

Presence Holy Family Medical Center

Medicare Cost Report

Six Months Ended 12.31.2012

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 142011 Period: From 07/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/22/2013 3:05 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/22/2013 Time: 3:05 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE HOLY FAMILY MEDICAL CENTER (142011) for the cost reporting period beginning 07/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/22/2013 Time: 3:05 pm
 U: s1RPwSZha. uYEhyWmchSI 02wf7V0
 ECyKB0vUcfc50pgN56K4ZKRqv51 EpM
 lV5e0q6DI 40w98YV
 PI: Date: 5/22/2013 Time: 3:05 pm
 n. RqebPea6o8Ui Q3YmThc0c1Zql 5o0
 Bzm. j ODRncCI nUk5YG1zpTnOD8U7BT
 wkj x0HoHDTOK58dU

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

 Title

 Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	142,923	31,383	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	142,923	31,383	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 142011		Period: From 07/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 3:04 pm						
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 60016		4.00 County: COOK						
1.00	Street: 100 NORTH RIVER ROAD 2ND FLOOR	State: IL		Zip Code: 60016		County: COOK			1.00			
2.00	City: DES PLAINES								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			
3.00	Hospital and Hospital-Based Component Identification:									3.00		
	Hospital	PRESENCE HOLY FAMILY MEDICAL CENTER	142011	16974	2	03/01/2006	N	P	O	3.00		
4.00	Subprovider - IPF									4.00		
5.00	Subprovider - IRF									5.00		
6.00	Subprovider - (Other)									6.00		
7.00	Swing Beds - SNF									7.00		
8.00	Swing Beds - NF									8.00		
9.00	Hospital-Based SNF									9.00		
10.00	Hospital-Based NF									10.00		
11.00	Hospital-Based OLTC									11.00		
12.00	Hospital-Based HHA									12.00		
13.00	Separately Certified ASC									13.00		
14.00	Hospital-Based Hospice									14.00		
15.00	Hospital-Based Health Clinic - RHC									15.00		
16.00	Hospital-Based Health Clinic - FQHC									16.00		
17.00	Hospital-Based (CMHC) I									17.00		
18.00	Renal Dialysis									18.00		
19.00	Other									19.00		
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2012	12/31/2012		20.00			
21.00	Type of Control (see instructions)					1				21.00		
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					N		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.					0		N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.					0	0	0	0	0	0	25.00
						Urban/Rural	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: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 3:04 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
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	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

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

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
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.			Y		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		N		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		Speech		
		Occupational		Respiratory		
		1.00		3.00		
		2.00		4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N				109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.00	List amounts of malpractice premiums and paid losses:	0	0		0
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H082	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 100 NORTH RIVER ROAD	PO Box:			
143.00	City: DES PLAINES	State: IL		Zip Code: 60016	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
				1.00	
				2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
				1.00	
				2.00	
				3.00	
				4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 142011			Period: From 07/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 3:04 pm	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/22/2013 3:04 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/02/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/22/2013 3:04 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.	0	1.00	2.00	3.00
			N		N
					21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MIKE		VOLANTE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3719		MVOLANTE@PRESENCEHEALTH.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/02/2013		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
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.	DIR. OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 142011

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2013 3:04 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	120	22,080	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)		120	22,080	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	1,472	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						13.00
14.00 Total (see instructions)		128	23,552	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		128				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	8,686	957	14,490			1.00
2.00 HMO	0	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,686	957	14,490			7.00
8.00 INTENSIVE CARE UNIT	466	0	899			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	9,152	957	15,389	0.04	296.06	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 142011			Period: From 07/01/2012 To 12/31/2012		Worksheet S-3 Part I Date/Time Prepared: 5/22/2013 3:04 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		
26.00	RURAL HEALTH CLINIC							26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00	Total (sum of lines 14-26)				0.04	296.06		27.00
28.00	Observation Bed Days		0	0				28.00
29.00	Ambulance Trips	0						29.00
30.00	Employee discount days (see instruction)			0				30.00
31.00	Employee discount days - IRF			0				31.00
32.00	Labor & delivery days (see instructions)		0	0				32.00
33.00	LTCH non-covered days	0						33.00
Component		Full Time Equivalents	Discharges					
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients		
		11.00	12.00	13.00	14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	270	39	781		1.00
2.00	HMO			0				2.00
3.00	HMO IPF Subprovider							3.00
4.00	HMO IRF Subprovider							4.00
5.00	Hospital Adults & Peds. Swing Bed SNF							5.00
6.00	Hospital Adults & Peds. Swing Bed NF							6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00	INTENSIVE CARE UNIT							8.00
9.00	CORONARY CARE UNIT							9.00
10.00	BURN INTENSIVE CARE UNIT							10.00
11.00	SURGICAL INTENSIVE CARE UNIT							11.00
12.00	OTHER SPECIAL CARE (SPECIFY)							12.00
13.00	NURSERY							13.00
14.00	Total (see instructions)	0.00	0	270	39	781		14.00
15.00	CAH visits							15.00
16.00	SUBPROVIDER - IPF							16.00
17.00	SUBPROVIDER - IRF							17.00
18.00	SUBPROVIDER							18.00
19.00	SKILLED NURSING FACILITY							19.00
20.00	NURSING FACILITY							20.00
21.00	OTHER LONG TERM CARE							21.00
22.00	HOME HEALTH AGENCY							22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00	HOSPICE							24.00
25.00	CMHC - CMHC							25.00
26.00	RURAL HEALTH CLINIC							26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00	Total (sum of lines 14-26)	0.00						27.00
28.00	Observation Bed Days							28.00
29.00	Ambulance Trips							29.00
30.00	Employee discount days (see instruction)							30.00
31.00	Employee discount days - IRF							31.00
32.00	Labor & delivery days (see instructions)							32.00
33.00	LTCH non-covered days							33.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 142011

