.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,251,568	0	1,546,921	66,140	73,144	30.00
31.00	03100	INTENSIVE CARE UNIT	560,490	0	372,299	26,336	29,427	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	316,711	0	109,800	5,663	1,715	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	504,047	1,258,208	77,672	50.00
51.00	05100	RECOVERY ROOM	0	0	80,587	2,832	5,639	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	181,284	22,969	12,748	52.00
53.00	05300	ANESTHESIOLOGY	0	0	14,192	28,381	19,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	72,260	76,290	43,253	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	29,071	5,611	56.00
56.01	03630	ULTRA SOUND	0	0	38,930	1,121	67	56.01
57.00	05700	CT SCAN	0	0	0	20,081	9,089	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	256	7,749	1,010	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	357	328,070	7,465	59.00
60.00	06000	LABORATORY	0	0	81	70,542	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	8,704	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,308	12,387	105	65.00
66.00	06600	PHYSICAL THERAPY	0	0	549	3,508	73	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	292	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	45,369	1,134	981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	210	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,409	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	20,006	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,642,456	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	25,775	882	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	81,902	18,607	12,300	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	362,937	47,785	83,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,128,769	0	3,544,560	2,097,669	6,025,521	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	449	485	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,128,769	0	3,545,009	2,098,177	6,025,521	202.00

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
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	3,990,260					16.00
17.00 01700 SOCIAL SERVICE	0	719,135				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	269,010	566,347	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	83,445	97,624	0	0	0	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	49,303	55,164	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	574,760	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	67,813	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	71,837	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	112,729	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	348,581	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	47,974	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	50,026	0	0	0	0	56.01
57.00 05700 CT SCAN	254,343	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	104,573	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	148,317	0	0	0	0	59.00
60.00 06000 LABORATORY	310,445	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	30,010	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	86,255	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	57,231	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	6,420	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	90,065	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,272	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	180,081	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	181,578	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	539,493	0	0	0	0	73.00
76.00 03020 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	7,977	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	81,308	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	233,414	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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 SERVICES-SALARY & FRINGES	
		16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,990,260	719,135	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,990,260	719,135	0	0	202.00
Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
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 SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	37,372,061	0	37,372,061
31.00	03100	INTENSIVE CARE UNIT	0	0	10,125,967	0	10,125,967
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	2,966,883	0	2,966,883
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	19,638,718	0	19,638,718
51.00	05100	RECOVERY ROOM	0	0	2,109,403	0	2,109,403
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,810,597	0	3,810,597
53.00	05300	ANESTHESIOLOGY	0	0	1,067,827	0	1,067,827
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,089,618	0	17,089,618
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	1,159,833	0	1,159,833
56.01	03630	ULTRA SOUND	0	0	1,581,449	0	1,581,449
57.00	05700	CT SCAN	0	0	4,006,689	0	4,006,689
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,547,287	0	2,547,287
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,103,022	0	4,103,022
60.00	06000	LABORATORY	0	0	9,849,330	0	9,849,330
60.01	06001	BLOOD LABORATORY	0	0	1,166,006	0	1,166,006
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	3,163,422	0	3,163,422
66.00	06600	PHYSICAL THERAPY	0	0	3,924,582	0	3,924,582
67.00	06700	OCCUPATIONAL THERAPY	0	0	381,509	0	381,509
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

