

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/26/2013 1:01 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

Date: 5/26/2013 Time: 1:01 pm

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 ADVENTIST GLENOAKS HOSPITAL (140292) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	163,989	-54,061	-86,391	0 1.00
2.00	Subprovider - IPF	0	189,739	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	353,728	-54,061	-86,391	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.

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Encryption Information
 ECR: Date: 5/26/2013 Time: 1:01 pm
 16Jef97CLy.KFovG6g6i:ka0sI2Tc0
 RINDc0VF609BCbXqwXtx0obYmpkjD6
 7WXq1BvhN30kEwcc
 PI: Date: 5/26/2013 Time: 1:01 pm
 IJCW7SYnBWUZnrHBVWmQg011yklDUO
 ass050vc:yablQGCaqvZakdP:kwDCx
 u3hr0vgd:40soTef

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	163,989	-54,061	-86,391	0	1.00
2.00 Subprovider - IPF	0	189,739	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	353,728	-54,061	-86,391	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: 140292		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/26/2013 1:01 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 701 WINTHROP AVENUE			PO Box:							1.00	
2.00	City: GLENDALE HEIGHTS			State: IL		Zip Code: 60139-		County: DUPAGE			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ADVENTIST GLENOAKS HOSPITAL		140292	16974	1	11/23/1982	N	P	O	3.00
4.00	Subprovider - IPF		GLEN OAKS MED CTR PSYCH UNIT		14S292	16974	4	01/01/1984	N	P	T	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 - FOHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012		12/31/2012		20.00	
21.00	Type of Control (see instructions)								1		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		6,103	1,246	0	12	2,386		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 S		Date of Geogr			
							1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/26/2013 1:01 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y		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 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140292

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

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	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.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/26/2013 1:01 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	810,047	0	0
			1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
119.00	DO NOT USE THIS LINE			
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
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
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	
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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	108013
		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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001
142.00	Street: 900 HOPE WAY	PO Box:		
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y	
			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	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	
		Part A	Part B	Title V
		1.00	2.00	3.00
				Title XIX
				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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140292			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/26/2013 1:01 pm	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/26/2013 1:01 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		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.			Y	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
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/03/2012	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140292		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part II Date/Time Prepared: 5/26/2013 1:01 pm	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
						Y/N	Date
						1.00	2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?			Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N			40.00
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHE		HOOTS			41.00
42.00	Enter the employer/company name of the cost report preparer.	DI XON HUGHES GOODMAN LLP					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	828-393-1059		KATHE.HOOTS@DHGLLP.COM			43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/30/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140292

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

Worksheet S-2
Part V
Date/Time Prepared:
5/26/2013 1:01 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	MI KE	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM SUNBELT	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MI KE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/26/2013 1:01 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140292

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / 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	111	40,626	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)		111	40,626	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	10	3,660	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)		121	44,286	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF	40.00	16	5,856		0	16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						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						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	
27.00 Total (sum of lines 14-26)		137				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 Visi ts / Tri ps		Full Time Equivalents	
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l		
	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)	8,781	5,797	21,759			1.00	
2.00 HMO	228	2,862				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)	8,781	5,797	21,759			7.00	
8.00 INTENSIVE CARE UNIT	1,316	363	2,608			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		671	729			13.00	
14.00 Total (see instructions)	10,097	6,831	25,096	0.00	484.61	14.00	
15.00 CAH visits	0	0	0			15.00	
16.00 SUBPROVIDER - IPF	4,179	343	5,323	0.00	27.56	16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						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						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140292

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
27.00	Total (sum of lines 14-26)						27.00
28.00				0.00	512.17	28.00	
29.00		215	1,439			29.00	
30.00	0					30.00	
31.00			0			31.00	
32.00		54	62			32.00	
33.00	0					33.00	
Component	Full Time Equivalents	Discharges					
	Nonpaid Workers	Title V	Title VIII	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)						1.00
2.00		0	1,539	1,604	4,601	2.00	
3.00			53			3.00	
4.00						4.00	
5.00						5.00	
6.00						6.00	
7.00						7.00	
8.00						8.00	
9.00						9.00	
10.00						10.00	
11.00						11.00	
12.00						12.00	
13.00						13.00	
14.00	0.00	0	1,539	1,604	4,601	14.00	
15.00						15.00	
16.00	0.00	0	261	20	341	16.00	
17.00						17.00	
18.00						18.00	
19.00						19.00	
20.00						20.00	
21.00						21.00	
22.00						22.00	
23.00						23.00	
24.00						24.00	
25.00						25.00	
26.00						26.00	
26.25						26.25	
27.00	0.00					27.00	
28.00						28.00	
29.00						29.00	
30.00						30.00	
31.00						31.00	
32.00						32.00	
33.00						33.00	

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140292		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/26/2013 1:01 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	35,325,540	226,746	35,552,286	1,142,144.88	31.13	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		258,265	0	258,265	3,706.00	69.69	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		396,655	0	396,655	6,195.00	64.03	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,699,919	-162,015	5,537,904	186,244.15	29.73	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		915,711	0	915,711	16,679.00	54.90	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		449,675	0	449,675	2,810.00	160.03	13.00
14.00	Home office salaries & wage-related costs		3,003,635	0	3,003,635	46,908.00	64.03	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		5,342,289	0	5,342,289			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		994,253	0	994,253			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		46,365	0	46,365			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	416,648	4,900	421,548	10,923.57	38.59	26.00
27.00	Administrative & General	5.00	4,778,831	139	4,778,970	142,884.11	33.45	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	954,209	0	954,209	40,455.81	23.59	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	719,658	0	719,658	50,885.49	14.14	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	784,998	-620,547	164,451	10,280.87	16.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	620,547	620,547	38,795.76	16.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	847,326	212,707	1,060,033	23,407.59	45.29	38.00
39.00	Central Services and Supply	14.00	267,013	0	267,013	14,600.27	18.29	39.00
40.00	Pharmacy	15.00	1,363,104	-127,300	1,235,804	26,781.90	46.14	40.00
41.00	Medical Records & Medical Records Library	16.00	416,990	0	416,990	22,107.18	18.86	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140292

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2013 1:01 pm

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	509,937	0	509,937	14,877.78	34.28	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140292

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2013 1:01 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	34,670,620	226,746	34,897,366	1,132,243.88	30.82	1.00
2.00	Excluded area salaries (see instructions)	5,699,919	-162,015	5,537,904	186,244.15	29.73	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28,970,701	388,761	29,359,462	945,999.73	31.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,369,021	0	4,369,021	66,397.00	65.80	4.00
5.00	Subtotal wage-related costs (see inst.)	5,342,289	0	5,342,289	0.00	18.20	5.00
6.00	Total (sum of lines 3 thru 5)	38,682,011	388,761	39,070,772	1,012,396.73	38.59	6.00
7.00	Total overhead cost (see instructions)	11,058,714	90,446	11,149,160	396,000.33	28.15	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2013 1:01 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,185,165 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			2,856,113 8.00
9.00	Prescription Drug Plan			11,054 9.00
10.00	Dental, Hearing and Vision Plan			65,598 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			22,683 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)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			463,710 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			1,191,553 17.00
18.00	Medicare Taxes - Employers Portion Only			278,670 18.00
19.00	Unemployment Insurance			149,358 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			159,004 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			6,382,908 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: 140292

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

Worksheet S-3
Part V
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,013,916	6,382,907	1.00
2.00	Hospital	915,711	5,342,289	2.00
3.00	Subprovider - IPF	98,205	246,934	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	793,684	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/26/2013 1:01 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.285844	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			8,760,840	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			9,862,056	5.00
6.00	Medicaid charges			63,621,991	6.00
7.00	Medicaid cost (line 1 times line 6)			18,185,964	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)			0	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)			12,990	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			2,565,911	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			733,450	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)			720,460	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			720,460	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	12,718,075	8,508	12,726,583	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,635,385	2,432	3,637,817	21.00
22.00	Partial payment by patients approved for charity care	5,166	0	5,166	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,630,219	2,432	3,632,651	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?			Y	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			768	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			4,830,629	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			516,126	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			4,314,503	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,233,275	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			4,865,926	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,586,386	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140292

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

Worksheet A
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	3,762,909	3,762,909	1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	3,056,486	3,056,486	2.00	
4.00 00400 EMPLOYEE BENEFITS	416,648	2,119,726	2,536,374	-120	2,536,254	4.00	
5.01 00510 COMMUNICATIONS	0	352,290	352,290	-1,591	350,699	5.01	
5.04 00513 ADMINISTRATION	668,043	72,415	740,458	-330	740,128	5.04	
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	4,110,788	22,991,648	27,102,436	-978,686	26,123,750	5.06	
7.00 00700 OPERATION OF PLANT	954,209	1,516,610	2,470,819	-670	2,470,149	7.00	
9.00 00900 HOUSEKEEPING	719,658	258,931	978,589	-1,200	977,389	9.00	
10.00 01000 DIETARY	784,998	767,498	1,552,496	-1,227,310	325,186	10.00	
11.00 01100 CAFETERIA	0	0	0	1,227,260	1,227,260	11.00	
13.00 01300 NURSING ADMINISTRATION	847,326	145,451	992,777	211,907	1,204,684	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	267,013	296,662	563,675	-30,958	532,717	14.00	
15.00 01500 PHARMACY	1,363,104	2,747,932	4,111,036	-2,843,639	1,267,397	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	416,990	105,216	522,206	-190	522,016	16.00	
17.00 01700 SOCIAL SERVICE	509,937	271,547	781,484	-110	781,374	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	8,284,460	1,953,359	10,237,819	-1,180,285	9,057,534	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,859,546	508,753	2,368,299	-140,970	2,227,329	31.00	
40.00 04000 SUBPROVIDER - IPF	2,119,190	309,579	2,428,769	-288,653	2,140,116	40.00	
43.00 04300 NURSERY	0	4,316	4,316	447,031	451,347	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,135,983	371,355	1,507,338	-17,199	1,490,139	50.00	
51.00 05100 RECOVERY ROOM	258,290	24,561	282,851	0	282,851	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,020,557	1,020,557	52.00	
53.00 05300 ANESTHESIOLOGY	45,156	346,764	391,920	-420	391,500	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	734,655	211,783	946,438	-1,300	945,138	54.00	
56.00 05600 RADIOISOTOPE	152,034	111,308	263,342	-89,671	173,671	56.00	
57.00 05700 CT SCAN	374,243	73,053	447,296	0	447,296	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	148,416	30,169	178,585	-120	178,465	58.00	
59.00 05900 CARDIAC CATHETERIZATION	432,905	828,434	1,261,339	-458,620	802,719	59.00	
60.00 06000 LABORATORY	1,232,688	981,139	2,213,827	-83,373	2,130,454	60.00	
65.00 06500 RESPIRATORY THERAPY	621,939	159,142	781,081	-2,785	778,296	65.00	
66.00 06600 PHYSICAL THERAPY	372,298	116,716	489,014	-70,414	418,600	66.00	
67.00 06700 OCCUPATIONAL THERAPY	98,816	8,040	106,856	0	106,856	67.00	
68.00 06800 SPEECH PATHOLOGY	51,564	5,126	56,690	0	56,690	68.00	
69.00 06900 ELECTROCARDIOLOGY	348,459	165,867	514,326	-8,503	505,823	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	77,684	22,277	99,961	0	99,961	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,202,420	1,202,420	90,405	1,292,825	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	1,450,442	1,450,442	207	1,450,649	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	25,572	25,572	2,157,795	2,183,367	73.00	
74.00 07400 RENAL DIALYSIS	0	138,414	138,414	0	138,414	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	133,077	167,974	301,051	-104,831	196,220	90.00	
91.00 09100 EMERGENCY	2,204,694	1,220,315	3,425,009	-478	3,424,531	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE		3,426,974	3,426,974	-4,934,797	-1,507,823	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	31,744,811	45,509,778	77,254,589	-492,666	76,761,923	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,470	13,694	48,164	0	48,164	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	103,474	3,951,554	4,055,028	0	4,055,028	192.00	
192.03 19203 OP PHARMACY	0	0	0	492,666	492,666	192.03	
194.00 07950 FOUNDATION	121,956	28,670	150,626	0	150,626	194.00	
194.01 07951 MARKETING	45,210	322,428	367,638	0	367,638	194.01	
194.03 07953 THERAPEUTIC DAY SCHOOL	3,275,619	1,190,798	4,466,417	0	4,466,417	194.03	
200.00	TOTAL (SUM OF LINES 118-199)	35,325,540	51,016,922	86,342,462	0	86,342,462	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140292