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

Worksheet A
Date/Time Prepared:
5/22/2013 3:04 pm

Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,256,649	2,256,649	-1,204,465	1,052,184	1.00
2.00	00200		0	0	2,276,937	2,276,937	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	0	0	0	0	0	4.00
5.01	00540	0	96,394	96,394	0	96,394	5.01
5.02	00550	0	0	0	0	0	5.02
5.03	00560	0	23,941	23,941	-3,351	20,590	5.03
5.04	00570	0	0	0	0	0	5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00590	1,874,650	6,278,506	8,153,156	27,511	8,180,667	5.06
6.00	00600	183,587	191,435	375,022	0	375,022	6.00
7.00	00700	186,396	1,410,475	1,596,871	-64,565	1,532,306	7.00
8.00	00800	0	139,416	139,416	0	139,416	8.00
9.00	00900	531,263	382,416	913,679	-740	912,939	9.00
10.00	01000	453,686	481,669	935,355	-525,365	409,990	10.00
11.00	01100	0	0	0	520,271	520,271	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	313,103	65,151	378,254	0	378,254	13.00
14.00	01400	82,586	588,695	671,281	-667,047	4,234	14.00
15.00	01500	518,184	1,609,465	2,127,649	-1,656,004	471,645	15.00
16.00	01600	174,950	140,026	314,976	-2,033	312,943	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	4,146	4,146	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,878,837	2,113,729	7,992,566	-12,870	7,979,696	30.00
31.00	03100	680,292	182,467	862,759	0	862,759	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	608,126	1,060,821	1,668,947	-864,455	804,492	50.00
53.00	05300	0	82,920	82,920	0	82,920	53.00
54.00	05400	347,450	157,441	504,891	-53,422	451,469	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	40,869	23,065	63,934	-525	63,409	56.00
57.00	05700	80,709	35,118	115,827	0	115,827	57.00
57.01	03630	88,379	18,551	106,930	0	106,930	57.01
58.00	05800	47,023	10,837	57,860	0	57,860	58.00
60.00	06000	0	1,185,791	1,185,791	-149	1,185,642	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,504,637	506,975	2,011,612	-2,561	2,009,051	65.00
66.00	06600	1,157,370	295,009	1,452,379	-14,697	1,437,682	66.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	32,241	9,686	41,927	-1,640	40,287	69.00
70.00	07000	106,142	33,395	139,537	-2,819	136,718	70.00
71.00	07100	0	0	0	914,148	914,148	71.00
72.00	07200	0	0	0	402,315	402,315	72.00
73.00	07300	0	0	0	1,656,004	1,656,004	73.00
74.00	07400	271,982	112,063	384,045	0	384,045	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	340,967	302,510	643,477	-74,572	568,905	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	34,534	14,670	49,204	-5,842	43,362	90.00
90.02	09001	46,110	28,080	74,190	-7,988	66,202	90.02
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		636,222	636,222	-636,222	0	113.00
118.00		15,584,073	20,473,588	36,057,661	0	36,057,661	118.00
NONREIMBURSABLE COST CENTERS							
200.00		15,584,073	20,473,588	36,057,661	0	36,057,661	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 142011

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

Worksheet A
Date/Time Prepared:
5/22/2013 3:04 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	1,052,184	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	827	2,277,764	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	144,810	144,810	4.00
5.01	00540	NON-PATIENT TELEPHONES	0	96,394	5.01
5.02	00550	DATA PROCESSING	760,491	760,491	5.02
5.03	00560	PURCHASING AND RECEIVING	272,997	293,587	5.03
5.04	00570	ADMITTING	108,607	108,607	5.04
5.05	00580	CASHIERING	500,931	500,931	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-1,848,905	6,331,762	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	375,022	6.00
7.00	00700	OPERATION OF PLANT	0	1,532,306	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	139,416	8.00
9.00	00900	HOUSEKEEPING	0	912,939	9.00
10.00	01000	DIETARY	0	409,990	10.00
11.00	01100	CAFETERIA	-156,960	363,311	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	378,254	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,498	37,732	14.00
15.00	01500	PHARMACY	-600	471,045	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-6,810	306,133	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	4,146	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,176	7,974,520	30.00
31.00	03100	INTENSIVE CARE UNIT	10,945	873,704	31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	804,492	50.00
53.00	05300	ANESTHESIOLOGY	-76,302	6,618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	451,469	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	63,409	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	115,827	57.00
57.01	03630	ULTRASOUND	0	106,930	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	57,860	58.00
60.00	06000	LABORATORY	-28,040	1,157,602	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-657	2,008,394	65.00
66.00	06600	PHYSICAL THERAPY	0	1,437,682	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-5,071	131,647	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	914,148	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	402,315	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,656,004	73.00
74.00	07400	RENAL DIALYSIS	0	384,045	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	568,905	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	43,362	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	66,202	90.02
92.00	09200	OBSERVATION BEDS			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-295,415	35,762,246	118.00
NONREIMBURSABLE COST CENTERS					
200.00		TOTAL (SUM OF LINES 118-199)	-295,415	35,762,246	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,204,465	1.00
	TOTALS		0	1,204,465	
B - INTEREST					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	636,222	1.00
	TOTALS		0	636,222	
C - CAFETERIA					
1.00	CAFETERIA	11.00	252,353	267,918	1.00
	TOTALS		252,353	267,918	
D - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	914,148	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	402,315	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
	TOTALS		0	1,316,463	
E - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,656,004	1.00
	TOTALS		0	1,656,004	
F - INTERNS					
1.00	I&R SRVCS-SALARY & FRINGES	21.00	4,146	0	1.00
	APPRVD				
	TOTALS		4,146	0	
H - RENTALS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	436,250	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	27,511	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	TOTALS		0	463,761	
500.00	Grand Total: Increases		256,499	5,544,833	500.00