Period:
From 01/01/2012
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	2,825,619	0	2,825,619	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	201,531	0	201,531	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	20,596,813	0	20,596,813	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	13,951,223	0	13,951,223	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	21,916,906	0	21,916,906	73.00
76.00 03020 CARDIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	1,091,225	0	1,091,225	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	9,424,504	0	9,424,504	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	11,089,204	0	11,089,204	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	207,161,228	0	207,161,228	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	369,620	0	369,620	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	455,350	0	455,350	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	207,986,198	0	207,986,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	85,961	47,271	29,006	162,238	162,238 4.00
5.01 00510	NONPATIENT TELEPHONES	0	44,309	27,189	71,498	430 5.01
5.02 00511	DATA PROCESSING	0	20,839	12,787	33,626	0 5.02
5.03 00512	PURCHASING RECEIVING AND STORES	259,219	92,115	56,524	407,858	910 5.03
5.04 00513	ADMITTING	22,458	38,024	23,332	83,814	5,346 5.04
5.05 00514	CASHERING/ACCOUNTS RECEIVABLE	95,138	46,798	28,716	170,652	3,486 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	393,954	327,807	201,148	922,909	19,191 5.06
6.00 00600	MAINTENANCE & REPAIRS	984,064	824,707	506,055	2,314,826	2,897 6.00
7.00 00700	OPERATION OF PLANT	0	1,033,637	634,259	1,667,896	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	123 8.00
9.00 00900	HOUSEKEEPING	15	169,598	104,068	273,681	3,303 9.00
10.00 01000	DIETARY	200	198,943	122,075	321,218	3,338 10.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	48	17,910	10,990	28,948	4,263 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	112,777	78,837	48,376	239,990	946 14.00
15.00 01500	PHARMACY	364,138	47,869	29,373	441,380	6,745 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	26,981	73,733	45,244	145,958	3,109 16.00
17.00 01700	SOCIAL SERVICE	0	2,126	1,305	3,431	934 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,004	903,811	554,595	1,465,410	31,513 30.00
31.00 03100	INTENSIVE CARE UNIT	0	201,810	123,834	325,644	8,713 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	21	48,357	29,673	78,051	2,482 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	863,573	409,494	251,273	1,524,340	13,758 50.00
51.00 05100	RECOVERY ROOM	19	4,064	2,494	6,577	2,099 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	77	19,264	11,821	31,162	3,826 52.00
53.00 05300	ANESTHESIOLOGY	12,694	11,089	6,804	30,587	246 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,472,849	767,702	471,076	2,711,627	9,366 54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	39,764	22,966	14,092	76,822	873 56.00
56.01 03630	ULTRA SOUND	25,927	4,741	2,909	33,577	1,641 56.01
57.00 05700	CT SCAN	820,626	19,989	12,265	852,880	1,973 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	996,340	10,774	6,611	1,013,725	1,006 58.00
59.00 05900	CARDIAC CATHETERIZATION	242,721	75,151	46,114	363,986	2,697 59.00
60.00 06000	LABORATORY	0	123,272	75,642	198,914	1 60.00
60.01 06001	BLOOD LABORATORY	0	8,175	5,016	13,191	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0 62.01
65.00 06500	RESPIRATORY THERAPY	11,326	6,427	3,944	21,697	3,290 65.00
66.00 06600	PHYSICAL THERAPY	94,255	52,910	32,466	179,631	4,112 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,087	1,894	4,981	438 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	1,947	35,961	22,066	59,974	2,381 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	416	3,717	2,281	6,414	217 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
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
76.00 03020	CARDIOLOGY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	18,051	11,077	29,128	1,211 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	1,001,061	468,594	287,538	1,757,193	6,196 90.00
90.01 09001	WOMENS HEALTH	0	0	0	0	0 90.01
90.02 09002	SPINE CENTER	0	0	0	0	0 90.02
91.00 09100	EMERGENCY	75	353,009	216,613	569,697	8,834 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,935,648	6,636,938	4,072,545	18,645,131	161,894	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,959	37,405	98,364	1	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	3,544	2,175	5,719	343	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,935,648	6,701,441	4,112,125	18,749,214	162,238	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 8:43 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	71,928					5.01
5.02	00511	DATA PROCESSING	0	33,626				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	404	0	409,172			5.03
5.04	00513	ADMINITTING	2,375	0	540	92,075		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,549	0	158	0	175,845	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	8,526	0	4,242	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,287	0	4,855	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,468	0	3,493	0	0	9.00
10.00	01000	DIETARY	1,483	0	17,391	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,894	0	422	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	420	0	14,098	0	0	14.00
15.00	01500	PHARMACY	2,997	0	2,344	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,381	0	346	0	0	16.00
17.00	01700	SOCIAL SERVICE	415	0	32	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,038	2,247	15,907	13,153	11,843	30.00
31.00	03100	INTENSIVE CARE UNIT	3,871	697	5,153	4,080	3,673	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,103	412	1,013	2,411	2,170	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,112	5,098	218,407	10,530	25,485	50.00
51.00	05100	RECOVERY ROOM	933	566	496	1,050	2,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,700	600	4,100	3,144	3,162	52.00
53.00	05300	ANESTHESIOLOGY	109	942	4,998	1,832	4,963	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,161	2,911	14,358	3,054	15,346	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	388	401	4,899	375	2,112	56.00
56.01	03630	ULTRA SOUND	729	418	320	397	2,202	56.01
57.00	05700	CT SCAN	877	2,124	3,497	3,330	11,197	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	447	873	1,355	1,157	4,604	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,198	1,239	55,409	3,493	6,529	59.00
60.00	06000	LABORATORY	0	2,593	11,817	7,680	13,667	60.00
60.01	06001	BLOOD LABORATORY	0	251	1,458	1,115	1,321	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,462	720	2,268	3,865	3,797	65.00
66.00	06600	PHYSICAL THERAPY	1,827	478	869	1,258	2,519	66.00
67.00	06700	OCCUPATIONAL THERAPY	195	54	56	227	283	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,058	752	1,231	1,506	3,965	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96	27	35	82	144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,504	0	5,038	7,928	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,517	0	6,414	7,994	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,506	0	13,749	23,750	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	538	67	363	19	351	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,753	679	3,944	18	3,579	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	3,925	1,950	9,187	3,098	10,276	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	71,774	33,626	409,061	92,075	175,845	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	4	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	153	0	107	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	71,928	33,626	409,172	92,075	175,845	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 8:43 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	954,868					5.06
6.00	00600	MAINTENANCE & REPAIRS	53,634	2,377,499				6.00
7.00	00700	OPERATION OF PLANT	8,731	467,237	2,143,864			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	459	0	0	637		8.00
9.00	00900	HOUSEKEEPING	15,967	76,664	86,039	0	460,615	9.00
10.00	01000	DIETARY	15,115	89,929	100,926	0	22,591	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,931	8,096	9,086	0	2,034	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,783	35,637	39,995	0	8,952	14.00
15.00	01500	PHARMACY	26,708	21,638	24,285	0	5,436	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,852	33,330	37,406	0	8,373	16.00
17.00	01700	SOCIAL SERVICE	3,148	961	1,079	0	241	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	127,189	408,552	458,511	502	102,632	30.00
31.00	03100	INTENSIVE CARE UNIT	37,163	91,225	102,380	86	22,916	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,181	21,859	24,532	49	5,491	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,174	185,105	207,741	0	46,500	50.00
51.00	05100	RECOVERY ROOM	8,886	1,837	2,062	0	461	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,798	8,708	9,773	0	2,188	52.00
53.00	05300	ANESTHESIOLOGY	3,885	5,013	5,626	0	1,259	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,159	347,026	389,464	0	87,176	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,502	10,381	11,651	0	2,608	56.00
56.01	03630	ULTRA SOUND	6,756	2,143	2,405	0	538	56.01
57.00	05700	CT SCAN	16,709	9,036	10,141	0	2,270	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,966	4,870	5,466	0	1,223	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,164	33,971	38,125	0	8,534	59.00
60.00	06000	LABORATORY	41,092	55,723	62,537	0	13,998	60.00
60.01	06001	BLOOD LABORATORY	5,018	3,695	4,147	0	928	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	13,941	2,905	3,260	0	730	65.00
66.00	06600	PHYSICAL THERAPY	16,716	23,917	26,842	0	6,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,661	1,396	1,566	0	351	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,648	16,256	18,243	0	4,084	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	838	1,680	1,886	0	422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	93,588	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	63,130	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,245	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,503	8,160	9,158	0	2,050	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	33,331	211,820	237,723	0	53,211	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	40,759	159,572	179,086	0	40,086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

Period:
From 01/01/2012
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	952,330	2,348,342	2,111,141	637	453,291	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	520	27,555	30,925	0	6,922	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,018	1,602	1,798	0	402	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	954,868	2,377,499	2,143,864	637	460,615	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