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

Worksheet A
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,098,463	2,664,446	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	99,327	3,155,813	2.00
4.00	00400	EMPLOYEE BENEFITS	3,350,022	5,886,276	4.00
5.01	00510	COMMUNICATIONS	-94,008	256,691	5.01
5.04	00513	ADMINISTRATIVE	0	740,128	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-9,857,604	16,266,146	5.06
7.00	00700	OPERATION OF PLANT	448,570	2,918,719	7.00
9.00	00900	HOUSEKEEPING	0	977,389	9.00
10.00	01000	DIETARY	0	325,186	10.00
11.00	01100	CAFETERIA	-85,487	1,141,773	11.00
13.00	01300	NURSING ADMINISTRATION	101,105	1,305,789	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	295,089	827,806	14.00
15.00	01500	PHARMACY	12,338	1,279,735	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	235,848	757,864	16.00
17.00	01700	SOCIAL SERVICE	-17,075	764,299	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-846,566	8,210,968	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,227,329	31.00
40.00	04000	SUBPROVIDER - IPF	-600	2,139,516	40.00
43.00	04300	NURSERY	0	451,347	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,490,139	50.00
51.00	05100	RECOVERY ROOM	43,091	325,942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,020,557	52.00
53.00	05300	ANESTHESIOLOGY	-307,559	83,941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-785	944,353	54.00
56.00	05600	RADIOISOTOPE	0	173,671	56.00
57.00	05700	CT SCAN	0	447,296	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	178,465	58.00
59.00	05900	CARDIAC CATHETERIZATION	-183,975	618,744	59.00
60.00	06000	LABORATORY	133,892	2,264,346	60.00
65.00	06500	RESPIRATORY THERAPY	0	778,296	65.00
66.00	06600	PHYSICAL THERAPY	-52,172	366,428	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	106,856	67.00
68.00	06800	SPEECH PATHOLOGY	0	56,690	68.00
69.00	06900	ELECTROCARDIOLOGY	-165,274	340,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	99,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,292,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,450,649	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,183,367	73.00
74.00	07400	RENAL DIALYSIS	0	138,414	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-56,338	139,882	90.00
91.00	09100	EMERGENCY	-1,407,048	2,017,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	1,507,823	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,945,849	68,816,074	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,164	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,055,028	192.00
192.03	19203	OP PHARMACY	0	492,666	192.03
194.00	07950	FOUNDATION	0	150,626	194.00
194.01	07951	MARKETING	0	367,638	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	4,466,417	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-7,945,849	78,396,613	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140292

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

Worksheet Non-CMS W
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.01 COMMUNICATIONS	00510		5.01
5.04 ADMINISTRATION	00513		5.04
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
7.00 OPERATION OF PLANT	00700		7.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.03 OP PHARMACY	19203		192.03
194.00 FOUNDATION	07950		194.00
194.01 MARKETING	07951		194.01
194.03 THERAPEUTIC DAY SCHOOL	07953		194.03
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140292

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

Worksheet A-6
Date/Time Prepared:
5/26/2013 1:01 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA						
1.00	CAFETERIA	11.00	620,547	606,713	1.00	
	TOTALS		620,547	606,713		
B - NURSERY						
1.00	NURSERY	43.00	323,113	123,918	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	730,602	289,955	2.00	
	TOTALS		1,053,715	413,873		
C - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,157,795	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	2,157,795		
D - BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	90,612	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	90,612		
E - RENT AND LEASE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	242,674	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,144,530	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	
	TOTALS		0	1,387,204		
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,581,944	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,628,618	2.00	
	TOTALS		0	3,210,562		
G - INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,865,223	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	276,338	2.00	
	TOTALS		0	2,141,561		
H - PSYCH						
1.00	ADULTS & PEDIATRICS	30.00	289,315	0	1.00	
2.00	SUBPROVIDER - IPF	40.00	0	1,682	2.00	
	TOTALS		289,315	1,682		
J - CNO						
1.00	NURSING ADMINISTRATION	13.00	212,707	0	1.00	
	TOTALS		212,707	0		
K - RECRUITMENT BONUS						
1.00	EMPLOYEE BENEFITS	4.00	4,900	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	4,000	0	2.00	
3.00	PHYSICAL THERAPY	66.00	2,500	0	3.00	
4.00	OCCUPATIONAL THERAPY	67.00	2,500	0	4.00	
	TOTALS		13,900	0		

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
L - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	41,113	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,000	2.00
	TOTALS		0	48,113	
M - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	207	1.00
	TOTALS		0	207	
N - OP PHARMACY					
1.00	OP PHARMACY	192.03	127,300	365,366	1.00
	TOTALS		127,300	365,366	
O - PROPERTY TAXES					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	31,955	1.00
	TOTALS		0	31,955	
P - SHARED SERVICES SALARIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	212,846	0	1.00
	TOTALS		212,846	0	
500.00	Grand Total: Increases		2,530,330	10,455,643	500.00

RECLASSIFICATIONS

Provider CCN: 140292

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	620,547	606,713	0		1.00
	TOTALS		620,547	606,713			
B - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,053,715	413,873	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,053,715	413,873			
C - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	2,157,485	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	310	0		2.00
	TOTALS		0	2,157,795			
D - BILLABLE SUPPLIES							
1.00	OPERATING ROOM	50.00	0	703	0		1.00
2.00	RADIOISOTOPE	56.00	0	89,671	0		2.00
3.00	LABORATORY	60.00	0	2	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	236	0		4.00
	TOTALS		0	90,612			
E - RENT AND LEASE							
1.00	EMPLOYEE BENEFITS	4.00	0	120	10		1.00
2.00	COMMUNICATIONS	5.01	0	1,591	10		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	330	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	268,585	0		4.00
5.00	OPERATION OF PLANT	7.00	0	670	0		5.00
6.00	HOUSEKEEPING	9.00	0	1,200	0		6.00
7.00	DIETARY	10.00	0	50	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	800	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	30,958	0		9.00
10.00	PHARMACY	15.00	0	193,488	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	190	0		11.00
12.00	SOCIAL SERVICE	17.00	0	110	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	330	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	140,970	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	1,020	0		15.00
16.00	OPERATING ROOM	50.00	0	16,496	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	420	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,300	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	120	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	458,620	0		20.00
21.00	LABORATORY	60.00	0	83,371	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	2,785	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	69,868	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	8,503	0		24.00
25.00	CLINIC	90.00	0	104,831	0		25.00
26.00	EMERGENCY	91.00	0	478	0		26.00
	TOTALS		0	1,387,204			
F - DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	449,281	9		1.00
2.00	INTEREST EXPENSE	113.00	0	2,761,281	9		2.00
	TOTALS		0	3,210,562			
G - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	2,141,561	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	2,141,561			
H - PSYCH							
1.00	SUBPROVIDER - IPF	40.00	289,315	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,682	0		2.00
	TOTALS		289,315	1,682			
J - CNO							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	212,707	0	0		1.00
	TOTALS		212,707	0			
K - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS	4.00	0	4,900	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	4,000	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	2,500	0		3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	2,500	0		4.00
	TOTALS		0	13,900			
L - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	48,113	12		1.00
2.00		0.00	0	0	12		2.00

Provider CCN: 140292

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		0	48,113		
	M - IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	207	0	1.00
	TOTALS		0	207		
	N - OP PHARMACY					
1.00	PHARMACY	15.00	127,300	365,366	0	1.00
	TOTALS		127,300	365,366		
	O - PROPERTY TAXES					
1.00	INTEREST EXPENSE	113.00	0	31,955	13	1.00
	TOTALS		0	31,955		
	P - SHARED SERVICES SALARIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	212,846	0	1.00
	TOTALS		0	212,846		
500.00	Grand Total: Decreases		2,303,584	10,682,389		500.00

RECLASSIFICATIONS

Provider CCN: 140292

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/26/2013 1:01 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - CAFETERIA						
1.00	CAFETERIA	11.00	620,547	DIETARY	10.00	620,547
	TOTALS		620,547	TOTALS		620,547
B - NURSERY						
1.00	NURSERY	43.00	323,113	ADULTS & PEDIATRICS	30.00	1,053,715
2.00	DELIVERY ROOM & LABOR ROOM	52.00	730,602		0.00	0
	TOTALS		1,053,715	TOTALS		1,053,715
C - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0
2.00		0.00		PHYSICAL THERAPY	66.00	0
	TOTALS			TOTALS		0
D - BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	OPERATING ROOM	50.00	0
2.00		0.00		RADIOISOTOPE	56.00	0
3.00		0.00		LABORATORY	60.00	0
4.00		0.00		PHYSICAL THERAPY	66.00	0
	TOTALS			TOTALS		0
E - RENT AND LEASE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	EMPLOYEE BENEFITS	4.00	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	COMMUNICATIONS	5.01	0
3.00		0.00		ADMINISTRATIVE AND GENERAL	5.04	0
4.00		0.00		OPERATION OF PLANT	5.06	0
5.00		0.00		HOUSEKEEPING	7.00	0
6.00		0.00		DIETARY	9.00	0
7.00		0.00		NURSING ADMINISTRATION	10.00	0
8.00		0.00		CENTRAL SERVICES & SUPPLY	13.00	0
9.00		0.00		PHARMACY	14.00	0
10.00		0.00		MEDICAL RECORDS & LIBRARY	15.00	0
11.00		0.00		SOCIAL SERVICE	16.00	0
12.00		0.00		ADULTS & PEDIATRICS	17.00	0
13.00		0.00		INTENSIVE CARE UNIT	30.00	0
14.00		0.00		SUBPROVIDER - IPF	31.00	0
15.00		0.00		OPERATING ROOM	40.00	0
16.00		0.00		ANESTHESIOLOGY	50.00	0
17.00		0.00		RADIOLOGY-DIAGNOSTIC	53.00	0
18.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	54.00	0
19.00		0.00		CARDIAC CATHETERIZATION	58.00	0
20.00		0.00		LABORATORY	59.00	0
21.00		0.00		RESPIRATORY THERAPY	60.00	0
22.00		0.00		PHYSICAL THERAPY	65.00	0
23.00		0.00		ELECTROCARDIOLOGY	66.00	0
24.00		0.00		CLINIC	69.00	0
25.00		0.00		EMERGENCY	90.00	0
26.00		0.00		TOTALS	91.00	0
	TOTALS			TOTALS		0
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	INTEREST EXPENSE	113.00	0
	TOTALS			TOTALS		0
G - INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0
	TOTALS			TOTALS		0
H - PSYCH						
1.00	ADULTS & PEDIATRICS	30.00	289,315	SUBPROVIDER - IPF	40.00	289,315
2.00	SUBPROVIDER - IPF	40.00		ADULTS & PEDIATRICS	30.00	0
	TOTALS		289,315	TOTALS		289,315
J - CNO						
1.00	NURSING ADMINISTRATION	13.00	212,707	OTHER ADMINISTRATIVE AND GENERAL	5.06	212,707
	TOTALS		212,707	TOTALS		212,707
K - RECRUITMENT BONUS						
1.00	EMPLOYEE BENEFITS	4.00	4,900	EMPLOYEE BENEFITS	4.00	0
2.00	ADULTS & PEDIATRICS	30.00	4,000	ADULTS & PEDIATRICS	30.00	0
3.00	PHYSICAL THERAPY	66.00	2,500	PHYSICAL THERAPY	66.00	0

RECLASSIFICATIONS

Provider CCN: 140292

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/26/2013 1:01 pm

Increases				Decreases				
	Cost Center	Line #	Salary	Cost Center	Line #	Salary		
	2.00	3.00	4.00	6.00	7.00	8.00		
4.00	OCCUPATIONAL THERAPY	67.00	2,500	OCCUPATIONAL THERAPY	67.00	0	4.00	
	TOTALS		13,900	TOTALS		0		
L - INSURANCE								
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0	2.00	
	TOTALS		0	TOTALS		0		
M - IMPLANTS								
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1.00	
	TOTALS		0	TOTALS		0		
N - OP PHARMACY								
1.00	OP PHARMACY	192.03	127,300	PHARMACY	15.00	127,300	1.00	
	TOTALS		127,300	TOTALS		127,300		
O - PROPERTY TAXES								
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00	
	TOTALS		0	TOTALS		0		
P - SHARED SERVICES SALARIES								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	212,846	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00	
	TOTALS		212,846	TOTALS		0		
500.00	Grand Total: Increases		2,530,330	Grand Total: Decreases		2,303,584	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140292