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,204,465	9	1.00
	TOTALS		0	1,204,465		
B - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	636,222	11	1.00
	TOTALS		0	636,222		
C - CAFETERIA						
1.00	DIETARY	10.00	252,353	267,918	0	1.00
	TOTALS		252,353	267,918		
D - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	379,735	0	1.00
2.00	OPERATING ROOM	50.00	0	858,231	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,150	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	10,932	0	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,814	0	5.00
6.00	CLINIC	90.00	0	5,317	0	6.00
7.00	WOMENS DIAGNOSTIC CENTER	90.02	0	7,284	0	7.00
	TOTALS		0	1,316,463		
E - DRUGS						
1.00	PHARMACY	15.00	0	1,656,004	0	1.00
	TOTALS		0	1,656,004		
F - INTERNS						
1.00	ADULTS & PEDIATRICS	30.00	0	4,146	0	1.00
	TOTALS		0	4,146		
H - RENTALS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	272	9	1.00
2.00	PURCHASING AND RECEIVING	5.03	0	3,351	9	2.00
3.00		0.00	0	0	9	3.00
4.00	OPERATION OF PLANT	7.00	0	64,565	9	4.00
5.00	HOUSEKEEPING	9.00	0	740	9	5.00
6.00	DIETARY	10.00	0	5,094	9	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	287,312	9	7.00
8.00		0.00	0	0	9	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,033	9	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	8,724	9	10.00
11.00		0.00	0	0	9	11.00
12.00	OPERATING ROOM	50.00	0	6,224	9	12.00
13.00	RADIOISOTOPE	56.00	0	525	9	13.00
14.00	LABORATORY	60.00	0	149	9	14.00
15.00	RESPIRATORY THERAPY	65.00	0	2,561	9	15.00
16.00	PHYSICAL THERAPY	66.00	0	3,765	9	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	1,640	9	17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,005	9	18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	74,572	9	19.00
20.00	CLINIC	90.00	0	525	9	20.00
21.00	WOMENS DIAGNOSTIC CENTER	90.02	0	704	9	21.00
	TOTALS		0	463,761		
500.00	Grand Total: Decreases		252,353	5,548,979		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 142011

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

Worksheet A-7
Part I
Date/Time Prepared:
5/22/2013 3:04 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	342,000	0	0	0	1.00
2.00	Land Improvements	4,077,827	0	0	0	2.00
3.00	Buildings and Fixtures	84,702,018	38,070	0	38,070	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	2,059,408	59,620	0	59,620	5.00
6.00	Movable Equipment	33,635,253	398,089	0	398,089	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	124,816,506	495,779	0	495,779	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	124,816,506	495,779	0	495,779	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	342,000	0			1.00
2.00	Land Improvements	4,077,827	0			2.00
3.00	Buildings and Fixtures	84,740,088	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	2,119,028	0			5.00
6.00	Movable Equipment	34,033,342	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	125,312,285	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	125,312,285	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 142011

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

Worksheet A-7
Part II
Date/Time Prepared:
5/22/2013 3:04 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,256,649	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,256,649	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,256,649				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,256,649				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 142011

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

Worksheet A-7
Part III
Date/Time Prepared:
5/22/2013 3:04 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	89,159,915	0	89,159,915	0.723740	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	34,033,342	0	34,033,342	0.276260	0	2.00
3.00	Total (sum of lines 1-2)	123,193,257	0	123,193,257	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,052,184	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,672,627	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,724,811	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,052,184	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	605,137	0	0	0	2,277,764	2.00
3.00	Total (sum of lines 1-2)	605,137	0	0	0	3,329,948	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-31,085	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)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-384,832			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	678,821			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-156,960	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-6,810	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	ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 142011