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Cost Center Description		DIETARY	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	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	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	571,991					10.00
12.00	01200	0	0				12.00
13.00	01300	0	0	70,674			13.00
14.00	01400	0	0	1,424	349,245		14.00
15.00	01500	0	0	0	1,212	532,745	15.00
16.00	01600	0	0	194	2	0	16.00
17.00	01700	0	0	489	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	450,466	0	30,839	11,009	6,467	30.00
31.00	03100	77,649	0	7,422	4,384	2,602	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	43,876	0	2,189	943	152	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	10,049	209,430	6,867	50.00
51.00	05100	0	0	1,607	471	499	51.00
52.00	05200	0	0	3,614	3,823	1,127	52.00
53.00	05300	0	0	283	4,724	1,742	53.00
54.00	05400	0	0	1,441	12,698	3,824	54.00
56.00	03450	0	0	0	4,839	496	56.00
56.01	03630	0	0	776	187	6	56.01
57.00	05700	0	0	0	3,342	804	57.00
58.00	05800	0	0	5	1,290	89	58.00
59.00	05900	0	0	7	54,607	660	59.00
60.00	06000	0	0	2	11,742	0	60.00
60.01	06001	0	0	0	1,449	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	0	26	2,062	9	65.00
66.00	06600	0	0	11	584	6	66.00
67.00	06700	0	0	0	49	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	904	189	87	69.00
70.00	07000	0	0	0	35	0	70.00
71.00	07100	0	0	0	5,561	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	0	3,330	0	72.00
73.00	07300	0	0	0	0	498,876	73.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	0	514	147	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	1,633	3,097	1,088	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	0	7,236	7,954	7,344	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	12.00	13.00	14.00	15.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		571,991	0	70,665	349,160	532,745	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	4	0	190.00
194.00	07950	0	0	9	81	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		571,991	0	70,674	349,245	532,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
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	246,951					16.00
17.00 01700 SOCIAL SERVICE	0	10,730				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	16,664	8,450				30.00
31.00 03100 INTENSIVE CARE UNIT	5,169	1,457				31.00
40.00 04000 SUBPROVIDER - I PF	0	0				40.00
41.00 04100 SUBPROVIDER - I RF	0	0				41.00
42.00 04200 SUBPROVIDER	0	0				42.00
43.00 04300 NURSERY	3,054	823				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	35,375	0				50.00
51.00 05100 RECOVERY ROOM	4,201	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,450	0				52.00
53.00 05300 ANESTHESIOLOGY	6,983	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	21,593	0				54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	2,972	0				56.00
56.01 03630 ULTRA SOUND	3,099	0				56.01
57.00 05700 CT SCAN	15,755	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	6,478	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	9,188	0				59.00
60.00 06000 LABORATORY	19,231	0				60.00
60.01 06001 BLOOD LABORATORY	1,859	0				60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0				62.01
65.00 06500 RESPIRATORY THERAPY	5,343	0				65.00
66.00 06600 PHYSICAL THERAPY	3,545	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	398	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69.00 06900 ELECTROCARDIOLOGY	5,579	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	203	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,155	0				71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0				71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,248	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	33,419	0				73.00
76.00 03020 RADIOLOGY	0	0				76.00
76.97 07697 CARDIAC REHABILITATION	494	0				76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	5,037	0				90.00
90.01 09001 WOMENS HEALTH	0	0				90.01
90.02 09002 SPINE CENTER	0	0				90.02
91.00 09100 EMERGENCY	14,459	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0				99.10
101.00 10100 HOME HEALTH AGENCY	0	0				101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0			111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	246,951	10,730	0	0	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.00
200.00		Cross Foot Adjustments			0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	246,951	10,730	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00511	DATA PROCESSING				5.02
5.03	00512	PURCHASING RECEIVING AND STORES				5.03
5.04	00513	ADMINISTRATIVE				5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
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 SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		3,175,392	0	3,175,392
31.00	03100	INTENSIVE CARE UNIT		704,284	0	704,284
40.00	04000	SUBPROVIDER - IPF		0	0	0
41.00	04100	SUBPROVIDER - IRF		0	0	0
42.00	04200	SUBPROVIDER		0	0	0
43.00	04300	NURSERY		200,791	0	200,791
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,575,971	0	2,575,971
51.00	05100	RECOVERY ROOM		34,730	0	34,730
52.00	05200	DELIVERY ROOM & LABOR ROOM		97,175	0	97,175
53.00	05300	ANESTHESIOLOGY		73,192	0	73,192
54.00	05400	RADIOLOGY-DIAGNOSTIC		3,685,204	0	3,685,204
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC		123,319	0	123,319
56.01	03630	ULTRA SOUND		55,194	0	55,194
57.00	05700	CT SCAN		933,935	0	933,935
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,053,554	0	1,053,554
59.00	05900	CARDIAC CATHETERIZATION		594,807	0	594,807
60.00	06000	LABORATORY		438,997	0	438,997
60.01	06001	BLOOD LABORATORY		34,432	0	34,432
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST		0	0	0
65.00	06500	RESPIRATORY THERAPY		65,375	0	65,375
66.00	06600	PHYSICAL THERAPY		268,323	0	268,323
67.00	06700	OCCUPATIONAL THERAPY		11,655	0	11,655
68.00	06800	SPEECH PATHOLOGY		0	0	0
69.00	06900	ELECTROCARDIOLOGY		127,857	0	127,857
70.00	07000	ELECTROENCEPHALOGRAPHY		12,079	0	12,079
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		124,774	0	124,774
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		93,633	0	93,633
73.00	07300	DRUGS CHARGED TO PATIENTS		646,545	0	646,545
76.00	03020	CARDIOLOGY		0	0	0
76.97	07697	CARDIAC REHABILITATION		56,703	0	56,703
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000	CLINIC		2,321,302	0	2,321,302
90.01	09001	WOMENS HEALTH		0	0	0
90.02	09002	SPINE CENTER		0	0	0
91.00	09100	EMERGENCY		1,063,463	0	1,063,463
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF			0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION			0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION			0	0	0	110.00
111.00 11100 ISLET ACQUISITION			0	0	0	111.00
118.00			18,572,686	0	18,572,686	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			164,296	0	164,296	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS			12,232	0	12,232	194.00
200.00		0	0	0	0	200.00
201.00		0	0	0	0	201.00
202.00		0	18,749,214	0	18,749,214	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
		NEW BLDG & FIXT (BLDG SOFT)	NEW MVBLE EQUIP (BLDG SOFT)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	425,445				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		425,445			2.00
4.00	00400	EMPLOYEE BENEFITS	3,001	3,001	75,333,526		4.00
5.01	00510	NONPATIENT TELEPHONES	2,813	2,813	199,712	75,133,814	5.01
5.02	00511	DATA PROCESSING	1,323	1,323	0	0	694,374,713
5.03	00512	PURCHASING RECEIVING AND STORES	5,848	5,848	422,594	422,594	0
5.04	00513	ADMITTING	2,414	2,414	2,481,945	2,481,945	0
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	2,971	2,971	1,618,475	1,618,475	0
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	20,811	20,811	8,909,365	8,909,365	0
6.00	00600	MAINTENANCE & REPAIRS	52,357	52,357	1,345,171	1,345,171	0
7.00	00700	OPERATION OF PLANT	65,621	65,621	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	57,186	57,186	0
9.00	00900	HOUSEKEEPING	10,767	10,767	1,533,580	1,533,580	0
10.00	01000	DIETARY	12,630	12,630	1,549,825	1,549,825	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,137	1,137	1,979,051	1,979,051	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,005	5,005	439,168	439,168	0
15.00	01500	PHARMACY	3,039	3,039	3,131,224	3,131,224	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,681	4,681	1,443,209	1,443,209	0
17.00	01700	SOCIAL SERVICE	135	135	433,836	433,836	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	57,379	57,379	14,642,923	14,642,923	46,808,829
31.00	03100	INTENSIVE CARE UNIT	12,812	12,812	4,045,246	4,045,246	14,519,672
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,070	3,070	1,152,400	1,152,400	8,578,875
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,997	25,997	6,387,075	6,387,075	100,064,819
51.00	05100	RECOVERY ROOM	258	258	974,653	974,653	11,799,805
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223	1,223	1,776,450	1,776,450	12,499,878
53.00	05300	ANESTHESIOLOGY	704	704	114,241	114,241	19,615,263
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,738	48,738	4,348,265	4,348,265	60,654,515
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,458	1,458	405,313	405,313	8,347,644
56.01	03630	ULTRA SOUND	301	301	761,627	761,627	8,704,802
57.00	05700	CT SCAN	1,269	1,269	915,966	915,966	44,256,586
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	684	684	466,867	466,867	18,196,027
59.00	05900	CARDIAC CATHETERIZATION	4,771	4,771	1,252,036	1,252,036	25,807,720
60.00	06000	LABORATORY	7,826	7,826	241	241	54,018,535
60.01	06001	BLOOD LABORATORY	519	519	0	0	5,221,813
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	408	408	1,527,343	1,527,343	15,008,685
66.00	06600	PHYSICAL THERAPY	3,359	3,359	1,908,818	1,908,818	9,958,447
67.00	06700	OCCUPATIONAL THERAPY	196	196	203,475	203,475	1,117,172
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,283	2,283	1,105,606	1,105,606	15,671,664
70.00	07000	ELECTROENCEPHALOGRAPHY	236	236	100,807	100,807	569,323
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	31,334,712
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	31,595,291
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	93,873,881