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,869,112	0	0	0	1.00
2.00	Land Improvements	78,294	0	0	0	2.00
3.00	Buildings and Fixtures	24,908,573	98,822	0	98,822	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	7,163,961	47,271	0	47,271	5.00
6.00	Movable Equipment	8,971,785	1,337,421	0	1,337,421	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	42,991,725	1,483,514	0	1,483,514	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	42,991,725	1,483,514	0	1,483,514	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,869,112	0			1.00
2.00	Land Improvements	78,294	0			2.00
3.00	Buildings and Fixtures	25,007,395	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	7,211,232	0			5.00
6.00	Movable Equipment	10,309,206	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	44,475,239	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	44,475,239	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140292

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	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: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet A-7 Part III Date/Time Prepared: 5/26/2013 1:01 pm
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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	34,166,034	0	34,166,034	0.768203	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,309,206	0	10,309,206	0.231797	0	2.00
3.00	Total (sum of lines 1-2)	44,475,240	0	44,475,240	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	1,634,343	242,674	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,901,122	1,144,530	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,535,465	1,387,204	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	714,361	41,113	31,955	0	2,664,446	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	103,161	7,000	0	0	3,155,813	2.00
3.00	Total (sum of lines 1-2)	817,522	48,113	31,955	0	5,820,259	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140292

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

Worksheet A-8

Date/Time Prepared:
5/26/2013 1:01 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,150,862	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-173,177	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11	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	-94,008	COMMUNICATIONS		5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-17,253	OPERATION OF PLANT		7.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,930,112				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	2,803,864				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-85,487	CAFETERIA		11.00	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	B	-54	PHARMACY		15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-6,606	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	MISC REVENUE	B	-384,561	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.00

Provider CCN: 140292
 Period: From 01/01/2012 To 12/31/2012
 Worksheet A-8
 Date/Time Prepared: 5/26/2013 1:01 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.01	MISC REVENUE	B	-573	EMPLOYEE BENEFITS	4.00	0	33.01
33.02	MISC REVENUE	B	-8,883	OPERATION OF PLANT	7.00	0	33.02
33.04	MISC REVENUE	B	-2,142	NURSING ADMINISTRATION	13.00	0	33.04
33.06	MISC REVENUE	B	-600	SUBPROVIDER - IPF	40.00	0	33.06
33.07	MISC REVENUE	B	-785	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08	MISC REVENUE	B	-35	LABORATORY	60.00	0	33.08
33.09	MISC REVENUE	B	-52,172	PHYSICAL THERAPY	66.00	0	33.09
33.10	MISC REVENUE	B	-56,338	CLINIC	90.00	0	33.10
35.00	OFFSET BAD DEBT	A	-4,830,625	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
37.00	BANK FEES	A	-11,747	INTEREST EXPENSE	113.00	0	37.00
38.00	ADVERTISING	A	-2,716	EMPLOYEE BENEFITS	4.00	0	38.00
39.00	MED STAFF TRAVEL	A	-4,824	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
41.00	HR RECRUIT MED	A	-18,528	EMPLOYEE BENEFITS	4.00	0	41.00
42.00	NON ALLOWABLE LEGAL	A	-103,172	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00	NON ALLOWABLE LOBBY	A	-11,885	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	NON ALLOWABLE DUES	A	-16,245	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00	NON ALLOWABLE INTEREST	A	-747,438	INTEREST EXPENSE	113.00	0	45.00
46.00	PHY COLLECTION FEES	A	-38,885	ELECTROCARDIOLOGY	69.00	0	46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,945,849				50.00

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

Provider CCN: 140292

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

Worksheet A-8-1

Date/Time Prepared: 5/26/2013 1:01 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
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	AHS SHARED SERVICES	3,206,213	0
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	AHS SHARED SERVICES	6,274,524	11,647,430
3.00	7.00	OPERATION OF PLANT	AHS SHARED SERVICES	474,706	0
4.00	13.00	NURSING ADMINISTRATION	AHS SHARED SERVICES	103,247	0
4.01	14.00	CENTRAL SERVICES & SUPPLY	AHS SHARED SERVICES	295,089	0
4.02	15.00	PHARMACY	AHS SHARED SERVICES	12,392	0
4.03	16.00	MEDICAL RECORDS & LIBRARY	AHS SHARED SERVICES	263,435	0
4.04	51.00	RECOVERY ROOM	AHS SHARED SERVICES	43,091	0
4.05	60.00	LABORATORY	AHS SHARED SERVICES	133,927	0
4.06	1.00	NEW CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	52,399	0
4.07	2.00	NEW CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	272,504	0
4.08	4.00	EMPLOYEE BENEFITS	AHS HOME OFFICE	200,178	34,552
4.09	5.06	OTHER ADMINISTRATIVE AND GENERAL	AHS HOME OFFICE	4,224,591	3,316,477
4.10	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	20,229	41,210
4.11	113.00	INTEREST EXPENSE	AHS HOME OFFICE	2,864,568	597,560
5.00	0		0	18,441,093	15,637,229

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

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

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

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

6.00	B	AHS CORPORATE	100.00	AHS CORPORATE	0.00	6.00
7.00	B	SHARED SERVICE	0.00	SHARED SERVICE	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: 140292

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2013 1:01 pm

	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	3,206,213	0		1.00
2.00	-5,372,906	0		2.00
3.00	474,706	0		3.00
4.00	103,247	0		4.00
4.01	295,089	0		4.01
4.02	12,392	0		4.02
4.03	263,435	0		4.03
4.04	43,091	0		4.04
4.05	133,927	0		4.05
4.06	52,399	9		4.06
4.07	272,504	9		4.07
4.08	165,626	0		4.08
4.09	908,114	0		4.09
4.10	-20,981	0		4.10
4.11	2,267,008	0		4.11
5.00	2,803,864			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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	MANAGEMENT SVCS		6.00
7.00	FINANCIAL SVCS		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: 140292

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2013 1:01 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	98,500	40,800	57,000	138,700	2,080	1.00
2.00	17.00	SOCIAL SERVICE	17,542	0	17,542	138,700	7	2.00
3.00	30.00	ADULTS & PEDIATRICS	846,566	846,566	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	307,559	307,559	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	183,975	183,975	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	126,389	126,389	0	0	0	6.00
7.00	91.00	EMERGENCY	1,407,048	1,407,048	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			2,987,579	2,912,337	74,542		2,087	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	138,700	6,935	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	467	23	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	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			139,167	6,958	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	138,700	0	41,500		1.00
2.00	17.00	SOCIAL SERVICE	0	467	17,075	17,075		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	846,566		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	307,559		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	183,975		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	126,389		6.00
7.00	91.00	EMERGENCY	0	0	0	1,407,048		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	139,167	17,075	2,930,112		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		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	2,664,446	2,664,446			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	3,155,813		3,155,813		2.00
4.00 00400	EMPLOYEE BENEFITS	5,886,276	8,737	10,349	5,905,362	4.00
5.01 00510	COMMUNICATIONS	256,691	4,245	5,028	0	5.01
5.04 00513	ADMINITTING	740,128	13,987	16,566	112,296	5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	16,266,146	87,973	104,197	691,034	5.06
7.00 00700	OPERATION OF PLANT	2,918,719	259,728	307,626	160,400	7.00
9.00 00900	HOUSEKEEPING	977,389	15,343	18,173	120,972	9.00
10.00 01000	DIETARY	325,186	68,825	81,517	27,644	10.00
11.00 01100	CAFETERIA	1,141,773	57,410	67,997	104,312	11.00
13.00 01300	NURSING ADMINISTRATION	1,305,789	22,848	27,061	178,188	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	827,806	76,400	90,489	44,884	14.00
15.00 01500	PHARMACY	1,279,735	27,586	32,674	207,735	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	757,864	23,447	27,771	70,095	16.00
17.00 01700	SOCIAL SERVICE	764,299	7,575	8,972	85,719	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,210,968	733,875	869,213	1,264,765	30.00
31.00 03100	INTENSIVE CARE UNIT	2,227,329	86,740	102,737	312,584	31.00
40.00 04000	SUBPROVIDER - IPF	2,139,516	104,374	123,622	307,596	40.00
43.00 04300	NURSERY	451,347	10,728	12,706	54,314	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,490,139	170,627	202,093	190,955	50.00
51.00 05100	RECOVERY ROOM	325,942	10,569	12,519	43,418	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,020,557	8,808	10,432	122,812	52.00
53.00 05300	ANESTHESIOLOGY	83,941	7,399	8,763	7,591	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	944,353	45,396	53,768	123,493	54.00
56.00 05600	RADIOISOTOPE	173,671	19,201	22,742	25,556	56.00
57.00 05700	CT SCAN	447,296	47,017	55,687	62,909	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	178,465	23,394	27,708	24,948	58.00
59.00 05900	CARDIAC CATHETERIZATION	618,744	56,159	66,516	72,770	59.00
60.00 06000	LABORATORY	2,264,346	64,897	76,865	207,211	60.00
65.00 06500	RESPIRATORY THERAPY	778,296	9,125	10,808	104,546	65.00
66.00 06600	PHYSICAL THERAPY	366,428	31,268	37,034	63,002	66.00
67.00 06700	OCCUPATIONAL THERAPY	106,856	1,480	1,753	17,031	67.00
68.00 06800	SPEECH PATHOLOGY	56,690	969	1,148	8,668	68.00
69.00 06900	ELECTROCARDIOLOGY	340,549	34,686	41,082	58,575	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	99,961	4,968	5,884	13,058	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,292,825	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	1,450,649	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,183,367	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	138,414	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	139,882	70,410	83,395	22,370	90.00
91.00 09100	EMERGENCY	2,017,483	341,007	403,894	370,602	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	68,816,074	2,557,201	3,028,789	5,282,053	265,964
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,164	4,844	5,738	5,794	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	4,055,028	0	0	17,394	192.00
192.03 19203	OP PHARMACY	492,666	6,166	7,303	21,399	192.03
194.00 07950	FOUNDATION	150,626	3,153	3,735	20,500	194.00
194.01 07951	MARKETING	367,638	12,578	14,897	7,600	194.01
194.03 07953	THERAPEUTIC DAY SCHOOL	4,466,417	80,504	95,351	550,622	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	78,396,613	2,664,446	3,155,813	5,905,362	265,964