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

Worksheet A-8
Date/Time Prepared:
5/22/2013 3:04 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
33.00 SUBSTANCE ABUSE REVENUE	B	-1,326	ADULTS & PEDIATRICS	30.00	0	33.00
34.00 MISC. ADMIN INCOME	B	-26,782	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
35.00 RENT REVENUE - OFFICE BLDG	B	-388,249	CAP REL COSTS-MVBLE EQUIP	2.00	9	35.00
36.00		0		0.00	0	36.00
37.00 LAB MISC REVENUE	B	-12,388	LABORATORY	60.00	0	37.00
38.00 PATIENT TRANSPORTATION REVENUE	B	-5,192	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38.00
39.00 RADIOLOGY MISC REVENUE	B	-600	PHARMACY	15.00	0	39.00
40.00 CY PORTION OF 1995 LOSS	A	5,060	CAP REL COSTS-MVBLE EQUIP	2.00	9	40.00
41.00 CY PORTION OF 1996 LOSS	A	2,340	CAP REL COSTS-MVBLE EQUIP	2.00	9	41.00
42.00 1977 & 1983 EXCESS INTEREST	A	21,648	CAP REL COSTS-MVBLE EQUIP	2.00	9	42.00
43.00 DEMOLITION ADD BACK	A	16,126	CAP REL COSTS-MVBLE EQUIP	2.00	9	43.00
43.01 RESP-MISC REVENUE	B	-657	RESPIRATORY THERAPY	65.00	0	43.01
43.02 IHA LOBBYING DUES	B	-4,529	OTHER ADMINISTRATIVE & GENERAL	5.06	0	43.02
43.03		0		0.00	0	43.03
43.04		0		0.00	0	43.04
43.05		0		0.00	0	43.05
43.06		0		0.00	0	43.06
43.07		0		0.00	0	43.07
43.08		0		0.00	0	43.08
43.09		0		0.00	0	43.09
43.10		0		0.00	0	43.10
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-295,415				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 142011
 Period: From 07/01/2012 To 12/31/2012
 Worksheet A-8-1
 Date/Time Prepared: 5/22/2013 3:04 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	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL	327,071	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE DIRECT CAPITAL	47,916	0 2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	2,500,785	4,034,728 3.00
4.00	5.05	CASHIERING	CASHIERING	500,931	0 4.00
4.01	5.03	PURCHASING AND RECEIVING	PURCHASING COSTS	272,997	0 4.01
4.02	5.02	DATA PROCESSING	DATA PROCESSING COSTS	760,491	0 4.02
4.03	4.00	EMPLOYEE BENEFITS	BENEFIT COSTS	144,810	0 4.03
4.04	14.00	CENTRAL SERVICES & SUPPLY	SUPPLY COSTS	33,498	0 4.04
4.05	31.00	INTENSIVE CARE UNIT	ELECTRONIC ICU	10,945	0 4.05
4.06	5.04	ADMINISTRATIVE	ADMINISTRATIVE	108,607	0 4.06
4.07	60.00	LABORATORY	LAB	1,063,071	1,057,573 4.07
5.00	0			5,771,122	5,092,301 5.00

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

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

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

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

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

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

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

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

Provider CCN: 142011

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2013 3:04 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	327,071	9		1.00
2.00	47,916	9		2.00
3.00	-1,533,943	0		3.00
4.00	500,931	0		4.00
4.01	272,997	0		4.01
4.02	760,491	0		4.02
4.03	144,810	0		4.03
4.04	33,498	0		4.04
4.05	10,945	0		4.05
4.06	108,607	0		4.06
4.07	5,498	0		4.07
5.00	678,821			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 142011

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2013 3:04 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	60.00	LABORATORY	21,150	21,150	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	26,000	0	26,000	177,200	260	2.00
3.00	53.00	ANESTHESIOLOGY	76,302	76,302	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	113,688	85,925	27,763	177,200	222	4.00
5.00	5.06	OTHER ADMINISTRATIVE & GENERAL	142,351	82,251	60,100	177,200	481	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	5,071	5,071	0	0	0	6.00
7.00	5.06	OTHER ADMINISTRATIVE & GENERAL	82,311	82,311	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			466,873	353,010	113,863		963	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	60.00	LABORATORY	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	22,150	1,108	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	18,913	946	0	0	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE & GENERAL	40,978	2,049	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	6.00
7.00	5.06	OTHER ADMINISTRATIVE & GENERAL	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			82,041	4,103	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	60.00	LABORATORY	0	0	0	21,150	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	22,150	3,850	3,850	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	76,302	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	18,913	8,850	94,775	4.00
5.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	40,978	19,122	101,373	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	5,071	6.00
7.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	82,311	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	82,041	31,822	384,832	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 142011

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NON-PATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,052,184	1,052,184			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,277,764		2,277,764		2.00
4.00 00400	EMPLOYEE BENEFITS	144,810	1,283	2,778	148,871	4.00
5.01 00540	NON-PATIENT TELEPHONES	96,394	8,378	18,136	0	5.01
5.02 00550	DATA PROCESSING	760,491	0	0	0	5.02
5.03 00560	PURCHASING AND RECEIVING	293,587	22,676	49,089	0	5.03
5.04 00570	ADMINISTRATIVE	108,607	6,360	13,769	0	5.04
5.05 00580	CASHIERING	500,931	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	6,331,762	259,100	560,897	17,903	5.06
6.00 00600	MAINTENANCE & REPAIRS	375,022	40,159	86,935	1,753	6.00
7.00 00700	OPERATION OF PLANT	1,532,306	152,795	330,771	1,780	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	139,416	17,837	38,613	0	8.00
9.00 00900	HOUSEKEEPING	912,939	12,622	27,323	5,074	9.00
10.00 01000	DIETARY	409,990	51,826	112,194	1,923	10.00
11.00 01100	CAFETERIA	363,311	0	0	2,410	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	378,254	0	0	2,990	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	37,732	25,123	54,385	789	14.00
15.00 01500	PHARMACY	471,045	20,712	44,838	4,949	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	306,133	13,444	29,104	1,671	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	4,146	0	0	40	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,974,520	152,228	329,543	56,145	30.00
31.00 03100	INTENSIVE CARE UNIT	873,704	13,813	29,902	6,497	31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	804,492	100,685	217,963	5,808	50.00
53.00 05300	ANESTHESIOLOGY	6,618	397	860	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	451,469	26,849	58,123	3,318	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	63,409	4,662	10,093	390	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	115,827	1,837	3,976	771	57.00
57.01 03630	ULTRASOUND	106,930	2,535	5,488	844	57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	57,860	0	0	449	58.00
60.00 06000	LABORATORY	1,157,602	23,141	50,095	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	2,008,394	1,886	4,083	14,369	65.00
66.00 06600	PHYSICAL THERAPY	1,437,682	40,187	86,996	11,053	66.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	40,287	6,378	13,807	308	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	131,647	10,849	23,486	1,014	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	914,148	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	402,315	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,656,004	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	384,045	1,159	2,510	2,597	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	568,905	10,704	23,171	3,256	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	43,362	12,455	26,962	330	90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	66,202	10,104	21,874	440	90.02
92.00 09200	OBSERVATION BEDS					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,762,246	1,052,184	2,277,764	148,871	118.00
NONREIMBURSABLE COST CENTERS						
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	35,762,246	1,052,184	2,277,764	148,871	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 142011