76.00	03020	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,146	1,146	562,164	562,164	1,388,032
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	29,749	29,749	2,876,334	2,876,334	14,147,842
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	22,411	22,411	4,101,266	4,101,266	40,614,881
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
	1.00	2.00	4.00	5.01	5.02	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	421,350	421,350	75,173,457	74,973,745	694,374,713	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,870	3,870	680	680	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	225	225	159,389	159,389	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,701,441	4,112,125	22,167,017	615,188	4,012,279	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.751604	9.665468	0.294252	0.008188	0.005778	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			162,238	71,928	33,626	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002154	0.000957	0.000048	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES	32,849,890				5.03
5.04	00513	ADMITTING	43,385	328,182,598			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	12,691	0	694,374,713		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	340,578	0	0	-24,730,547	183,255,651
6.00	00600	MAINTENANCE & REPAIRS	389,806	0	0	0	10,292,480
7.00	00700	OPERATION OF PLANT	4	0	0	0	1,675,468
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	88,030
9.00	00900	HOUSEKEEPING	280,432	0	0	0	3,064,136
10.00	01000	DIETARY	1,396,199	0	0	0	2,900,592
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	33,879	0	0	0	3,057,121
14.00	01400	CENTRAL SERVICES & SUPPLY	1,131,803	0	0	0	1,493,596
15.00	01500	PHARMACY	188,204	0	0	0	5,125,249
16.00	01600	MEDICAL RECORDS & LIBRARY	27,780	0	0	0	3,233,961
17.00	01700	SOCIAL SERVICE	2,556	0	0	0	604,138
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,277,056	46,808,829	46,808,829	0	24,422,961
31.00	03100	INTENSIVE CARE UNIT	413,706	14,519,672	14,519,672	0	7,131,573
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	81,347	8,578,875	8,578,875	0	1,953,808
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,534,494	37,471,683	100,064,819	0	13,658,497
51.00	05100	RECOVERY ROOM	39,860	3,735,496	11,799,805	0	1,705,307
52.00	05200	DELIVERY ROOM & LABOR ROOM	329,196	11,189,596	12,499,878	0	3,031,615
53.00	05300	ANESTHESIOLOGY	401,281	6,519,867	19,615,263	0	745,567
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,152,674	10,867,781	60,654,515	0	11,736,483
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	393,265	1,333,230	8,347,644	0	863,988
56.01	03630	ULTRA SOUND	25,702	1,412,672	8,704,802	0	1,296,412
57.00	05700	CT SCAN	280,748	11,849,343	44,256,586	0	3,206,398
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	108,810	4,118,933	18,196,027	0	2,104,394
59.00	05900	CARDIAC CATHETERIZATION	4,448,381	12,430,407	25,807,720	0	2,910,023
60.00	06000	LABORATORY	948,663	27,331,981	54,018,535	0	7,885,616
60.01	06001	BLOOD LABORATORY	117,049	3,968,083	5,221,813	0	962,956
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	182,083	13,755,437	15,008,685	0	2,675,302
66.00	06600	PHYSICAL THERAPY	69,777	4,475,657	9,958,447	0	3,207,791
67.00	06700	OCCUPATIONAL THERAPY	4,506	806,286	1,117,172	0	318,791
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	98,834	5,360,657	15,671,664	0	2,235,181
70.00	07000	ELECTROENCEPHALOGRAPHY	2,831	290,465	569,323	0	160,724
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,929,509	31,334,712	0	17,959,650
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	22,823,886	31,595,291	0	12,114,742
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,451,528	93,873,881	0	13,863,997
76.00	03020	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	29,171	67,022	1,388,032	0	864,062
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	316,643	62,523	14,147,842	0	6,396,321
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	737,596	11,023,180	40,614,881	0	7,821,723
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,840,990	328,182,598	694,374,713	-24,730,547	182,768,653
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	337	0	0	0	99,748
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	8,563	0	0	0	387,250
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)	1,302,065	3,646,855	10,364,552	24,730,547	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.039637	0.011112	0.014926	0.134951	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	409,172	92,075	175,845	954,868	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012456	0.000281	0.000253	0.005211	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	OPERATION OF PLANT (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	333,907				6.00
7.00	00700	OPERATION OF PLANT	65,621	268,286			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	38,666		8.00
9.00	00900	HOUSEKEEPING	10,767	10,767	0	257,519	9.00
10.00	01000	DIETARY	12,630	12,630	0	12,630	38,666
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,137	1,137	0	1,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,005	5,005	0	5,005	14.00
15.00	01500	PHARMACY	3,039	3,039	0	3,039	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,681	4,681	0	4,681	16.00
17.00	01700	SOCIAL SERVICE	135	135	0	135	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	57,379	57,379	30,451	57,379	30,451
31.00	03100	INTENSIVE CARE UNIT	12,812	12,812	5,249	12,812	5,249
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,070	3,070	2,966	3,070	2,966
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,997	25,997	0	25,997	0
51.00	05100	RECOVERY ROOM	258	258	0	258	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223	1,223	0	1,223	0
53.00	05300	ANESTHESIOLOGY	704	704	0	704	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,738	48,738	0	48,738	0
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,458	1,458	0	1,458	0
56.01	03630	ULTRA SOUND	301	301	0	301	0
57.00	05700	CT SCAN	1,269	1,269	0	1,269	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	684	684	0	684	0
59.00	05900	CARDIAC CATHETERIZATION	4,771	4,771	0	4,771	0
60.00	06000	LABORATORY	7,826	7,826	0	7,826	0
60.01	06001	BLOOD LABORATORY	519	519	0	519	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	408	408	0	408	0
66.00	06600	PHYSICAL THERAPY	3,359	3,359	0	3,359	0
67.00	06700	OCCUPATIONAL THERAPY	196	196	0	196	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,283	2,283	0	2,283	0
70.00	07000	ELECTROENCEPHALOGRAPHY	236	236	0	236	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03020	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,146	1,146	0	1,146	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	29,749	29,749	0	29,749	0
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	22,411	22,411	0	22,411	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	OPERATION OF PLANT (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	329,812	264,191	38,666	253,424	38,666 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,870	3,870	0	3,870	0 190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	225	225	0	225	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,681,460	4,197,269	99,910	4,022,766	4,128,769 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.984172	15.644756	2.583924	15.621240	106.780350 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,377,499	2,143,864	637	460,615	571,991 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.120243	7.990965	0.016474	1.788664	14.793126 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	
		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	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
12.00	01200	0					12.00
13.00	01300	0	1,886,867				13.00
14.00	01400	0	38,023	28,216,801			14.00
15.00	01500	0	0	97,917	12,142,809		15.00
16.00	01600	0	5,187	145	0	694,374,713	16.00
17.00	01700	0	13,053	4	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	823,366	889,463	147,403	46,808,829	30.00
31.00	03100	0	198,160	354,170	59,302	14,519,672	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	58,442	76,164	3,456	8,578,875	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	268,284	16,920,690	156,528	100,064,819	50.00
51.00	05100	0	42,893	38,082	11,364	11,799,805	51.00
52.00	05200	0	96,490	308,891	25,691	12,499,878	52.00
53.00	05300	0	7,554	381,674	39,706	19,615,263	53.00
54.00	05400	0	38,461	1,025,962	87,164	60,654,515	54.00
56.00	03450	0	0	390,954	11,307	8,347,644	56.00
56.01	03630	0	20,721	15,080	136	8,704,802	56.01
57.00	05700	0	0	270,057	18,316	44,256,586	57.00
58.00	05800	0	136	104,216	2,036	18,196,027	58.00
59.00	05900	0	190	4,411,974	15,044	25,807,720	59.00
60.00	06000	0	43	948,663	0	54,018,535	60.00
60.01	06001	0	0	117,049	0	5,221,813	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	696	166,581	212	15,008,685	65.00
66.00	06600	0	292	47,175	147	9,958,447	66.00
67.00	06700	0	0	3,926	0	1,117,172	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	24,148	15,251	1,977	15,671,664	69.00
70.00	07000	0	0	2,819	0	569,323	70.00
71.00	07100	0	0	449,300	0	31,334,712	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	269,051	0	31,595,291	72.00
73.00	07300	0	0	0	11,370,840	93,873,881	73.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	13,719	11,863	0	1,388,032	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	43,593	250,232	24,788	14,147,842	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	193,177	642,620	167,392	40,614,881	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	
		12.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,886,628	28,209,973	12,142,809	694,374,713
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	303	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	239	6,525	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	3,545,009	2,098,177	6,025,521	3,990,260
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.878781	0.074359	0.496221	0.005747
204.00		Cost to be allocated (per Wkst. B, Part II)	0	70,674	349,245	532,745	246,951
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.037456	0.012377	0.043873	0.000356