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	HOUSEKEEPING	
		5.04	5A.04	5.06	7.00	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 COMMUNICATIONS						5.01
5.04	00513 ADMINITTING	882,977					5.04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	0	17,344,008	17,344,008			5.06
7.00	00700 OPERATION OF PLANT	0	3,646,473	1,035,901	4,682,374		7.00
9.00	00900 HOUSEKEEPING	0	1,131,877	321,547	31,376	1,484,800	9.00
10.00	01000 DIETARY	0	503,172	142,943	140,741	44,931	10.00
11.00	01100 CAFETERIA	0	1,371,492	389,618	117,398	37,479	11.00
13.00	01300 NURSING ADMINISTRATION	0	1,533,886	435,751	46,721	14,916	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	1,039,579	295,327	156,230	49,876	14.00
15.00	01500 PHARMACY	0	1,547,730	439,684	56,412	18,009	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	879,177	249,759	47,946	15,307	16.00
17.00	01700 SOCIAL SERVICE	0	866,565	246,176	15,490	4,945	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	130,078	11,266,672	3,200,666	1,500,705	479,083	30.00
31.00	03100 INTENSIVE CARE UNIT	23,430	2,758,025	783,508	177,376	56,626	31.00
40.00	04000 SUBPROVIDER - IPF	31,563	2,714,999	771,285	213,434	68,138	40.00
43.00	04300 NURSERY	2,572	531,667	151,038	21,938	7,004	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	51,978	2,105,792	598,220	348,916	111,389	50.00
51.00	05100 RECOVERY ROOM	9,112	401,560	114,076	21,614	6,900	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,816	1,168,425	331,930	18,011	5,750	52.00
53.00	05300 ANESTHESIOLOGY	15,656	123,350	35,042	15,130	4,830	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	48,606	1,215,616	345,336	92,830	29,636	54.00
56.00	05600 RADIOISOTOPE	13,516	254,686	72,352	39,265	12,535	56.00
57.00	05700 CT SCAN	64,357	677,266	192,400	96,145	30,694	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	14,370	268,885	76,386	47,838	15,272	58.00
59.00	05900 CARDIAC CATHETERIZATION	23,932	838,121	238,096	114,840	36,662	59.00
60.00	06000 LABORATORY	125,752	2,739,071	778,124	132,708	42,366	60.00
65.00	06500 RESPIRATORY THERAPY	23,142	925,917	263,037	18,660	5,957	65.00
66.00	06600 PHYSICAL THERAPY	9,101	506,833	143,983	63,940	20,413	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,346	128,466	36,495	3,026	966	67.00
68.00	06800 SPEECH PATHOLOGY	1,131	68,606	19,490	1,981	633	68.00
69.00	06900 ELECTROCARDIOLOGY	30,940	505,832	143,698	70,929	22,644	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	764	124,635	35,407	10,158	3,243	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,787	1,315,612	373,743	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	22,096	1,472,745	418,382	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	82,688	2,266,055	643,748	0	0	73.00
74.00	07400 RENAL DIALYSIS	2,385	140,799	39,999	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,506	322,563	91,635	143,983	45,966	90.00
91.00	09100 EMERGENCY	119,353	3,252,339	923,934	697,327	222,617	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	882,977	67,958,496	14,378,716	4,463,068	1,414,787	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	64,540	18,335	9,906	3,163	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	4,072,422	1,156,906	0	0	192.00
192.03	19203 OP PHARMACY	0	527,534	149,863	12,608	4,025	192.03
194.00	07950 FOUNDATION	0	178,014	50,571	6,448	2,059	194.00
194.01	07951 MARKETING	0	402,713	114,404	25,720	8,211	194.01
194.03	07953 THERAPEUTIC DAY SCHOOL	0	5,192,894	1,475,213	164,624	52,555	194.03
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	882,977	78,396,613	17,344,008	4,682,374	1,484,800	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/26/2013 1:01 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	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
5.04	00513						5.04
5.06	00560						5.06
7.00	00700						7.00
9.00	00900						9.00
10.00	01000	831,787					10.00
11.00	01100	0	1,915,987				11.00
13.00	01300	0	64,002	2,095,276			13.00
14.00	01400	0	39,425	54,037	1,634,474		14.00
15.00	01500	0	72,659	99,124	9,504	2,243,122	15.00
16.00	01600	0	58,577	0	0	0	16.00
17.00	01700	0	39,123	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	609,598	625,726	872,568	104,578	0	30.00
31.00	03100	73,063	130,200	180,127	60,774	0	31.00
40.00	04000	149,126	153,229	212,175	21,947	0	40.00
43.00	04300	0	25,588	32,611	5,866	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	84,714	116,989	53,491	1,762	50.00
51.00	05100	0	14,471	19,997	1,833	0	51.00
52.00	05200	0	57,860	73,741	8,890	0	52.00
53.00	05300	0	5,794	8,054	8,737	0	53.00
54.00	05400	0	59,768	82,991	3,229	2,779	54.00
56.00	05600	0	9,354	13,646	791	335	56.00
57.00	05700	0	27,170	37,515	5,924	13,585	57.00
58.00	05800	0	10,092	14,079	577	4,221	58.00
59.00	05900	0	26,093	36,053	7,646	7,177	59.00
60.00	06000	0	113,632	0	20,526	0	60.00
65.00	06500	0	51,486	0	11,008	0	65.00
66.00	06600	0	24,734	0	1,288	2,839	66.00
67.00	06700	0	5,526	0	0	0	67.00
68.00	06800	0	3,136	0	0	1,062	68.00
69.00	06900	0	28,529	0	3,640	125	69.00
70.00	07000	0	4,545	0	25	0	70.00
71.00	07100	0	0	0	577,316	0	71.00
72.00	07200	0	0	0	649,906	0	72.00
73.00	07300	0	0	0	0	2,207,459	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	3,197	485	90.00
91.00	09100	0	175,518	241,569	73,781	1,293	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		831,787	1,910,951	2,095,276	1,634,474	2,243,122	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	5,036	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	0	0	0	0	192.03
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		831,787	1,915,987	2,095,276	1,634,474	2,243,122	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	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	COMMUNICATIONS					5.01
5.04	00513	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,250,766				16.00
17.00	01700	SOCIAL SERVICE	0	1,172,299			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	184,237	836,850	19,680,683	0	19,680,683
31.00	03100	INTENSIVE CARE UNIT	33,189	100,304	4,353,192	0	4,353,192
40.00	04000	SUBPROVIDER - IPF	44,711	204,723	4,553,767	0	4,553,767
43.00	04300	NURSERY	3,644	28,037	807,393	0	807,393
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,629	0	3,494,902	0	3,494,902
51.00	05100	RECOVERY ROOM	12,907	0	593,358	0	593,358
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,239	2,385	1,675,231	0	1,675,231
53.00	05300	ANESTHESIOLOGY	22,178	0	223,115	0	223,115
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,853	0	1,901,038	0	1,901,038
56.00	05600	RADIOISOTOPE	19,146	0	422,110	0	422,110
57.00	05700	CT SCAN	91,166	0	1,171,865	0	1,171,865
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,357	0	457,707	0	457,707
59.00	05900	CARDIAC CATHETERIZATION	33,901	0	1,338,589	0	1,338,589
60.00	06000	LABORATORY	178,135	0	4,004,562	0	4,004,562
65.00	06500	RESPIRATORY THERAPY	32,782	0	1,308,847	0	1,308,847
66.00	06600	PHYSICAL THERAPY	12,892	0	776,922	0	776,922
67.00	06700	OCCUPATIONAL THERAPY	1,907	0	176,386	0	176,386
68.00	06800	SPEECH PATHOLOGY	1,602	0	96,510	0	96,510
69.00	06900	ELECTROCARDIOLOGY	43,829	0	819,226	0	819,226
70.00	07000	ELECTROENCEPHALOGRAPHY	1,083	0	179,096	0	179,096
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,280	0	2,298,951	0	2,298,951
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,300	0	2,572,333	0	2,572,333
73.00	07300	DRUGS CHARGED TO PATIENTS	117,132	0	5,234,394	0	5,234,394
74.00	07400	RENAL DIALYSIS	3,379	0	184,177	0	184,177
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,217	0	617,046	0	617,046
91.00	09100	EMERGENCY	169,071	0	5,757,449	0	5,757,449
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,250,766	1,172,299	64,698,849	0	64,698,849
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	100,980	0	100,980
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,229,328	0	5,229,328
192.03	19203	OP PHARMACY	0	0	694,030	0	694,030
194.00	07950	FOUNDATION	0	0	237,092	0	237,092
194.01	07951	MARKETING	0	0	551,048	0	551,048
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	6,885,286	0	6,885,286
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)	1,250,766	1,172,299	78,396,613	0	78,396,613