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DATA PROCESSING	PURCHASING AND RECEIVING	ADMINISTRATIVE	CASHIERING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00540	NON-PATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	768,848					5.02
5.03	00560	PURCHASING AND RECEIVING	15,820	383,958				5.03
5.04	00570	ADMINISTRATIVE	69,608	0	202,356			5.04
5.05	00580	CASHIERING	69,608	0	0	576,779		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	164,525	58,629	0	0	7,410,533	5.06
6.00	00600	MAINTENANCE & REPAIRS	9,492	13,118	0	0	528,150	6.00
7.00	00700	OPERATION OF PLANT	3,164	13,735	0	0	2,036,891	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,164	59,052	0	0	258,082	8.00
9.00	00900	HOUSEKEEPING	3,164	30,807	0	0	992,820	9.00
10.00	01000	DIETARY	3,164	112,588	0	0	692,465	10.00
11.00	01100	CAFETERIA	3,164	0	0	0	369,999	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	371	0	0	381,838	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,164	4,786	0	0	127,093	14.00
15.00	01500	PHARMACY	15,820	0	0	0	559,815	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	69,608	2,092	0	0	430,186	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	4,186	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,296	39,192	71,189	176,500	8,874,260	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,005	5,500	11,918	944,896	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,132	11,199	776	30,977	1,222,838	50.00
53.00	05300	ANESTHESIOLOGY	0	12	231	7,424	16,322	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	104,411	7,332	2,482	8,903	672,359	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	9	67	994	79,624	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,583	2,090	9,322	135,406	57.00
57.01	03630	ULTRASOUND	0	0	656	5,043	121,496	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,164	653	28	2,715	65,092	58.00
60.00	06000	LABORATORY	82,264	0	12,980	43,513	1,376,169	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	15,820	16,766	47,842	91,649	2,203,483	65.00
66.00	06600	PHYSICAL THERAPY	31,640	1,814	6,198	19,337	1,637,358	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	4	10	14	68.00
69.00	06900	ELECTROCARDIOLOGY	0	114	756	2,907	64,557	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,492	1,223	96	4,523	183,667	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	9,162	40,411	963,721	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	73	2,150	404,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	39,017	104,736	1,799,757	73.00
74.00	07400	RENAL DIALYSIS	0	252	3,150	6,764	400,588	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	3,227	59	3,978	613,523	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	370	0	447	83,926	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	3,164	2,029	0	2,558	106,594	90.02
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	768,848	383,958	202,356	576,779	35,762,246	118.00
NONREIMBURSABLE COST CENTERS								
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)	768,848	383,958	202,356	576,779	35,762,246	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/22/2013 3:04 pm		
Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00540	NON-PATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING AND RECEIVING					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	7,410,533				5.06
6.00	00600	MAINTENANCE & REPAIRS	138,047	666,197			6.00
7.00	00700	OPERATION OF PLANT	532,401	142,522	2,711,814		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	67,457	16,637	86,155	428,331	8.00
9.00	00900	HOUSEKEEPING	259,502	11,773	60,964	0	1,325,059
10.00	01000	DIETARY	180,996	48,341	250,330	0	129,334
11.00	01100	CAFETERIA	96,710	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	99,804	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	33,219	23,433	121,346	0	62,694
15.00	01500	PHARMACY	146,324	19,319	100,043	0	51,688
16.00	01600	MEDICAL RECORDS & LIBRARY	112,442	12,540	64,937	0	33,550
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	1,094	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,319,536	141,991	735,287	322,557	379,887
31.00	03100	INTENSIVE CARE UNIT	246,976	12,884	66,718	29,317	34,470
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	319,624	93,914	486,327	46,141	251,263
53.00	05300	ANESTHESIOLOGY	4,266	370	1,918	0	991
54.00	05400	RADIOLOGY-DIAGNOSTIC	175,741	25,044	129,686	5,759	67,003
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	20,812	4,349	22,519	0	11,635
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	35,392	1,713	8,871	3,207	4,583
57.01	03630	ULTRASOUND	31,757	2,364	12,244	4,696	6,326
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,014	0	0	303	0
60.00	06000	LABORATORY	359,702	21,585	111,774	0	57,748
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	575,944	1,759	9,110	347	4,707
66.00	06600	PHYSICAL THERAPY	427,971	37,484	194,110	8,117	100,287
68.00	06800	SPEECH PATHOLOGY	4	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	16,874	5,949	30,808	266	15,917
70.00	07000	ELECTROENCEPHALOGRAPHY	48,007	10,119	52,402	658	27,074
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	251,896	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	105,738	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	470,419	0	0	0	0
74.00	07400	RENAL DIALYSIS	104,705	1,081	5,600	0	2,893
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	160,362	9,984	51,700	4,466	26,711
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	21,936	11,617	60,159	0	31,082
90.02	09001	WOMENS DIAGNOSTIC CENTER	27,861	9,425	48,806	2,497	25,216
92.00	09200	OBSERVATION BEDS					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,410,533	666,197	2,711,814	428,331	1,325,059
NONREIMBURSABLE COST CENTERS							
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers					0
202.00		TOTAL (sum lines 118-201)	7,410,533	666,197	2,711,814	428,331	1,325,059