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
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	38,666					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	30,451			0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	5,249			0	0	31.00
40.00 04000 SUBPROVIDER - I PF	0			0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0			0	0	41.00
42.00 04200 SUBPROVIDER	0			0	0	42.00
43.00 04300 NURSERY	2,966			0	0	43.00
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
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
76.00 03020 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	38,666	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
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	719,135	0	0	0	0	0 202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.598640	0.000000	0.000000	0.000000	0.000000	0.000000 203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	10,730	0	0	0	0	0 204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.277505	0.000000	0.000000	0.000000	0.000000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.01	00510	NONPATIENT TELEPHONES	5.01
5.02	00511	DATA PROCESSING	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	5.03
5.04	00513	ADMINISTRATIVE	5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
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 SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.00
56.01	03630	ULTRA SOUND	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	62.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	CARDIOLOGY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOMENS HEALTH	90.01
90.02	09002	SPINE CENTER	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

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Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	0
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000
204.00		Cost to be allocated (per Wkst. B, Part II)	0
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	37,372,061		37,372,061	0	37,372,061	46,808,829	30.00
31.00	03100	INTENSIVE CARE UNIT	10,125,967		10,125,967	0	10,125,967	14,519,672	31.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	2,966,883		2,966,883	0	2,966,883	8,578,875	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	19,638,718		19,638,718	0	19,638,718	37,471,683	50.00
51.00	05100	RECOVERY ROOM	2,109,403		2,109,403	0	2,109,403	3,735,496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,810,597		3,810,597	0	3,810,597	11,189,596	52.00
53.00	05300	ANESTHESIOLOGY	1,067,827		1,067,827	0	1,067,827	6,519,867	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,089,618		17,089,618	0	17,089,618	10,867,781	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,159,833		1,159,833	0	1,159,833	1,333,230	56.00
56.01	03630	ULTRA SOUND	1,581,449		1,581,449	0	1,581,449	1,412,672	56.01
57.00	05700	CT SCAN	4,006,689		4,006,689	0	4,006,689	11,849,343	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,547,287		2,547,287	0	2,547,287	4,118,933	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,103,022		4,103,022	0	4,103,022	12,430,407	59.00
60.00	06000	LABORATORY	9,849,330		9,849,330	0	9,849,330	27,331,981	60.00
60.01	06001	BLOOD LABORATORY	1,166,006		1,166,006	0	1,166,006	3,968,083	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0		0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	3,163,422	0	3,163,422	0	3,163,422	13,755,437	65.00
66.00	06600	PHYSICAL THERAPY	3,924,582	0	3,924,582	0	3,924,582	4,475,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	381,509	0	381,509	0	381,509	806,286	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,825,619		2,825,619	0	2,825,619	5,360,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	201,531		201,531	0	201,531	290,465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,596,813		20,596,813	0	20,596,813	17,929,509	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,951,223		13,951,223	0	13,951,223	22,823,886	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,916,906		21,916,906	0	21,916,906	49,451,528	73.00
76.00	03020	CARDIOLOGY	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,091,225		1,091,225	0	1,091,225	67,022	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	9,424,504		9,424,504	0	9,424,504	62,523	90.00
90.01	09001	WOMENS HEALTH	0		0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0		0	0	0	0	90.02
91.00	09100	EMERGENCY	11,089,204		11,089,204	0	11,089,204	11,023,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,351,617		4,351,617	0	4,351,617	886,911	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	0	111.00
200.00		Subtotal (see instructions)	211,512,845	0	211,512,845	0	211,512,845	329,069,509	200.00
201.00		Less Observation Beds	4,351,617		4,351,617		4,351,617		201.00
202.00		Total (see instructions)	207,161,228	0	207,161,228	0	207,161,228	329,069,509	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
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		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00				8.00	9.00
Title VIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		46,808,829				30.00
31.00	03100	INTENSIVE CARE UNIT		14,519,672				31.00
40.00	04000	SUBPROVIDER - IPF		0				40.00
41.00	04100	SUBPROVIDER - IRF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		8,578,875				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	62,593,136	100,064,819	0.196260	0.000000	0.196260	50.00
51.00	05100	RECOVERY ROOM	8,064,309	11,799,805	0.178766	0.000000	0.178766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,310,282	12,499,878	0.304851	0.000000	0.304851	52.00
53.00	05300	ANESTHESIOLOGY	13,095,396	19,615,263	0.054439	0.000000	0.054439	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,786,734	60,654,515	0.281753	0.000000	0.281753	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	7,014,414	8,347,644	0.138941	0.000000	0.138941	56.00
56.01	03630	ULTRA SOUND	7,292,130	8,704,802	0.181675	0.000000	0.181675	56.01
57.00	05700	CT SCAN	32,407,243	44,256,586	0.090533	0.000000	0.090533	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,077,094	18,196,027	0.139991	0.000000	0.139991	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,377,313	25,807,720	0.158984	0.000000	0.158984	59.00
60.00	06000	LABORATORY	26,686,554	54,018,535	0.182332	0.000000	0.182332	60.00
60.01	06001	BLOOD LABORATORY	1,253,730	5,221,813	0.223295	0.000000	0.223295	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0.000000	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	1,253,248	15,008,685	0.210773	0.000000	0.210773	65.00
66.00	06600	PHYSICAL THERAPY	5,482,790	9,958,447	0.394096	0.000000	0.394096	66.00
67.00	06700	OCCUPATIONAL THERAPY	310,886	1,117,172	0.341495	0.000000	0.341495	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,311,007	15,671,664	0.180301	0.000000	0.180301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	278,858	569,323	0.353984	0.000000	0.353984	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,405,203	31,334,712	0.657316	0.000000	0.657316	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,771,405	31,595,291	0.441560	0.000000	0.441560	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,422,353	93,873,881	0.233472	0.000000	0.233472	73.00
76.00	03020	CARDIOLOGY	0	0	0.000000	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,321,010	1,388,032	0.786167	0.000000	0.786167	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	14,085,319	14,147,842	0.666144	0.000000	0.666144	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0.000000	0.000000	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	29,591,701	40,614,881	0.273033	0.000000	0.273033	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,509,558	5,396,469	0.806382	0.000000	0.806382	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
200.00		Subtotal (see instructions)	370,701,673	699,771,182				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	370,701,673	699,771,182				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/30/2013 8:43 am
			Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	37,372,061		37,372,061	0	0	46,808,829	30.00
31.00	03100	INTENSIVE CARE UNIT	10,125,967		10,125,967	0	0	14,519,672	31.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	2,966,883		2,966,883	0	0	8,578,875	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	19,638,718		19,638,718	0	0	37,471,683	50.00
51.00	05100	RECOVERY ROOM	2,109,403		2,109,403	0	0	3,735,496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,810,597		3,810,597	0	0	11,189,596	52.00
53.00	05300	ANESTHESIOLOGY	1,067,827		1,067,827	0	0	6,519,867	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,089,618		17,089,618	0	0	10,867,781	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,159,833		1,159,833	0	0	1,333,230	56.00
56.01	03630	ULTRA SOUND	1,581,449		1,581,449	0	0	1,412,672	56.01
57.00	05700	CT SCAN	4,006,689		4,006,689	0	0	11,849,343	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,547,287		2,547,287	0	0	4,118,933	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,103,022		4,103,022	0	0	12,430,407	59.00
60.00	06000	LABORATORY	9,849,330		9,849,330	0	0	27,331,981	60.00
60.01	06001	BLOOD LABORATORY	1,166,006		1,166,006	0	0	3,968,083	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0		0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	3,163,422	0	3,163,422	0	0	13,755,437	65.00
66.00	06600	PHYSICAL THERAPY	3,924,582	0	3,924,582	0	0	4,475,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	381,509	0	381,509	0	0	806,286	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,825,619		2,825,619	0	0	5,360,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	201,531		201,531	0	0	290,465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,596,813		20,596,813	0	0	17,929,509	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,951,223		13,951,223	0	0	22,823,886	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,916,906		21,916,906	0	0	49,451,528	73.00
76.00	03020	CARDIOLOGY	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,091,225		1,091,225	0	0	67,022	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	9,424,504		9,424,504	0	0	62,523	90.00
90.01	09001	WOMENS HEALTH	0		0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0		0	0	0	0	90.02
91.00	09100	EMERGENCY	11,089,204		11,089,204	0	0	11,023,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,351,617		4,351,617	0	0	886,911	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	0	111.00
200.00		Subtotal (see instructions)	211,512,845	0	211,512,845	0	0	329,069,509	200.00
201.00		Less Observation Beds	4,351,617		4,351,617	0	0		201.00
202.00		Total (see instructions)	207,161,228	0	207,161,228	0	0	329,069,509	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 8:43 am