COST ALLOCATION STATISTICS

Provider CCN: 140292

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

Worksheet Non-CMS W
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES	4.00
5.01	COMMUNICATIONS	3	NUMBER OF PHONES	5.01
5.04	ADMITTING	C	GROSS CHARGES	5.04
5.06	OTHER ADMINISTRATIVE AND GENERAL	-6	ACCUM. COST	5.06
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	HOURS WORKED	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	19	TOTAL PATIENT DAYS	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	2. 00				2A	4. 00
GENERAL SERVICE COST CENTERS								
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT				1. 00		
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2. 00		
4. 00	00400	EMPLOYEE BENEFITS	0	8,737	10,349	19,086	19,086	4. 00
5. 01	00510	COMMUNICATIONS	0	4,245	5,028	9,273	0	5. 01
5. 04	00513	ADMINISTRATIVE	0	13,987	16,566	30,553	363	5. 04
5. 06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	87,973	104,197	192,170	2,232	5. 06
7. 00	00700	OPERATION OF PLANT	0	259,728	307,626	567,354	518	7. 00
9. 00	00900	HOUSEKEEPING	0	15,343	18,173	33,516	391	9. 00
10. 00	01000	DIETARY	0	68,825	81,517	150,342	89	10. 00
11. 00	01100	CAFETERIA	0	57,410	67,997	125,407	337	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	22,848	27,061	49,909	576	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	76,400	90,489	166,889	145	14. 00
15. 00	01500	PHARMACY	0	27,586	32,674	60,260	671	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	23,447	27,771	51,218	226	16. 00
17. 00	01700	SOCIAL SERVICE	0	7,575	8,972	16,547	277	17. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	733,875	869,213	1,603,088	4,094	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	86,740	102,737	189,477	1,010	31. 00
40. 00	04000	SUBPROVIDER - IPF	0	104,374	123,622	227,996	994	40. 00
43. 00	04300	NURSERY	0	10,728	12,706	23,434	175	43. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	0	170,627	202,093	372,720	617	50. 00
51. 00	05100	RECOVERY ROOM	0	10,569	12,519	23,088	140	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	8,808	10,432	19,240	397	52. 00
53. 00	05300	ANESTHESIOLOGY	0	7,399	8,763	16,162	25	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	45,396	53,768	99,164	399	54. 00
56. 00	05600	RADIOISOTOPE	0	19,201	22,742	41,943	83	56. 00
57. 00	05700	CT SCAN	0	47,017	55,687	102,704	203	57. 00
58. 00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,394	27,708	51,102	81	58. 00
59. 00	05900	CARDIAC CATHETERIZATION	0	56,159	66,516	122,675	235	59. 00
60. 00	06000	LABORATORY	0	64,897	76,865	141,762	669	60. 00
65. 00	06500	RESPIRATORY THERAPY	0	9,125	10,808	19,933	338	65. 00
66. 00	06600	PHYSICAL THERAPY	0	31,268	37,034	68,302	204	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	1,480	1,753	3,233	55	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	969	1,148	2,117	28	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	34,686	41,082	75,768	189	69. 00
70. 00	07000	ELECTROENCEPHALOGRAPHY	0	4,968	5,884	10,852	42	70. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
74. 00	07400	RENAL DIALYSIS	0	0	0	0	0	74. 00
OUTPATIENT SERVICE COST CENTERS								
90. 00	09000	CLINIC	0	70,410	83,395	153,805	72	90. 00
91. 00	09100	EMERGENCY	0	341,007	403,894	744,901	1,197	91. 00
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92. 00
SPECIAL PURPOSE COST CENTERS								
113. 00	11300	INTEREST EXPENSE	0	0	0	0	0	113. 00
118. 00		SUBTOTALS (SUM OF LINES 1-117)	0	2,557,201	3,028,789	5,585,990	17,072	118. 00
NONREIMBURSABLE COST CENTERS								
190. 00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,844	5,738	10,582	19	190. 00
192. 00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	56	192. 00
192. 03	19203	OP PHARMACY	0	6,166	7,303	13,469	69	192. 03
194. 00	07950	FOUNDATION	0	3,153	3,735	6,888	66	194. 00
194. 01	07951	MARKETING	0	12,578	14,897	27,475	25	194. 01
194. 03	07953	THERAPEUTIC DAY SCHOOL	0	80,504	95,351	175,855	1,779	194. 03
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)	0	2,664,446	3,155,813	5,820,259	19,086	202. 00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/26/2013 1:01 pm				
Cost Center Description		COMMUNICATIONS	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	HOUSEKEEPING		
		5.01	5.04	5.06	7.00	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	COMMUNICATIONS	9,273				5.01	
5.04	00513	ADMINITTING	0	30,916			5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	6,788	0	201,190		5.06	
7.00	00700	OPERATION OF PLANT	0	0	12,015	579,887	7.00	
9.00	00900	HOUSEKEEPING	0	0	3,730	3,886	41,523	9.00
10.00	01000	DIETARY	0	0	1,658	17,430	1,256	10.00
11.00	01100	CAFETERIA	0	0	4,519	14,539	1,048	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	5,054	5,786	417	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,425	19,348	1,395	14.00
15.00	01500	PHARMACY	0	0	5,100	6,986	504	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,897	5,938	428	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,855	1,918	138	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,014	4,475	37,143	185,855	13,396	30.00
31.00	03100	INTENSIVE CARE UNIT	181	823	9,088	21,967	1,584	31.00
40.00	04000	SUBPROVIDER - IPF	290	1,108	8,946	26,433	1,905	40.00
43.00	04300	NURSERY	0	90	1,752	2,717	196	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,825	6,939	43,211	3,115	50.00
51.00	05100	RECOVERY ROOM	0	320	1,323	2,677	193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	204	3,850	2,231	161	52.00
53.00	05300	ANESTHESIOLOGY	0	550	406	1,874	135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,707	4,005	11,497	829	54.00
56.00	05600	RADIOISOTOPE	0	475	839	4,863	351	56.00
57.00	05700	CT SCAN	0	2,260	2,232	11,907	858	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	505	886	5,924	427	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	840	2,762	14,222	1,025	59.00
60.00	06000	LABORATORY	0	4,416	9,025	16,435	1,185	60.00
65.00	06500	RESPIRATORY THERAPY	0	813	3,051	2,311	167	65.00
66.00	06600	PHYSICAL THERAPY	0	320	1,670	7,919	571	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	47	423	375	27	67.00
68.00	06800	SPEECH PATHOLOGY	0	40	226	245	18	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,087	1,667	8,784	633	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27	411	1,258	91	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	800	4,335	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	776	4,853	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,904	7,467	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	84	464	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	228	1,063	17,831	1,285	90.00
91.00	09100	EMERGENCY	0	4,192	10,716	86,360	6,226	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,273	30,916	166,795	552,727	39,564	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	213	1,227	88	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	13,419	0	0	192.00
192.03	19203	OP PHARMACY	0	0	1,738	1,561	113	192.03
194.00	07950	FOUNDATION	0	0	587	799	58	194.00
194.01	07951	MARKETING	0	0	1,327	3,185	230	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	17,111	20,388	1,470	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,273	30,916	201,190	579,887	41,523	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/26/2013 1:01 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	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
5.04	00513						5.04
5.06	00560						5.06
7.00	00700						7.00
9.00	00900						9.00
10.00	01000	170,775					10.00
11.00	01100	0	145,850				11.00
13.00	01300	0	4,872	66,614			13.00
14.00	01400	0	3,001	1,718	195,921		14.00
15.00	01500	0	5,531	3,151	1,139	83,342	15.00
16.00	01600	0	4,459	0	0	0	16.00
17.00	01700	0	2,978	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	125,157	47,632	27,741	12,535	0	30.00
31.00	03100	15,001	9,911	5,727	7,285	0	31.00
40.00	04000	30,617	11,664	6,746	2,631	0	40.00
43.00	04300	0	1,948	1,037	703	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	6,449	3,719	6,412	65	50.00
51.00	05100	0	1,102	636	220	0	51.00
52.00	05200	0	4,404	2,344	1,066	0	52.00
53.00	05300	0	441	256	1,047	0	53.00
54.00	05400	0	4,550	2,638	387	103	54.00
56.00	05600	0	712	434	95	12	56.00
57.00	05700	0	2,068	1,193	710	505	57.00
58.00	05800	0	768	448	69	157	58.00
59.00	05900	0	1,986	1,146	917	267	59.00
60.00	06000	0	8,650	0	2,460	0	60.00
65.00	06500	0	3,919	0	1,319	0	65.00
66.00	06600	0	1,883	0	154	105	66.00
67.00	06700	0	421	0	0	0	67.00
68.00	06800	0	239	0	0	39	68.00
69.00	06900	0	2,172	0	436	5	69.00
70.00	07000	0	346	0	3	0	70.00
71.00	07100	0	0	0	69,202	0	71.00
72.00	07200	0	0	0	77,904	0	72.00
73.00	07300	0	0	0	0	82,018	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	383	18	90.00
91.00	09100	0	13,361	7,680	8,844	48	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		170,775	145,467	66,614	195,921	83,342	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	383	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	0	0	0	0	192.03
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		170,775	145,850	66,614	195,921	83,342	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.04	00513						5.04
5.06	00560						5.06
7.00	00700						7.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	65,166					16.00
17.00	01700		24,713				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,583	17,642	2,090,355	0	2,090,355	30.00
31.00	03100	1,730	2,114	265,898	0	265,898	31.00
40.00	04000	2,330	4,316	325,976	0	325,976	40.00
43.00	04300	190	591	32,833	0	32,833	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,837	0	448,909	0	448,909	50.00
51.00	05100	673	0	30,372	0	30,372	51.00
52.00	05200	429	50	34,376	0	34,376	52.00
53.00	05300	1,156	0	22,052	0	22,052	53.00
54.00	05400	3,588	0	128,867	0	128,867	54.00
56.00	05600	998	0	50,805	0	50,805	56.00
57.00	05700	4,751	0	129,391	0	129,391	57.00
58.00	05800	1,061	0	61,428	0	61,428	58.00
59.00	05900	1,767	0	147,842	0	147,842	59.00
60.00	06000	9,284	0	193,886	0	193,886	60.00
65.00	06500	1,709	0	33,560	0	33,560	65.00
66.00	06600	672	0	81,800	0	81,800	66.00
67.00	06700	99	0	4,680	0	4,680	67.00
68.00	06800	83	0	3,035	0	3,035	68.00
69.00	06900	2,284	0	93,025	0	93,025	69.00
70.00	07000	56	0	13,086	0	13,086	70.00
71.00	07100	1,682	0	76,019	0	76,019	71.00
72.00	07200	1,631	0	85,164	0	85,164	72.00
73.00	07300	6,105	0	98,494	0	98,494	73.00
74.00	07400	176	0	724	0	724	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	480	0	175,165	0	175,165	90.00
91.00	09100	8,812	0	892,337	0	892,337	91.00
92.00	09200				0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		65,166	24,713	5,520,079	0	5,520,079	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	12,512	0	12,512	190.00
192.00	19200	0	0	13,475	0	13,475	192.00
192.03	19203	0	0	16,950	0	16,950	192.03
194.00	07950	0	0	8,398	0	8,398	194.00
194.01	07951	0	0	32,242	0	32,242	194.01
194.03	07953	0	0	216,603	0	216,603	194.03
200.00				0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		65,166	24,713	5,820,259	0	5,820,259	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	151,253				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		151,253			2.00
4.00 00400	EMPLOYEE BENEFITS	496	496	35,130,738		4.00
5.01 00510	COMMUNICATIONS	241	241	0	511	5.01
5.04 00513	ADMITTING	794	794	668,043	0	226,343,283
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	4,994	4,994	4,110,927	374	0
7.00 00700	OPERATION OF PLANT	14,744	14,744	954,209	0	0
9.00 00900	HOUSEKEEPING	871	871	719,658	0	0
10.00 01000	DIETARY	3,907	3,907	164,451	0	0
11.00 01100	CAFETERIA	3,259	3,259	620,547	0	0
13.00 01300	NURSING ADMINISTRATION	1,297	1,297	1,060,033	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	4,337	4,337	267,013	0	0
15.00 01500	PHARMACY	1,566	1,566	1,235,804	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,331	1,331	416,990	0	0
17.00 01700	SOCIAL SERVICE	430	430	509,937	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	41,660	41,660	7,524,060	111	33,341,462
31.00 03100	INTENSIVE CARE UNIT	4,924	4,924	1,859,546	10	6,006,049
40.00 04000	SUBPROVIDER - IPF	5,925	5,925	1,829,875	16	8,090,960
43.00 04300	NURSERY	609	609	323,113	0	659,385
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,686	9,686	1,135,983	0	13,324,175
51.00 05100	RECOVERY ROOM	600	600	258,290	0	2,335,745
52.00 05200	DELIVERY ROOM & LABOR ROOM	500	500	730,602	0	1,490,957
53.00 05300	ANESTHESIOLOGY	420	420	45,156	0	4,013,331
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,577	2,577	734,655	0	12,459,883
56.00 05600	RADIOISOTOPE	1,090	1,090	152,034	0	3,464,693
57.00 05700	CT SCAN	2,669	2,669	374,243	0	16,497,568
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,328	1,328	148,416	0	3,683,794
59.00 05900	CARDIAC CATHETERIZATION	3,188	3,188	432,905	0	6,134,825
60.00 06000	LABORATORY	3,684	3,684	1,232,688	0	32,235,773
65.00 06500	RESPIRATORY THERAPY	518	518	621,939	0	5,932,368
66.00 06600	PHYSICAL THERAPY	1,775	1,775	374,798	0	2,333,030
67.00 06700	OCCUPATIONAL THERAPY	84	84	101,316	0	345,124
68.00 06800	SPEECH PATHOLOGY	55	55	51,564	0	289,892
69.00 06900	ELECTROCARDIOLOGY	1,969	1,969	348,459	0	7,931,361
70.00 07000	ELECTROENCEPHALOGRAPHY	282	282	77,684	0	195,943
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,841,405
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,664,146
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	21,196,491
74.00 07400	RENAL DIALYSIS	0	0	0	0	611,500
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,997	3,997	133,077	0	1,667,846
91.00 09100	EMERGENCY	19,358	19,358	2,204,694	0	30,595,577
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	145,165	145,165	31,422,709	511	226,343,283
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	275	275	34,470	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	103,474	0	0
192.03 19203	OP PHARMACY	350	350	127,300	0	0
194.00 07950	FOUNDATION	179	179	121,956	0	0
194.01 07951	MARKETING	714	714	45,210	0	0
194.03 07953	THERAPEUTIC DAY SCHOOL	4,570	4,570	3,275,619	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	2,664,446	3,155,813	5,905,362	265,964	882,977
203.00	Unit cost multiplier (Wkst. B, Part I)	17.615822	20.864465	0.168097	520.477495	0.003901
204.00	Cost to be allocated (per Wkst. B, Part II)			19,086	9,273	30,916
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000543	18.146771	0.000137

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared: 5/26/2013 1:01 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5A.06	5.06	7.00	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	COMMUNICATIONS					5.01
5.04	00513	ADMINISTRATIVE					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-17,344,008	61,052,605			5.06
7.00	00700	OPERATION OF PLANT	0	3,646,473	129,984		7.00
9.00	00900	HOUSEKEEPING	0	1,131,877	871	129,113	9.00
10.00	01000	DIETARY	0	503,172	3,907	3,907	89,255
11.00	01100	CAFETERIA	0	1,371,492	3,259	3,259	0
13.00	01300	NURSING ADMINISTRATION	0	1,533,886	1,297	1,297	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,039,579	4,337	4,337	0
15.00	01500	PHARMACY	0	1,547,730	1,566	1,566	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	879,177	1,331	1,331	0
17.00	01700	SOCIAL SERVICE	0	866,565	430	430	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	11,266,672	41,660	41,660	65,413
31.00	03100	INTENSIVE CARE UNIT	0	2,758,025	4,924	4,924	7,840
40.00	04000	SUBPROVIDER - I/PF	0	2,714,999	5,925	5,925	16,002
43.00	04300	NURSERY	0	531,667	609	609	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,105,792	9,686	9,686	0
51.00	05100	RECOVERY ROOM	0	401,560	600	600	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,168,425	500	500	0
53.00	05300	ANESTHESIOLOGY	0	123,350	420	420	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,215,616	2,577	2,577	0
56.00	05600	RADIOISOTOPE	0	254,686	1,090	1,090	0
57.00	05700	CT SCAN	0	677,266	2,669	2,669	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	268,885	1,328	1,328	0
59.00	05900	CARDIAC CATHETERIZATION	0	838,121	3,188	3,188	0
60.00	06000	LABORATORY	0	2,739,071	3,684	3,684	0
65.00	06500	RESPIRATORY THERAPY	0	925,917	518	518	0
66.00	06600	PHYSICAL THERAPY	0	506,833	1,775	1,775	0
67.00	06700	OCCUPATIONAL THERAPY	0	128,466	84	84	0
68.00	06800	SPEECH PATHOLOGY	0	68,606	55	55	0
69.00	06900	ELECTROCARDIOLOGY	0	505,832	1,969	1,969	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	124,635	282	282	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,315,612	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,472,745	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,266,055	0	0	0
74.00	07400	RENAL DIALYSIS	0	140,799	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	322,563	3,997	3,997	0
91.00	09100	EMERGENCY	0	3,252,339	19,358	19,358	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-17,344,008	50,614,488	123,896	123,025	89,255
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	64,540	275	275	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,072,422	0	0	0
192.03	19203	OP PHARMACY	0	527,534	350	350	0
194.00	07950	FOUNDATION	0	178,014	179	179	0
194.01	07951	MARKETING	0	402,713	714	714	0
194.03	07953	THERAPEUTIC DAY SCHOOL	0	5,192,894	4,570	4,570	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,344,008	4,682,374	1,484,800	831,787	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.284083	36.022695	11.500004	9.319220	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	201,190	579,887	41,523	170,775	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003295	4.461218	0.321602	1.913338	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	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
5.04	00513						5.04
5.06	00560						5.06
7.00	00700						7.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	659,765					11.00
13.00	01300	22,039	566,117				13.00
14.00	01400	13,576	14,600	3,648,295			14.00
15.00	01500	25,020	26,782	21,214	2,535,508		15.00
16.00	01600	20,171	0	0	0	226,343,283	16.00
17.00	01700	13,472	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	215,467	235,757	233,427	0	33,341,462	30.00
31.00	03100	44,834	48,668	135,654	0	6,006,049	31.00
40.00	04000	52,764	57,327	48,987	0	8,090,960	40.00
43.00	04300	8,811	8,811	13,094	0	659,385	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	29,171	31,609	119,397	1,992	13,324,175	50.00
51.00	05100	4,983	5,403	4,091	0	2,335,745	51.00
52.00	05200	19,924	19,924	19,843	0	1,490,957	52.00
53.00	05300	1,995	2,176	19,502	0	4,013,331	53.00
54.00	05400	20,581	22,423	7,208	3,141	12,459,883	54.00
56.00	05600	3,221	3,687	1,765	379	3,464,693	56.00
57.00	05700	9,356	10,136	13,224	15,356	16,497,568	57.00
58.00	05800	3,475	3,804	1,287	4,771	3,683,794	58.00
59.00	05900	8,985	9,741	17,067	8,112	6,134,825	59.00
60.00	06000	39,129	0	45,816	0	32,235,773	60.00
65.00	06500	17,729	0	24,570	0	5,932,368	65.00
66.00	06600	8,517	0	2,874	3,209	2,333,030	66.00
67.00	06700	1,903	0	0	0	345,124	67.00
68.00	06800	1,080	0	0	1,200	289,892	68.00
69.00	06900	9,824	0	8,125	141	7,931,361	69.00
70.00	07000	1,565	0	55	0	195,943	70.00
71.00	07100	0	0	1,288,623	0	5,841,405	71.00
72.00	07200	0	0	1,450,649	0	5,664,146	72.00
73.00	07300	0	0	0	2,495,197	21,196,491	73.00
74.00	07400	0	0	0	0	611,500	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	7,137	548	1,667,846	90.00
91.00	09100	60,439	65,269	164,686	1,462	30,595,577	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		658,031	566,117	3,648,295	2,535,508	226,343,283	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,734	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	0	0	0	0	192.03
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		1,915,987	2,095,276	1,634,474	2,243,122	1,250,766	202.00
203.00		2.904045	3.701136	0.448010	0.884683	0.005526	203.00
204.00		145,850	66,614	195,921	83,342	65,166	204.00
205.00		0.221064	0.117668	0.053702	0.032870	0.000288	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		17.00	
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	COMMUNICATIONS	5.01
5.04	00513	ADMITTING	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
		30,481	
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
43.00	04300	NURSERY	43.00
		21,759	
		2,608	
		5,323	
		729	
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	05600	RADIOISOTOPE	56.00
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
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		30,481	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.03	19203	OP PHARMACY	192.03
194.00	07950	FOUNDATION	194.00
194.01	07951	MARKETING	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00
		1,172,299	
		38.459991	
		24,713	
		0.810767	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140292