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/22/2013 3:04 pm			
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00540	NON-PATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING AND RECEIVING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	1,301,466				10.00
11.00	01100	CAFETERIA	0	466,709			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	7,668	0	489,310	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,914	0	0	14.00
15.00	01500	PHARMACY	0	14,179	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,856	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,220,116	242,072	0	378,727	30.00
31.00	03100	INTENSIVE CARE UNIT	81,350	23,711	0	37,096	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	20,148	0	31,522	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,773	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,044	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	4,494	0	0	57.00
57.01	03630	ULTRASOUND	0	2,191	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,239	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	58,386	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	36,211	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,085	0	1,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,177	0	6,535	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	258,801
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	113,898
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,914	0	12,381	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	10,975	0	17,170	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,167	0	1,826	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,505	0	2,355	90.02
92.00	09200	OBSERVATION BEDS					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,301,466	466,709	0	489,310	372,699
NONREIMBURSABLE COST CENTERS							
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,301,466	466,709	0	489,310	372,699

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 142011

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	891,368	662,511				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	202,744	0	0	0	30.00
31.00	03100	0	13,689	0	0	0	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	35,581	0	0	0	50.00
53.00	05300	0	8,527	0	0	0	53.00
54.00	05400	0	10,226	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	1,142	0	0	0	56.00
57.00	05700	0	10,708	0	0	0	57.00
57.01	03630	0	5,792	0	0	0	57.01
58.00	05800	0	3,119	0	0	0	58.00
60.00	06000	0	49,980	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	105,270	0	0	0	65.00
66.00	06600	0	22,211	0	0	0	66.00
68.00	06800	0	11	0	0	0	68.00
69.00	06900	0	3,339	0	0	0	69.00
70.00	07000	0	5,195	0	0	0	70.00
71.00	07100	0	46,417	0	0	0	71.00
72.00	07200	0	2,469	0	0	0	72.00
73.00	07300	891,368	120,302	0	0	0	73.00
74.00	07400	0	7,769	0	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	4,569	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	513	0	0	0	90.00
90.02	09001	0	2,938	0	0	0	90.02
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		891,368	662,511	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		891,368	662,511	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00540	NON-PATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING AND RECEIVING					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING					5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,280				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,280	0	0	14,822,457	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	1,491,107	31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	2,507,358	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	32,394	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,100,591	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	141,125	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	204,374	57.00
57.01 03630	ULTRASOUND	0	0	0	186,866	57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	86,767	58.00
60.00 06000	LABORATORY	0	0	0	1,976,958	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,959,006	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	2,463,749	66.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	29	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	140,493	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	337,834	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,520,835	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	626,643	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,281,846	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	542,931	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	899,460	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	212,226	90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	0	0	0	227,197	90.02
92.00 09200	OBSERVATION BEDS					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,280	0	0	35,762,246	118.00
NONREIMBURSABLE COST CENTERS						
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,280	0	0	35,762,246	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 142011