		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost	
Cost Center Description	Outpatient	Total (col. 6 + col. 7)						
		7.00	8.00	9.00	10.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		46,808,829				30.00
31.00	03100	INTENSIVE CARE UNIT		14,519,672				31.00
40.00	04000	SUBPROVIDER - IPF		0				40.00
41.00	04100	SUBPROVIDER - IRF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		8,578,875				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	62,593,136	100,064,819	0.196260	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	8,064,309	11,799,805	0.178766	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,310,282	12,499,878	0.304851	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	13,095,396	19,615,263	0.054439	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,786,734	60,654,515	0.281753	0.000000	0.000000	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	7,014,414	8,347,644	0.138941	0.000000	0.000000	56.00
56.01	03630	ULTRA SOUND	7,292,130	8,704,802	0.181675	0.000000	0.000000	56.01
57.00	05700	CT SCAN	32,407,243	44,256,586	0.090533	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,077,094	18,196,027	0.139991	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,377,313	25,807,720	0.158984	0.000000	0.000000	59.00
60.00	06000	LABORATORY	26,686,554	54,018,535	0.182332	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	1,253,730	5,221,813	0.223295	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0.000000	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	1,253,248	15,008,685	0.210773	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,482,790	9,958,447	0.394096	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	310,886	1,117,172	0.341495	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,311,007	15,671,664	0.180301	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	278,858	569,323	0.353984	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,405,203	31,334,712	0.657316	0.000000	0.000000	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,771,405	31,595,291	0.441560	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,422,353	93,873,881	0.233472	0.000000	0.000000	73.00
76.00	03020	CARDIOLOGY	0	0	0.000000	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,321,010	1,388,032	0.786167	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00	09000	CLINIC	14,085,319	14,147,842	0.666144	0.000000	0.000000	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0.000000	0.000000	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	29,591,701	40,614,881	0.273033	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,509,558	5,396,469	0.806382	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
200.00		Subtotal (see instructions)	370,701,673	699,771,182				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	370,701,673	699,771,182				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 8:43 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,175,392	0	3,175,392	34,464	92.14	30.00
31.00	INTENSIVE CARE UNIT	704,284		704,284	5,249	134.17	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	200,791		200,791	2,966	67.70	43.00
200.00	Total (Lines 30-199)	4,080,467		4,080,467	42,679		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,685	1,353,076				
31.00	INTENSIVE CARE UNIT	3,272	439,004				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	17,957	1,792,080				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 8:43 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,575,971	100,064,819	0.025743	15,953,207	410,683	50.00
51.00	05100 RECOVERY ROOM	34,730	11,799,805	0.002943	1,492,620	4,393	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	97,175	12,499,878	0.007774	0	0	52.00
53.00	05300 ANESTHESIOLOGY	73,192	19,615,263	0.003731	2,503,115	9,339	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,685,204	60,654,515	0.060757	5,809,678	352,979	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	123,319	8,347,644	0.014773	712,287	10,523	56.00
56.01	03630 ULTRA SOUND	55,194	8,704,802	0.006341	1,207,003	7,654	56.01
57.00	05700 CT SCAN	933,935	44,256,586	0.021103	6,187,079	130,566	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,053,554	18,196,027	0.057900	2,253,750	130,492	58.00
59.00	05900 CARDIAC CATHETERIZATION	594,807	25,807,720	0.023048	5,678,197	130,871	59.00
60.00	06000 LABORATORY	438,997	54,018,535	0.008127	14,202,875	115,427	60.00
60.01	06001 BLOOD LABORATORY	34,432	5,221,813	0.006594	1,995,979	13,161	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	65,375	15,008,685	0.004356	7,993,551	34,820	65.00
66.00	06600 PHYSICAL THERAPY	268,323	9,958,447	0.026944	3,004,311	80,948	66.00
67.00	06700 OCCUPATIONAL THERAPY	11,655	1,117,172	0.010433	541,300	5,647	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	127,857	15,671,664	0.008158	3,227,730	26,332	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,079	569,323	0.021216	176,540	3,745	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	124,774	31,334,712	0.003982	8,340,606	33,212	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	93,633	31,595,291	0.002964	10,493,245	31,102	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	646,545	93,873,881	0.006887	24,542,021	169,021	73.00
76.00	03020 RADIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	56,703	1,388,032	0.040851	37,096	1,515	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	2,321,302	14,147,842	0.164075	38,687	6,348	90.00
90.01	09001 WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002 SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100 EMERGENCY	1,063,463	40,614,881	0.026184	5,852,528	153,243	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	369,744	5,396,469	0.068516	456,283	31,263	92.00
200.00	Total (lines 50-199)	14,861,963	629,863,806		122,699,688	1,893,284	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 8:43 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,464	0.00	14,685	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,249	0.00	3,272	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	2,966	0.00	0	0		43.00
200.00		Total (lines 30-199)	42,679		17,957	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140291