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

			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	19,680,683		19,680,683	0	19,680,683	30,630,275	30.00
31.00	03100	INTENSIVE CARE UNIT	4,353,192		4,353,192	0	4,353,192	6,006,049	31.00
40.00	04000	SUBPROVIDER - IPF	4,553,767		4,553,767	0	4,553,767	8,090,960	40.00
43.00	04300	NURSERY	807,393		807,393	0	807,393	659,385	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,494,902		3,494,902	0	3,494,902	4,685,014	50.00
51.00	05100	RECOVERY ROOM	593,358		593,358	0	593,358	743,458	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,675,231		1,675,231	0	1,675,231	1,131,597	52.00
53.00	05300	ANESTHESIOLOGY	223,115		223,115	0	223,115	1,685,634	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,901,038		1,901,038	0	1,901,038	3,683,587	54.00
56.00	05600	RADIOISOTOPE	422,110		422,110	0	422,110	1,340,351	56.00
57.00	05700	CT SCAN	1,171,865		1,171,865	0	1,171,865	5,897,546	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	457,707		457,707	0	457,707	1,154,284	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,338,589		1,338,589	0	1,338,589	5,293,706	59.00
60.00	06000	LABORATORY	4,004,562		4,004,562	0	4,004,562	19,488,954	60.00
65.00	06500	RESPIRATORY THERAPY	1,308,847	0	1,308,847	0	1,308,847	5,474,088	65.00
66.00	06600	PHYSICAL THERAPY	776,922	0	776,922	0	776,922	538,366	66.00
67.00	06700	OCCUPATIONAL THERAPY	176,386	0	176,386	0	176,386	322,349	67.00
68.00	06800	SPEECH PATHOLOGY	96,510	0	96,510	0	96,510	282,149	68.00
69.00	06900	ELECTROCARDIOLOGY	819,226		819,226	0	819,226	4,343,523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179,096		179,096	0	179,096	141,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,298,951		2,298,951	0	2,298,951	2,843,131	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,572,333		2,572,333	0	2,572,333	3,921,390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,234,394		5,234,394	0	5,234,394	16,185,575	73.00
74.00	07400	RENAL DIALYSIS	184,177		184,177	0	184,177	611,500	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	617,046		617,046	0	617,046	9,418	90.00
91.00	09100	EMERGENCY	5,757,449		5,757,449	0	5,757,449	6,641,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,220,819		1,220,819	0	1,220,819	288,046	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	65,919,668	0	65,919,668	0	65,919,668	132,093,985	200.00
201.00		Less Observation Beds	1,220,819		1,220,819		1,220,819		201.00
202.00		Total (see instructions)	64,698,849	0	64,698,849	0	64,698,849	132,093,985	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		30,630,275					30.00
31.00	03100	INTENSIVE CARE UNIT		6,006,049					31.00
40.00	04000	SUBPROVIDER - IPF		8,090,960					40.00
43.00	04300	NURSERY		659,385					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,639,161	13,324,175	0.262298	0.000000	0.262298		50.00
51.00	05100	RECOVERY ROOM	1,592,287	2,335,745	0.254034	0.000000	0.254034		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	359,360	1,490,957	1.123594	0.000000	1.123594		52.00
53.00	05300	ANESTHESIOLOGY	2,327,697	4,013,331	0.055593	0.000000	0.055593		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,776,296	12,459,883	0.152573	0.000000	0.152573		54.00
56.00	05600	RADIOISOTOPE	2,124,342	3,464,693	0.121832	0.000000	0.121832		56.00
57.00	05700	CT SCAN	10,600,022	16,497,568	0.071033	0.000000	0.071033		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,529,510	3,683,794	0.124249	0.000000	0.124249		58.00
59.00	05900	CARDIAC CATHETERIZATION	841,119	6,134,825	0.218195	0.000000	0.218195		59.00
60.00	06000	LABORATORY	12,746,819	32,235,773	0.124227	0.000000	0.124227		60.00
65.00	06500	RESPIRATORY THERAPY	458,280	5,932,368	0.220628	0.000000	0.220628		65.00
66.00	06600	PHYSICAL THERAPY	1,794,664	2,333,030	0.333010	0.000000	0.333010		66.00
67.00	06700	OCCUPATIONAL THERAPY	22,775	345,124	0.511080	0.000000	0.511080		67.00
68.00	06800	SPEECH PATHOLOGY	7,743	289,892	0.332917	0.000000	0.332917		68.00
69.00	06900	ELECTROCARDIOLOGY	3,587,838	7,931,361	0.103289	0.000000	0.103289		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140292

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	54,195	195,943	0.914021	0.000000	0.914021		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,998,274	5,841,405	0.393561	0.000000	0.393561		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,742,756	5,664,146	0.454143	0.000000	0.454143		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,010,916	21,196,491	0.246946	0.000000	0.246946		73.00
74.00	07400	RENAL DIALYSIS	0	611,500	0.301189	0.000000	0.301189		74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,658,428	1,667,846	0.369966	0.000000	0.369966		90.00
91.00	09100	EMERGENCY	23,953,675	30,595,577	0.188179	0.000000	0.188179		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,423,141	2,711,187	0.450289	0.000000	0.450289		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	94,249,298	226,343,283					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	94,249,298	226,343,283					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140292

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

Worksheet C Part I Date/Time Prepared: 5/26/2013 1:01 pm

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	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	19,680,683		19,680,683	0	0	30,630,275	30.00
31.00	03100	INTENSIVE CARE UNIT	4,353,192		4,353,192	0	0	6,006,049	31.00
40.00	04000	SUBPROVIDER - I/PF	4,553,767		4,553,767	0	0	8,090,960	40.00
43.00	04300	NURSERY	807,393		807,393	0	0	659,385	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,494,902		3,494,902	0	0	4,685,014	50.00
51.00	05100	RECOVERY ROOM	593,358		593,358	0	0	743,458	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,675,231		1,675,231	0	0	1,131,597	52.00
53.00	05300	ANESTHESIOLOGY	223,115		223,115	0	0	1,685,634	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,901,038		1,901,038	0	0	3,683,587	54.00
56.00	05600	RADIOISOTOPE	422,110		422,110	0	0	1,340,351	56.00
57.00	05700	CT SCAN	1,171,865		1,171,865	0	0	5,897,546	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	457,707		457,707	0	0	1,154,284	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,338,589		1,338,589	0	0	5,293,706	59.00
60.00	06000	LABORATORY	4,004,562		4,004,562	0	0	19,488,954	60.00
65.00	06500	RESPIRATORY THERAPY	1,308,847	0	1,308,847	0	0	5,474,088	65.00
66.00	06600	PHYSICAL THERAPY	776,922	0	776,922	0	0	538,366	66.00
67.00	06700	OCCUPATIONAL THERAPY	176,386	0	176,386	0	0	322,349	67.00
68.00	06800	SPEECH PATHOLOGY	96,510	0	96,510	0	0	282,149	68.00
69.00	06900	ELECTROCARDIOLOGY	819,226		819,226	0	0	4,343,523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179,096		179,096	0	0	141,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,298,951		2,298,951	0	0	2,843,131	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,572,333		2,572,333	0	0	3,921,390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,234,394		5,234,394	0	0	16,185,575	73.00
74.00	07400	RENAL DIALYSIS	184,177		184,177	0	0	611,500	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	617,046		617,046	0	0	9,418	90.00
91.00	09100	EMERGENCY	5,757,449		5,757,449	0	0	6,641,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,220,819		1,220,819	0	0	288,046	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	65,919,668	0	65,919,668	0	0	132,093,985	200.00
201.00		Less Observation Beds	1,220,819		1,220,819		0		201.00
202.00		Total (see instructions)	64,698,849	0	64,698,849	0	0	132,093,985	202.00
Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
		Outpatient	Total (col. 6 + col. 7)						
			7.00	8.00	9.00	10.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		30,630,275					30.00
31.00	03100	INTENSIVE CARE UNIT		6,006,049					31.00
40.00	04000	SUBPROVIDER - I/PF		8,090,960					40.00
43.00	04300	NURSERY		659,385					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,639,161	13,324,175	0.262298	0.262298	0.000000		50.00
51.00	05100	RECOVERY ROOM	1,592,287	2,335,745	0.254034	0.254034	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	359,360	1,490,957	1.123594	1.123594	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,327,697	4,013,331	0.055593	0.055593	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,776,296	12,459,883	0.152573	0.152573	0.000000		54.00
56.00	05600	RADIOISOTOPE	2,124,342	3,464,693	0.121832	0.121832	0.000000		56.00
57.00	05700	CT SCAN	10,600,022	16,497,568	0.071033	0.071033	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,529,510	3,683,794	0.124249	0.124249	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	841,119	6,134,825	0.218195	0.218195	0.000000		59.00
60.00	06000	LABORATORY	12,746,819	32,235,773	0.124227	0.124227	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	458,280	5,932,368	0.220628	0.220628	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,794,664	2,333,030	0.333010	0.333010	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	22,775	345,124	0.511080	0.511080	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	7,743	289,892	0.332917	0.332917	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,587,838	7,931,361	0.103289	0.103289	0.000000		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140292