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00540 NON-PATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING AND RECEIVING		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING		5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	14,817,177	30.00
31.00	03100 INTENSIVE CARE UNIT	1,491,107	31.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,507,358	50.00
53.00	05300 ANESTHESIOLOGY	32,394	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,100,591	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	141,125	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	204,374	57.00
57.01	03630 ULTRASOUND	186,866	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	86,767	58.00
60.00	06000 LABORATORY	1,976,958	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,959,006	65.00
66.00	06600 PHYSICAL THERAPY	2,463,749	66.00
68.00	06800 SPEECH PATHOLOGY	29	68.00
69.00	06900 ELECTROCARDIOLOGY	140,493	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	337,834	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,520,835	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	626,643	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,281,846	73.00
74.00	07400 RENAL DIALYSIS	542,931	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	899,460	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	212,226	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	227,197	90.02
92.00	09200 OBSERVATION BEDS		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,756,966	118.00
NONREIMBURSABLE COST CENTERS			
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	35,756,966	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:04 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	1,283	2,778	4,061	4,061 4.00
5.01 00540	NON-PATIENT TELEPHONES	0	8,378	18,136	26,514	0 5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0 5.02
5.03 00560	PURCHASING AND RECEIVING	0	22,676	49,089	71,765	0 5.03
5.04 00570	ADMITTING	0	6,360	13,769	20,129	0 5.04
5.05 00580	CASHIERING	0	0	0	0	0 5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	0	259,100	560,897	819,997	489 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	40,159	86,935	127,094	48 6.00
7.00 00700	OPERATION OF PLANT	0	152,795	330,771	483,566	49 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	17,837	38,613	56,450	0 8.00
9.00 00900	HOUSEKEEPING	0	12,622	27,323	39,945	139 9.00
10.00 01000	DIETARY	0	51,826	112,194	164,020	53 10.00
11.00 01100	CAFETERIA	0	0	0	0	66 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	82 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	25,123	54,385	79,508	22 14.00
15.00 01500	PHARMACY	0	20,712	44,838	65,550	135 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	13,444	29,104	42,548	46 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	1 21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	152,228	329,543	481,771	1,524 30.00
31.00 03100	INTENSIVE CARE UNIT	0	13,813	29,902	43,715	178 31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	100,685	217,963	318,648	159 50.00
53.00 05300	ANESTHESIOLOGY	0	397	860	1,257	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	26,849	58,123	84,972	91 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	4,662	10,093	14,755	11 56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,837	3,976	5,813	21 57.00
57.01 03630	ULTRASOUND	0	2,535	5,488	8,023	23 57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	12 58.00
60.00 06000	LABORATORY	0	23,141	50,095	73,236	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	1,886	4,083	5,969	393 65.00
66.00 06600	PHYSICAL THERAPY	0	40,187	86,996	127,183	302 66.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	6,378	13,807	20,185	8 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	10,849	23,486	34,335	28 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	1,159	2,510	3,669	71 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	10,704	23,171	33,875	89 76.98
76.99 07699	LITHOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	12,455	26,962	39,417	9 90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	0	10,104	21,874	31,978	12 90.02
92.00 09200	OBSERVATION BEDS				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,052,184	2,277,764	3,329,948	4,061 118.00
NONREIMBURSABLE COST CENTERS						
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	1,052,184	2,277,764	3,329,948	4,061 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:04 pm
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Cost Center Description		NON-PATIENT TELEPHONES	DATA PROCESSING	PURCHASING AND RECEIVING	ADMINISTRATIVE	CASHIERING	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	26,514					5.01
5.02	00550	1,803	1,803				5.02
5.03	00560	601	37	72,403			5.03
5.04	00570	865	163	0	21,157		5.04
5.05	00580	1,346	163	0	0	1,509	5.05
5.06	00590	3,822	391	11,056	0	0	5.06
6.00	00600	361	22	2,474	0	0	6.00
7.00	00700	505	7	2,590	0	0	7.00
8.00	00800	0	7	11,135	0	0	8.00
9.00	00900	192	7	5,809	0	0	9.00
10.00	01000	168	7	21,227	0	0	10.00
11.00	01100	240	7	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	48	0	70	0	0	13.00
14.00	01400	240	7	903	0	0	14.00
15.00	01500	529	37	0	0	0	15.00
16.00	01600	1,755	163	395	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,613	104	7,390	7,427	454	30.00
31.00	03100	120	0	567	576	31	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,115	96	2,112	81	82	50.00
53.00	05300	168	0	2	24	20	53.00
54.00	05400	2,043	245	1,383	260	23	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	2	7	3	56.00
57.00	05700	0	0	299	219	25	57.00
57.01	03630	0	0	0	69	13	57.01
58.00	05800	48	7	123	3	7	58.00
60.00	06000	1,418	193	0	1,359	115	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	577	37	3,162	5,007	241	65.00
66.00	06600	529	74	342	649	51	66.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	22	79	8	69.00
70.00	07000	288	22	231	10	12	70.00
71.00	07100	0	0	0	959	106	71.00
72.00	07200	0	0	0	8	6	72.00
73.00	07300	0	0	0	4,084	276	73.00
74.00	07400	24	0	48	330	18	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	48	0	608	6	10	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	70	0	1	90.00
90.02	09001	48	7	383	0	7	90.02
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		26,514	1,803	72,403	21,157	1,509	118.00
NONREIMBURSABLE COST CENTERS							
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		26,514	1,803	72,403	21,157	1,509	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:04 pm				
Cost Center	Description	OTHER ADMIN STRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.01	00540	NON-PATIENT TELEPHONES				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCHASING AND RECEIVING				5.03		
5.04	00570	ADMINITTING				5.04		
5.05	00580	CASHIERING				5.05		
5.06	00590	OTHER ADMIN STRATIVE & GENERAL	835,755			5.06		
6.00	00600	MAINTENANCE & REPAIRS	15,569	145,568		6.00		
7.00	00700	OPERATION OF PLANT	60,043	31,145	577,905	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	7,608	3,635	18,360	97,195	8.00	
9.00	00900	HOUSEKEEPING	29,266	2,572	12,992	0	90,922	9.00
10.00	01000	DIETARY	20,412	10,563	53,347	0	8,875	10.00
11.00	01100	CAFETERIA	10,907	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,256	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,746	5,120	25,860	0	4,302	14.00
15.00	01500	PHARMACY	16,502	4,221	21,320	0	3,547	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,681	2,740	13,839	0	2,302	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	123	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	261,601	31,026	156,695	73,193	26,066	30.00
31.00	03100	INTENSIVE CARE UNIT	27,854	2,815	14,218	6,653	2,365	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,047	20,521	103,639	10,470	17,241	50.00
53.00	05300	ANESTHESIOLOGY	481	81	409	0	68	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,820	5,472	27,637	1,307	4,598	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,347	950	4,799	0	798	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,991	374	1,890	728	314	57.00
57.01	03630	ULTRASOUND	3,581	517	2,609	1,065	434	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,919	0	0	69	0	58.00
60.00	06000	LABORATORY	40,567	4,716	23,820	0	3,963	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	64,954	384	1,941	79	323	65.00
66.00	06600	PHYSICAL THERAPY	48,266	8,191	41,366	1,842	6,881	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,903	1,300	6,565	60	1,092	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,414	2,211	11,167	149	1,858	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	28,409	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,925	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,053	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,809	236	1,193	0	199	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,085	2,181	11,018	1,013	1,833	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,474	2,538	12,820	0	2,133	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	3,142	2,059	10,401	567	1,730	90.02
92.00	09200	OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	835,755	145,568	577,905	97,195	90,922	118.00
NONREIMBURSABLE COST CENTERS								
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)	835,755	145,568	577,905	97,195	90,922	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:04 pm		
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590					5.06
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000	278,672				10.00
11.00	01100		11,220			11.00
12.00	01200		0	0		12.00
13.00	01300		184	0	11,640	13.00
14.00	01400		118	0	0	119,826
15.00	01500		341	0	0	0
16.00	01600		213	0	0	0
17.00	01700		0	0	0	0
19.00	01900		0	0	0	0
20.00	02000		0	0	0	0
21.00	02100		0	0	0	0
22.00	02200		0	0	0	0
23.00	02300		0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	261,253	5,820	0	9,011	0
31.00	03100	17,419	570	0	882	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	484	0	750	0
53.00	05300	0	0	0	0	0
54.00	05400	0	355	0	0	0
55.00	05500	0	0	0	0	0
56.00	05600	0	25	0	0	0
57.00	05700	0	108	0	0	0
57.01	03630	0	53	0	0	0
58.00	05800	0	30	0	0	0
60.00	06000	0	0	0	0	0
62.30	06250	0	0	0	0	0
65.00	06500	0	1,404	0	0	0
66.00	06600	0	871	0	0	0
68.00	06800	0	0	0	0	0
69.00	06900	0	26	0	40	0
70.00	07000	0	100	0	155	0
71.00	07100	0	0	0	0	83,207
72.00	07200	0	0	0	0	36,619
73.00	07300	0	0	0	0	0
74.00	07400	0	190	0	295	0
76.97	07697	0	0	0	0	0
76.98	07698	0	264	0	408	0
76.99	07699	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	28	0	43	0
90.02	09001	0	36	0	56	0
92.00	09200					
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00		278,672	11,220	0	11,640	119,826
NONREIMBURSABLE COST CENTERS						
200.00						200.00
201.00		0	0	0	0	0
202.00		278,672	11,220	0	11,640	119,826