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 8:43 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	100,064,819	0.000000	0.000000	15,953,207	50.00
51.00	05100	RECOVERY ROOM	0	11,799,805	0.000000	0.000000	1,492,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,499,878	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,615,263	0.000000	0.000000	2,503,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,654,515	0.000000	0.000000	5,809,678	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	8,347,644	0.000000	0.000000	712,287	56.00
56.01	03630	ULTRA SOUND	0	8,704,802	0.000000	0.000000	1,207,003	56.01
57.00	05700	CT SCAN	0	44,256,586	0.000000	0.000000	6,187,079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,196,027	0.000000	0.000000	2,253,750	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,807,720	0.000000	0.000000	5,678,197	59.00
60.00	06000	LABORATORY	0	54,018,535	0.000000	0.000000	14,202,875	60.00
60.01	06001	BLOOD LABORATORY	0	5,221,813	0.000000	0.000000	1,995,979	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	15,008,685	0.000000	0.000000	7,993,551	65.00
66.00	06600	PHYSICAL THERAPY	0	9,958,447	0.000000	0.000000	3,004,311	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,117,172	0.000000	0.000000	541,300	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,671,664	0.000000	0.000000	3,227,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	569,323	0.000000	0.000000	176,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,334,712	0.000000	0.000000	8,340,606	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	31,595,291	0.000000	0.000000	10,493,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	93,873,881	0.000000	0.000000	24,542,021	73.00
76.00	03020	CARDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,388,032	0.000000	0.000000	37,096	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	14,147,842	0.000000	0.000000	38,687	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0	0	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	40,614,881	0.000000	0.000000	5,852,528	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,396,469	0.000000	0.000000	456,283	92.00
200.00		Total (lines 50-199)	0	629,863,806			122,699,688	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140291

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	15,449,733	0	50.00
51.00	05100	RECOVERY ROOM	0	1,263,847	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,024,158	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,846,685	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,708,651	0	56.00
56.01	03630	ULTRA SOUND	0	2,255,139	0	56.01
57.00	05700	CT SCAN	0	9,300,461	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,476,802	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,307,843	0	59.00
60.00	06000	LABORATORY	0	717,466	0	60.00
60.01	06001	BLOOD LABORATORY	0	728,636	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	625,586	0	65.00
66.00	06600	PHYSICAL THERAPY	0	117,660	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,786	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,427,735	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	119,106	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,044,380	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,309,367	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,267,877	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	651,665	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	3,294,274	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	90.02
91.00	09100	EMERGENCY	0	5,658,058	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,793,134	0	92.00
200.00		Total (lines 50-199)	0	98,396,049	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 8:43 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.196260	15,449,733	0	0	3,032,165	50.00
51.00	05100 RECOVERY ROOM	0.178766	1,263,847	0	0	225,933	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.304851	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.054439	3,024,158	0	0	164,632	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.281753	14,846,685	0	0	4,183,098	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.138941	2,708,651	0	0	376,343	56.00
56.01	03630 ULTRA SOUND	0.181675	2,255,139	0	0	409,702	56.01
57.00	05700 CT SCAN	0.090533	9,300,461	0	0	841,999	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.139991	3,476,802	0	0	486,721	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.158984	3,307,843	0	0	525,894	59.00
60.00	06000 LABORATORY	0.182332	717,466	0	0	130,817	60.00
60.01	06001 BLOOD LABORATORY	0.223295	728,636	0	0	162,701	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0.210773	625,586	0	0	131,857	65.00
66.00	06600 PHYSICAL THERAPY	0.394096	117,660	0	0	46,369	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.341495	7,786	0	0	2,659	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.180301	3,427,735	0	0	618,024	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.353984	119,106	0	0	42,162	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.657316	3,044,380	0	0	2,001,120	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.441560	4,309,367	0	0	1,902,844	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.233472	18,267,877	0	54,992	4,265,038	73.00
76.00	03020 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.786167	651,665	0	0	512,318	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.666144	3,294,274	0	0	2,194,461	90.00
90.01	09001 WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.273033	5,658,058	0	0	1,544,837	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.806382	1,793,134	0	0	1,445,951	92.00
200.00	Subtotal (see instructions)		98,396,049	0	54,992	25,247,645	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		98,396,049	0	54,992	25,247,645	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 8:43 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
56.01 03630 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
62.01 06201 BLOOD CLOTTING FACTORS ADMIN COST	0	0		62.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	12,839		73.00
76.00 03020 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOMENS HEALTH	0	0		90.01
90.02 09002 SPINE CENTER	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	12,839		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	12,839		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 8:43 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.196260	0	0	1,728,823	0	50.00
51.00	05100 RECOVERY ROOM	0.178766	0	0	210,496	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.304851	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.054439	0	0	406,281	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.281753	0	0	1,485,599	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.138941	0	0	175,667	0	56.00
56.01	03630 ULTRA SOUND	0.181675	0	0	652,543	0	56.01
57.00	05700 CT SCAN	0.090533	0	0	1,571,807	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.139991	0	0	531,440	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.158984	0	0	169,511	0	59.00
60.00	06000 LABORATORY	0.182332	0	0	1,698,124	0	60.00
60.01	06001 BLOOD LABORATORY	0.223295	0	0	39,677	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0.210773	0	0	63,037	0	65.00
66.00	06600 PHYSICAL THERAPY	0.394096	0	0	282,489	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.341495	0	0	17,744	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.180301	0	0	354,645	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.353984	0	0	29,333	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.657316	0	0	279,130	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.441560	0	0	66,314	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.233472	0	0	2,172,501	0	73.00
76.00	03020 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.786167	0	0	7,948	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.666144	0	0	1,873,387	0	90.00
90.01	09001 WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.273033	0	0	3,376,020	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.806382	0	0	217,020	0	92.00
200.00	Subtotal (see instructions)		0	0	17,409,536	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	17,409,536	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 8:43 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	339,299	50.00
51.00	05100	RECOVERY ROOM	0	37,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	22,118	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	418,572	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	24,407	56.00
56.01	03630	ULTRA SOUND	0	118,551	56.01
57.00	05700	CT SCAN	0	142,300	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	74,397	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,950	59.00
60.00	06000	LABORATORY	0	309,622	60.00
60.01	06001	BLOOD LABORATORY	0	8,860	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	13,286	65.00
66.00	06600	PHYSICAL THERAPY	0	111,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,059	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	63,943	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,383	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	183,477	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	29,282	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	507,218	73.00
76.00	03020	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6,248	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,247,946	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	0	921,765	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	175,001	92.00
200.00		Subtotal (see instructions)	0	4,798,642	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	4,798,642	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 8:43 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,464	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,464	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)		30,451	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		14,685	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)		37,372,061	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)		37,372,061	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		55,387,704	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		55,387,704	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.674736	31.00
32.00	Average private room per diem charge (line 29 ÷ line 4)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,818.91	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)		37,372,061	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,084.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,924,120	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)		15,924,120	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2013 8:43 am	
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	10,125,967	5,249	1,929.12	3,272	6,312,081		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,867,538		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,103,739		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,792,080		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,893,284		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,685,364		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,418,375		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)					4,013		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,084.38		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,351,617		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 8:43 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,175,392	37,372,061	0.084967	4,351,617	369,744	90.00
91.00	Nursing School cost	0	37,372,061	0.000000	4,351,617	0	91.00
92.00	Allied health cost	0	37,372,061	0.000000	4,351,617	0	92.00
93.00	All other Medical Education	0	37,372,061	0.000000	4,351,617	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2013 8:43 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,464	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,464	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)		30,451	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)		1,620	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)		2,966	15.00
16.00	Nursery days (title V or XIX only)		202	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)		37,372,061	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)		37,372,061	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		55,387,704	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		55,387,704	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.674736	31.00
32.00	Average private room per diem charge (line 29 ÷ line 4)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,818.91	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)		37,372,061	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,084.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,756,696	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)		1,756,696	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Date/Time Prepared: 5/30/2013 8:43 am		Title XIX		Hospital		Cost	
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)	2,966,883	2,966	1,000.30	202	202,061		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,125,967	5,249	1,929.12	332	640,468		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,290,439		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,889,664		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)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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)						4,013	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,084.38	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						4,351,617	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140291