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	54,195	195,943	0.914021	0.914021	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,998,274	5,841,405	0.393561	0.393561	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,742,756	5,664,146	0.454143	0.454143	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,010,916	21,196,491	0.246946	0.246946	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	611,500	0.301189	0.301189	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,658,428	1,667,846	0.369966	0.369966	0.000000	90.00
91.00	09100	EMERGENCY	23,953,675	30,595,577	0.188179	0.188179	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,423,141	2,711,187	0.450289	0.450289	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	94,249,298	226,343,283				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	94,249,298	226,343,283				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/26/2013 1:01 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,090,355	0	2,090,355	23,198	90.11	30.00	
31.00	INTENSIVE CARE UNIT	265,898	0	265,898	2,608	101.95	31.00	
40.00	SUBPROVIDER - IPF	325,976	0	325,976	5,323	61.24	40.00	
43.00	NURSERY	32,833		32,833	729	45.04	43.00	
200.00	Total (lines 30-199)	2,715,062		2,715,062	31,858		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	8,781	791,256					30.00
31.00	INTENSIVE CARE UNIT	1,316	134,166					31.00
40.00	SUBPROVIDER - IPF	4,179	255,922					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	14,276	1,181,344					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/26/2013 1:01 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	448,909	13,324,175	0.033691	1,661,733	55,985	50.00
51.00	05100 RECOVERY ROOM	30,372	2,335,745	0.013003	295,091	3,837	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	34,376	1,490,957	0.023056	0	0	52.00
53.00	05300 ANESTHESIOLOGY	22,052	4,013,331	0.005495	578,101	3,177	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	128,867	12,459,883	0.010343	2,138,402	22,117	54.00
56.00	05600 RADIOISOTOPE	50,805	3,464,693	0.014664	744,546	10,918	56.00
57.00	05700 CT SCAN	129,391	16,497,568	0.007843	2,751,932	21,583	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	61,428	3,683,794	0.016675	310,508	5,178	58.00
59.00	05900 CARDIAC CATHETERIZATION	147,842	6,134,825	0.024099	2,048,011	49,355	59.00
60.00	06000 LABORATORY	193,886	32,235,773	0.006015	7,620,086	45,835	60.00
65.00	06500 RESPIRATORY THERAPY	33,560	5,932,368	0.005657	2,653,249	15,009	65.00
66.00	06600 PHYSICAL THERAPY	81,800	2,333,030	0.035062	348,902	12,233	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,680	345,124	0.013560	206,874	2,805	67.00
68.00	06800 SPEECH PATHOLOGY	3,035	289,892	0.010469	212,213	2,222	68.00
69.00	06900 ELECTROCARDIOLOGY	93,025	7,931,361	0.011729	2,041,390	23,943	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,086	195,943	0.066785	65,735	4,390	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	76,019	5,841,405	0.013014	1,254,210	16,322	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	85,164	5,664,146	0.015036	1,831,039	27,532	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	98,494	21,196,491	0.004647	5,646,300	26,238	73.00
74.00	07400 RENAL DIALYSIS	724	611,500	0.001184	455,777	540	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	175,165	1,667,846	0.105025	686	72	90.00
91.00	09100 EMERGENCY	892,337	30,595,577	0.029166	2,925,113	85,314	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	129,668	2,711,187	0.047827	181,910	8,700	92.00
200.00	Total (lines 50-199)	2,934,685	180,956,614		35,971,808	443,305	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/26/2013 1:01 pm
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Cost Center Description			Title XVIII				Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	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)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	23,198	0.00	8,781	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,608	0.00	1,316	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	5,323	0.00	4,179	0	0	0	0	40.00
43.00	04300	NURSERY	729	0.00	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	31,858		14,276	0	0	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0	0						31.00
40.00	04000	SUBPROVIDER - IPF	0	0						40.00
43.00	04300	NURSERY	0	0						43.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	13,324,175	0.000000	0.000000	1,661,733	50.00
51.00	05100	RECOVERY ROOM	0	2,335,745	0.000000	0.000000	295,091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,490,957	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,013,331	0.000000	0.000000	578,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,459,883	0.000000	0.000000	2,138,402	54.00
56.00	05600	RADIOISOTOPE	0	3,464,693	0.000000	0.000000	744,546	56.00
57.00	05700	CT SCAN	0	16,497,568	0.000000	0.000000	2,751,932	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,683,794	0.000000	0.000000	310,508	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,134,825	0.000000	0.000000	2,048,011	59.00
60.00	06000	LABORATORY	0	32,235,773	0.000000	0.000000	7,620,086	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,932,368	0.000000	0.000000	2,653,249	65.00
66.00	06600	PHYSICAL THERAPY	0	2,333,030	0.000000	0.000000	348,902	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	345,124	0.000000	0.000000	206,874	67.00
68.00	06800	SPEECH PATHOLOGY	0	289,892	0.000000	0.000000	212,213	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,931,361	0.000000	0.000000	2,041,390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	195,943	0.000000	0.000000	65,735	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,841,405	0.000000	0.000000	1,254,210	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,664,146	0.000000	0.000000	1,831,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,196,491	0.000000	0.000000	5,646,300	73.00
74.00	07400	RENAL DIALYSIS	0	611,500	0.000000	0.000000	455,777	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,667,846	0.000000	0.000000	686	90.00
91.00	09100	EMERGENCY	0	30,595,577	0.000000	0.000000	2,925,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,711,187	0.000000	0.000000	181,910	92.00
200.00		Total (lines 50-199)	0	180,956,614			35,971,808	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/26/2013 1:01 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	2,036,550	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	390,144	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	519,292	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,203,965	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	584,698	0	0	0	56.00
57.00	05700 CT SCAN	0	1,922,347	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	563,012	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	293,353	0	0	0	59.00
60.00	06000 LABORATORY	0	202,735	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	295,507	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	850,104	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,683	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	635,204	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	402,297	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,038,353	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	96,125	0	0	0	90.00
91.00	09100 EMERGENCY	0	2,486,007	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	610,050	0	0	0	92.00
200.00	Total (lines 50-199)	0	15,139,426	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/26/2013 1:01 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.262298	2,036,550	0	0	534,183 50.00
51.00	05100 RECOVERY ROOM	0.254034	390,144	0	0	99,110 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.123594	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.055593	519,292	0	0	28,869 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152573	1,203,965	0	0	183,693 54.00
56.00	05600 RADIOISOTOPE	0.121832	584,698	0	0	71,235 56.00
57.00	05700 CT SCAN	0.071033	1,922,347	0	0	136,550 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.124249	563,012	0	0	69,954 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.218195	293,353	0	0	64,008 59.00
60.00	06000 LABORATORY	0.124227	202,735	0	0	25,185 60.00
65.00	06500 RESPIRATORY THERAPY	0.220628	295,507	0	0	65,197 65.00
66.00	06600 PHYSICAL THERAPY	0.333010	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.511080	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.332917	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.103289	850,104	0	0	87,806 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.914021	9,683	0	0	8,850 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393561	635,204	0	0	249,992 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.454143	402,297	0	0	182,700 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.246946	2,038,353	172	14,571	503,363 73.00
74.00	07400 RENAL DIALYSIS	0.301189	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.369966	96,125	0	0	35,563 90.00
91.00	09100 EMERGENCY	0.188179	2,486,007	0	0	467,814 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.450289	610,050	0	0	274,699 92.00
200.00	Subtotal (see instructions)		15,139,426	172	14,571	3,088,771 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		15,139,426	172	14,571	3,088,771 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/26/2013 1:01 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
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	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42	3,598	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	42	3,598	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	42	3,598	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/26/2013 1:01 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	448,909	13,324,175	0.033691	0	0	50.00
51.00	05100 RECOVERY ROOM	30,372	2,335,745	0.013003	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	34,376	1,490,957	0.023056	0	0	52.00
53.00	05300 ANESTHESIOLOGY	22,052	4,013,331	0.005495	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	128,867	12,459,883	0.010343	39,705	411	54.00
56.00	05600 RADIOISOTOPE	50,805	3,464,693	0.014664	5,630	83	56.00
57.00	05700 CT SCAN	129,391	16,497,568	0.007843	56,235	441	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	61,428	3,683,794	0.016675	39,181	653	58.00
59.00	05900 CARDIAC CATHETERIZATION	147,842	6,134,825	0.024099	0	0	59.00
60.00	06000 LABORATORY	193,886	32,235,773	0.006015	1,001,604	6,025	60.00
65.00	06500 RESPIRATORY THERAPY	33,560	5,932,368	0.005657	189,807	1,074	65.00
66.00	06600 PHYSICAL THERAPY	81,800	2,333,030	0.035062	1,405	49	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,680	345,124	0.013560	291	4	67.00
68.00	06800 SPEECH PATHOLOGY	3,035	289,892	0.010469	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	93,025	7,931,361	0.011729	111,386	1,306	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,086	195,943	0.066785	3,181	212	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	76,019	5,841,405	0.013014	2,095	27	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	85,164	5,664,146	0.015036	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	98,494	21,196,491	0.004647	1,145,208	5,322	73.00
74.00	07400 RENAL DIALYSIS	724	611,500	0.001184	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	175,165	1,667,846	0.105025	0	0	90.00
91.00	09100 EMERGENCY	892,337	30,595,577	0.029166	158,935	4,635	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,711,187	0.000000	0	0	92.00
200.00	Total (lines 50-199)	2,805,017	180,956,614		2,754,663	20,242	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/26/2013 1:01 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/26/2013 1:01 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	13,324,175	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	2,335,745	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,490,957	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	4,013,331	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	12,459,883	0.000000	0.000000	39,705	54.00
56.00 05600 RADIOISOTOPE	0	3,464,693	0.000000	0.000000	5,630	56.00
57.00 05700 CT SCAN	0	16,497,568	0.000000	0.000000	56,235	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,683,794	0.000000	0.000000	39,181	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	6,134,825	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	32,235,773	0.000000	0.000000	1,001,604	60.00
65.00 06500 RESPIRATORY THERAPY	0	5,932,368	0.000000	0.000000	189,807	65.00
66.00 06600 PHYSICAL THERAPY	0	2,333,030	0.000000	0.000000	1,405	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	345,124	0.000000	0.000000	291	67.00
68.00 06800 SPEECH PATHOLOGY	0	289,892	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	7,931,361	0.000000	0.000000	111,386	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	195,943	0.000000	0.000000	3,181	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,841,405	0.000000	0.000000	2,095	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5,664,146	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	21,196,491	0.000000	0.000000	1,145,208	73.00
74.00 07400 RENAL DIALYSIS	0	611,500	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	1,667,846	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	30,595,577	0.000000	0.000000	158,935	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,711,187	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	180,956,614			2,754,663	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/26/2013 1:01 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,798	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	4,443	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
65.00	06500 RESPIRATORY THERAPY	0	264	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	3,003	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	858	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,910	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	17,276	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/26/2013 1:01 pm
	Title XVII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/26/2013 1:01 pm
		Component CCN: 14S292	Title XVIII	Subprovider - IPF
				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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.262298	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.254034	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.123594	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055593	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152573	3,798	0	0	579	54.00
56.00	05600	RADIOISOTOPE	0.121832	0	0	0	0	56.00
57.00	05700	CT SCAN	0.071033	4,443	0	0	316	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124249	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.218195	0	0	0	0	59.00
60.00	06000	LABORATORY	0.124227	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.220628	264	0	0	58	65.00
66.00	06600	PHYSICAL THERAPY	0.333010	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.511080	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.332917	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.103289	3,003	0	0	310	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.914021	858	0	0	784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393561	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.454143	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246946	4,910	0	0	1,213	73.00
74.00	07400	RENAL DIALYSIS	0.301189	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.369966	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.188179	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.450289	0	0	0	0	92.00
200.00		Subtotal (see instructions)		17,276	0	0	3,260	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		17,276	0	0	3,260	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/26/2013 1:01 pm
	Component CCN: 14S292	Title XVII I	Subprovider - IPF

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 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/26/2013 1:01 pm
	Component CCN: 14S292	Title XIX	Subprovider - IPF
			Tefra

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	448,909	13,324,175	0.033691	0	0	50.00
51.00	05100 RECOVERY ROOM	30,372	2,335,745	0.013003	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	34,376	1,490,957	0.023056	0	0	52.00
53.00	05300 ANESTHESIOLOGY	22,052	4,013,331	0.005495	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	128,867	12,459,883	0.010343	0	0	54.00
56.00	05600 RADIOISOTOPE	50,805	3,464,693	0.014664	0	0	56.00
57.00	05700 CT SCAN	129,391	16,497,568	0.007843	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	61,428	3,683,794	0.016675	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	147,842	6,134,825	0.024099	0	0	59.00
60.00	06000 LABORATORY	193,886	32,235,773	0.006015	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	33,560	5,932,368	0.005657	0	0	65.00
66.00	06600 PHYSICAL THERAPY	81,800	2,333,030	0.035062	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,680	345,124	0.013560	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,035	289,892	0.010469	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	93,025	7,931,361	0.011729	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,086	195,943	0.066785	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	76,019	5,841,405	0.013014	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	85,164	5,664,146	0.015036	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	98,494	21,196,491	0.004647	0	0	73.00
74.00	07400 RENAL DIALYSIS	724	611,500	0.001184	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	175,165	1,667,846	0.105025	0	0	90.00
91.00	09100 EMERGENCY	892,337	30,595,577	0.029166	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,711,187	0.000000	0	0	92.00
200.00	Total (lines 50-199)	2,805,017	180,956,614		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/26/2013 1:01 pm
	Title XIX	Subprovider - IPF	Tefra

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/26/2013 1:01 pm
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Title XIX		Subprovider - IPF	Tefra
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Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	13,324,175	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	2,335,745	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,490,957	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	4,013,331	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	12,459,883	0.000000	0.000000	0 54.00
56.00 05600 RADIOISOTOPE	0	3,464,693	0.000000	0.000000	0 56.00
57.00 05700 CT SCAN	0	16,497,568	0.000000	0.000000	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,683,794	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	6,134,825	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	32,235,773	0.000000	0.000000	0 60.00
65.00 06500 RESPIRATORY THERAPY	0	5,932,368	0.000000	0.000000	0 65.00
66.00 06600 PHYSICAL THERAPY	0	2,333,030	0.000000	0.000000	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	345,124	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	289,892	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	7,931,361	0.000000	0.000000	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	195,943	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,841,405	0.000000	0.000000	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5,664,146	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	21,196,491	0.000000	0.000000	0 73.00
74.00 07400 RENAL DIALYSIS	0	611,500	0.000000	0.000000	0 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	1,667,846	0.000000	0.000000	0 90.00
91.00 09100 EMERGENCY	0	30,595,577	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,711,187	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	180,956,614			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/26/2013 1:01 pm
Title XIX		Subprovider - IPF	Tefra

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/26/2013 1:01 pm
	Title XIX	Subprovider - IPF	Tefra

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2013 1:01 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,198	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,198	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)		21,759	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)		8,781	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)		19,680,683	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)		19,680,683	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		30,630,275	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		30,630,275	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.642524	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,407.71	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)		19,680,683	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)		848.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,449,625	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,449,625	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/26/2013 1:01 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,353,192	2,608	1,669.17	1,316	2,196,628	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)					7,225,748	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,872,001	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)					925,422	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					443,305	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,368,727	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,503,274	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)					1,439	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					848.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,220,819	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140292		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/26/2013 1:01 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,090,355	19,680,683	0.106214	1,220,819	129,668	90.00
91.00	Nursing School cost	0	19,680,683	0.000000	1,220,819	0	91.00
92.00	Allied health cost	0	19,680,683	0.000000	1,220,819	0	92.00
93.00	All other Medical Education	0	19,680,683	0.000000	1,220,819	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S292		Date/Time Prepared: 5/26/2013 1:01 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,323	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,323	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)		5,323	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)		4,179	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)		4,553,767	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,553,767	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,090,960	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,090,960	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.562822	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,520.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,553,767	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)		855.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,575,093	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)		3,575,093	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
					Component CCN: 14S292		Date/Time Prepared: 5/26/2013 1:01 pm
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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)						510,478	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,085,571	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)						255,922	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						20,242	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						276,164	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,809,407	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140292 Component CCN: 14S292		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/26/2013 1:01 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	325,976	4,553,767	0.071584	0	0	90.00
91.00	Nursing School cost	0	4,553,767	0.000000	0	0	91.00
92.00	Allied health cost	0	4,553,767	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,553,767	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S292		Date/Time Prepared: 5/26/2013 1:01 pm
		Title XIX	Subprovider - IPF	Tefra
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,323	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,323	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)		5,323	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)		343	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)		729	15.00
16.00	Nursery days (title V or XIX only)		671	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)		4,553,767	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,553,767	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,553,767	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)		855.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		293,433	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)		293,433	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140292		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14S292				Date/Time Prepared: 5/26/2013 1:01 pm	
		Title XIX		Subprovider - IPF		Tefra	
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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					293,433	293,433	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	0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	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)					293,433	293,433	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					20	20	54.00
55.00 Target amount per discharge					0.00	0.00	55.00
56.00 Target amount (line 54 x line 55)					0	0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-293,433	-293,433	57.00
58.00 Bonus payment (see instructions)					0	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	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	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	0	61.00
62.00 Relief payment (see instructions)					0	0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	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	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	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	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	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	0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140292 Component CCN: 14S292		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/26/2013 1:01 pm	
		Title XIX		Subprovider - IPF		Tefra	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	4,553,767	0.000000	0	0	90.00
91.00	Nursing School cost	0	4,553,767	0.000000	0	0	91.00
92.00	Allied health cost	0	4,553,767	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,553,767	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/26/2013 1:01 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,061,722	30.00
31.00	03100	INTENSIVE CARE UNIT		2,926,224	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.262298	1,661,733	50.00
51.00	05100	RECOVERY ROOM	0.254034	295,091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.123594	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055593	578,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152573	2,138,402	54.00
56.00	05600	RADIOISOTOPE	0.121832	744,546	56.00
57.00	05700	CT SCAN	0.071033	2,751,932	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124249	310,508	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.218195	2,048,011	59.00
60.00	06000	LABORATORY	0.124227	7,620,086	60.00
65.00	06500	RESPIRATORY THERAPY	0.220628	2,653,249	65.00
66.00	06600	PHYSICAL THERAPY	0.333010	348,902	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.511080	206,874	67.00
68.00	06800	SPEECH PATHOLOGY	0.332917	212,213	68.00
69.00	06900	ELECTROCARDIOLOGY	0.103289	2,041,390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.914021	65,735	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393561	1,254,210	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.454143	1,831,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246946	5,646,300	73.00
74.00	07400	RENAL DIALYSIS	0.301189	455,777	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.369966	686	90.00
91.00	09100	EMERGENCY	0.188179	2,925,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.450289	181,910	92.00
200.00		Total (sum of lines 50-94 and 96-98)		35,971,808	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)		35,971,808	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S292		Date/Time Prepared: 5/26/2013 1:01 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		6,352,080		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.262298	0	0	50.00
51.00	05100 RECOVERY ROOM	0.254034	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.123594	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.055593	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152573	39,705	6,058	54.00
56.00	05600 RADIOISOTOPE	0.121832	5,630	686	56.00
57.00	05700 CT SCAN	0.071033	56,235	3,995	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.124249	39,181	4,868	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.218195	0	0	59.00
60.00	06000 LABORATORY	0.124227	1,001,604	124,426	60.00
65.00	06500 RESPIRATORY THERAPY	0.220628	189,807	41,877	65.00
66.00	06600 PHYSICAL THERAPY	0.333010	1,405	468	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.511080	291	149	67.00
68.00	06800 SPEECH PATHOLOGY	0.332917	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.103289	111,386	11,505	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.914021	3,181	2,908	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393561	2,095	825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.454143	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.246946	1,145,208	282,805	73.00
74.00	07400 RENAL DIALYSIS	0.301189	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.369966	0	0	90.00
91.00	09100 EMERGENCY	0.188179	158,935	29,908	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.450289	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,754,663	510,478	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)		2,754,663		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/26/2013 1:01 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		10,816,457	1.00
2.00	Outlier payments for discharges. (see instructions)		197,874	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		354,981	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		117.07	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)		8.14	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		38.74	31.00
32.00	Sum of lines 30 and 31		46.88	32.00
33.00	Allowable disproportionate share percentage (see instructions)		27.89	33.00
34.00	Disproportionate share adjustment (see instructions)		3,016,710	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)		14,031,041	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)		14,031,041	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		992,662	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		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/26/2013 1:01 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			15,023,703 59.00
60.00	Primary payer payments			3,226 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			15,020,477 61.00
62.00	Deductibles billed to program beneficiaries			1,016,776 62.00
63.00	Coinurance billed to program beneficiaries			145,638 63.00
64.00	Allowable bad debts (see instructions)			223,515 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			156,461 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			204,040 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			14,014,524 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)			-2,189 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-8,929 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)			14,003,406 71.00
72.00	Interim payments			13,839,417 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)			163,989 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			862,500 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: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/26/2013 1:01 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,640	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,088,771	2.00
3.00	PPS payments		2,354,895	3.00
4.00	Outlier payment (see instructions)		11,210	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,640	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		14,743	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)		14,743	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)		14,743	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,103	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)		3,640	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)		2,366,105	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		557,467	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,812,278	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,812,278	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,812,278	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)		242,752	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		169,926	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		228,041	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		1,982,204	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		1,982,204	40.00
41.00	Interim payments		2,036,265	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)		-54,061	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
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/26/2013 1:01 pm
		Component CCN: 14S292	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,260	2.00
3.00	PPS payments		1,330	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,330	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		360	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)		970	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)		970	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		970	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		970	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		1	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)		971	40.00
41.00	Interim payments		971	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140292

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		14,489,395		1,903,865	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	11/05/2012	132,400	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	11/20/2012	649,978		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)		-649,978		132,400	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)		13,839,417		2,036,265	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		163,989		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		54,061	6.02
7.00	Total Medicare program liability (see instructions)		14,003,406		1,982,204	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140292
Component CCN: 14S292

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2013 1:01 pm

Title XVIII

Subprovider -
IPF

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				971	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,435,413		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,435,413		971	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		189,739		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,625,152		971	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: 140292

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

Worksheet E-1
Part II
Date/Time Prepared:
5/26/2013 1:01 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			4,601 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			10,097 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			228 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			24,367 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			226,343,283 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			12,726,583 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)			905,936 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			992,327 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-86,391 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/26/2013 1:01 pm
		Component CCN: 14S292	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,574,926	1.00
2.00	Net IPF PPS Outlier Payments		91,380	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		14.543716	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,666,306	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,666,306	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		3,666,306	18.00
19.00	Deductibles		124,656	19.00
20.00	Subtotal (line 18 minus line 19)		3,541,650	20.00
21.00	Coinsurance		106,238	21.00
22.00	Subtotal (line 20 minus line 21)		3,435,412	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		271,056	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		189,739	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		252,681	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,625,151	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		1	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,625,152	31.00
32.00	Interim payments		3,435,413	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		189,739	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		91,380	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 140292

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

Worksheet G

Date/Time Prepared:
5/26/2013 1:01 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,264,527	0	0	0	1.00
2.00	Temporary investments	4,010,390	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	18,808,592	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,921,868	0	0	0	6.00
7.00	Inventory	2,346,146	0	0	0	7.00
8.00	Prepaid expenses	1,127,276	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	24,635,063	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,869,112	0	0	0	12.00
13.00	Land improvements	78,294	0	0	0	13.00
14.00	Accumulated depreciation	-69,772	0	0	0	14.00
15.00	Buildings	25,007,395	0	0	0	15.00
16.00	Accumulated depreciation	-11,002,597	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	7,211,232	0	0	0	19.00
20.00	Accumulated depreciation	-6,446,258	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	10,309,206	0	0	0	23.00
24.00	Accumulated depreciation	-6,731,467	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)	20,225,145	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	51,383	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	189,421	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	240,804	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	45,101,012	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	546,524	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,155,254	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	729,900	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	8,695,942	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,127,620	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	11,794,243	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	19,244	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,813,487	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	24,941,107	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	20,159,905				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)	20,159,905	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	45,101,012	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140292

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

Worksheet G-1

Date/Time Prepared:
5/26/2013 1:01 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		21,143,051		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,246,006			2.00
3.00	Total (sum of line 1 and line 2)		19,897,045		0	3.00
4.00	DONOR RESTRICTED FUND BAL	262,860		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)		262,860		0	10.00
11.00	Subtotal (line 3 plus line 10)		20,159,905		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)		20,159,905		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	DONOR RESTRICTED FUND BAL		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: 140292

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2013 1:01 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	30,630,275		30,630,275	1.00
2.00	SUBPROVIDER - IPF	8,090,960		8,090,960	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	38,721,235		38,721,235	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,006,049		6,006,049	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)	6,006,049		6,006,049	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,727,284		44,727,284	17.00
18.00	Ancillary services	80,063,863	70,297,169	150,361,032	18.00
19.00	Outpatient services	6,641,902	23,953,675	30,595,577	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROF FEES	0	333,914	333,914	27.00
27.01	NURSERY	659,385	0	659,385	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	132,092,434	94,584,758	226,677,192	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		86,342,462		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)		86,342,462		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140292

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

Worksheet G-3

Date/Time Prepared:
5/26/2013 1:01 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	226,677,192	1.00
2.00	Less contractual allowances and discounts on patients' accounts	151,510,392	2.00
3.00	Net patient revenues (line 1 minus line 2)	75,166,800	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	86,342,462	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,175,662	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 REVENUE	9,929,656	24.00
25.00	Total other income (sum of lines 6-24)	9,929,656	25.00
26.00	Total (line 5 plus line 25)	-1,246,006	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,246,006	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140292	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/26/2013 1:01 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		871,179	1.00
2.00	Capital DRG outlier payments		34,714	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		66.58	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)		8.14	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		38.74	8.00
9.00	Sum of lines 7 and 8		46.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.96	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		86,769	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		992,662	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