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

Worksheet D-1

Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				Total Observation Bed Cost (from line 89)	Cost		
	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	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 8:43 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		21,238,707	30.00
31.00	03100	INTENSIVE CARE UNIT		9,534,170	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196260	15,953,207	50.00
51.00	05100	RECOVERY ROOM	0.178766	1,492,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.304851	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054439	2,503,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281753	5,809,678	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.138941	712,287	56.00
56.01	03630	ULTRA SOUND	0.181675	1,207,003	56.01
57.00	05700	CT SCAN	0.090533	6,187,079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.139991	2,253,750	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158984	5,678,197	59.00
60.00	06000	LABORATORY	0.182332	14,202,875	60.00
60.01	06001	BLOOD LABORATORY	0.223295	1,995,979	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.210773	7,993,551	65.00
66.00	06600	PHYSICAL THERAPY	0.394096	3,004,311	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341495	541,300	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.180301	3,227,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.353984	176,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.657316	8,340,606	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.441560	10,493,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.233472	24,542,021	73.00
76.00	03020	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.786167	37,096	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.666144	38,687	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.273033	5,852,528	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.806382	456,283	92.00
200.00		Total (sum of lines 50-94 and 96-98)		122,699,688	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)		122,699,688	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 8:43 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,166,013	30.00
31.00	03100	INTENSIVE CARE UNIT		927,043	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,249,880	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196260	667,674	131,038 50.00
51.00	05100	RECOVERY ROOM	0.178766	86,418	15,449 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.304851	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.054439	153,685	8,366 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281753	486,203	136,989 54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.138941	53,047	7,370 56.00
56.01	03630	ULTRA SOUND	0.181675	112,292	20,401 56.01
57.00	05700	CT SCAN	0.090533	512,861	46,431 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.139991	162,736	22,782 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158984	86,117	13,691 59.00
60.00	06000	LABORATORY	0.182332	1,340,129	244,348 60.00
60.01	06001	BLOOD LABORATORY	0.223295	200,969	44,875 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0.000000	0	0 62.01
65.00	06500	RESPIRATORY THERAPY	0.210773	797,973	168,191 65.00
66.00	06600	PHYSICAL THERAPY	0.394096	157,264	61,977 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341495	34,290	11,710 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.180301	172,495	31,101 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.353984	10,325	3,655 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.657316	500,695	329,115 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.441560	219,677	97,001 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.233472	2,930,317	684,147 73.00
76.00	03020	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.786167	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.666144	1,887	1,257 90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0 90.01
90.02	09002	SPI NE CENTER	0.000000	0	0 90.02
91.00	09100	EMERGENCY	0.273033	564,058	154,006 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.806382	70,114	56,539 92.00
200.00		Total (sum of lines 50-94 and 96-98)		9,321,226	2,290,439 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		9,321,226	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 8:43 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		35,739,158	1.00
2.00	Outlier payments for discharges. (see instructions)		2,125,897	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,483,174	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		158.04	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)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	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)		37,865,055	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)		37,865,055	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,154,342	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		4,787	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 8:43 am
		Title XVIII	Hospital	PPS
		1.00		
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)			41,024,184 59.00
60.00	Primary payer payments			19,246 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			41,004,938 61.00
62.00	Deductibles billed to program beneficiaries			3,440,788 62.00
63.00	Coinsurance billed to program beneficiaries			134,084 63.00
64.00	Allowable bad debts (see instructions)			471,991 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			330,394 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			256,447 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			37,760,460 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)			-44,958 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			17,784 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)			37,733,286 71.00
72.00	Interim payments			37,385,151 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)			348,135 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 8:43 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			12,839 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			25,247,645 2.00
3.00	PPS payments			19,662,123 3.00
4.00	Outlier payment (see instructions)			47,714 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.820 5.00
6.00	Line 2 times line 5			20,703,069 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			95.20 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)			12,839 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			54,992 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)			54,992 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)			54,992 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			42,153 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)			12,839 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)			19,709,837 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			4,395,119 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			15,327,557 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)			15,327,557 30.00
31.00	Primary payer payments			1,459 31.00
32.00	Subtotal (line 30 minus line 31)			15,326,098 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)			420,189 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			294,132 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			248,639 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			15,620,230 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			15,620,230 40.00
41.00	Interim payments			15,316,598 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)			303,632 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140291

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 8:43 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		37,405,792		15,316,598	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	08/17/2012	20,641		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)		-20,641		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)		37,385,151		15,316,598	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		348,135		303,632	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		37,733,286		15,620,230	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140291

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

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2013 8:43 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			9,750 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			17,957 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			751 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			35,700 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			699,771,182 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			15,174,000 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,494,536 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,854,201 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-359,665 32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140291 Period: From 01/01/2012 To 12/31/2012 Worksheet G Date/Time Prepared: 5/30/2013 8:43 am

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

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140291

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

Worksheet G-1

Date/Time Prepared:
5/30/2013 8:43 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,051,597,613		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		44,721,387			2.00
3.00	Total (sum of line 1 and line 2)		3,096,319,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,096,319,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,096,319,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140291

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2013 8:43 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	55,387,704		55,387,704	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	55,387,704		55,387,704	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,519,672		14,519,672	11.00
12.00	CORONARY CARE UNIT				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)	14,519,672		14,519,672	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	69,907,376		69,907,376	17.00
18.00	Ancillary services	259,194,074	352,647,627	611,841,701	18.00
19.00	Outpatient services	62,523	14,085,319	14,147,842	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	886,911	4,509,558	5,396,469	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	330,050,884	371,242,504	701,293,388	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		226,215,758		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)		226,215,758		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140291

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

Worksheet G-3

Date/Time Prepared:
5/30/2013 8:43 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	701,293,388	1.00
2.00	Less contractual allowances and discounts on patients' accounts	433,788,183	2.00
3.00	Net patient revenues (line 1 minus line 2)	267,505,205	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	226,215,758	4.00
5.00	Net income from service to patients (line 3 minus line 4)	41,289,447	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	3,588,931	24.00
25.00	Total other income (sum of lines 6-24)	3,588,931	25.00
26.00	Total (line 5 plus line 25)	44,878,378	26.00
27.00	NET NON OPERATING EXPENSE	156,991	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	156,991	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	44,721,387	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140291	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 8:43 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,878,672	1.00
2.00	Capital DRG outlier payments		242,565	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		97.54	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)		0.73	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		4.92	8.00
9.00	Sum of lines 7 and 8		5.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.15	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		33,105	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,154,342	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