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:04 pm		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590					5.06
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600	112,182	76,682			16.00
17.00	01700	0	0	0		17.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0		21.00
22.00	02200	0	0	0		22.00
23.00	02300	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	23,418	0		30.00
31.00	03100	0	1,586	0		31.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	4,122	0		50.00
53.00	05300	0	988	0		53.00
54.00	05400	0	1,185	0		54.00
55.00	05500	0	0	0		55.00
56.00	05600	0	132	0		56.00
57.00	05700	0	1,241	0		57.00
57.01	03630	0	671	0		57.01
58.00	05800	0	361	0		58.00
60.00	06000	0	5,790	0		60.00
62.30	06250	0	0	0		62.30
65.00	06500	0	12,196	0		65.00
66.00	06600	0	2,573	0		66.00
68.00	06800	0	1	0		68.00
69.00	06900	0	387	0		69.00
70.00	07000	0	602	0		70.00
71.00	07100	0	5,378	0		71.00
72.00	07200	0	286	0		72.00
73.00	07300	112,182	13,937	0		73.00
74.00	07400	0	900	0		74.00
76.97	07697	0	0	0		76.97
76.98	07698	0	529	0		76.98
76.99	07699	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	59	0		90.00
90.02	09001	0	340	0		90.02
92.00	09200					92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00		112,182	76,682	0	0	118.00
NONREIMBURSABLE COST CENTERS						
200.00					0	200.00
201.00		0	0	0	0	201.00
202.00		112,182	76,682	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:04 pm
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00540	NON-PATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING AND RECEIVING				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	124			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			1,353,366	0 30.00
31.00	03100	INTENSIVE CARE UNIT			119,549	0 31.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			516,567	0 50.00
53.00	05300	ANESTHESIOLOGY			3,498	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			149,391	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0 55.00
56.00	05600	RADIOISOTOPE			23,829	0 56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN			15,023	0 57.00
57.01	03630	ULTRASOUND			17,058	0 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			2,579	0 58.00
60.00	06000	LABORATORY			155,177	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0 62.30
65.00	06500	RESPIRATORY THERAPY			96,667	0 65.00
66.00	06600	PHYSICAL THERAPY			239,120	0 66.00
68.00	06800	SPEECH PATHOLOGY			1	0 68.00
69.00	06900	ELECTROCARDIOLOGY			31,675	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			56,582	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS			118,059	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			48,844	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			183,532	0 73.00
74.00	07400	RENAL DIALYSIS			18,982	0 74.00
76.97	07697	CARDIAC REHABILITATION			0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			69,967	0 76.98
76.99	07699	LITHOTRIPSY			0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			59,592	0 90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER			50,766	0 90.02
92.00	09200	OBSERVATION BEDS				0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	3,329,824 0 118.00
NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments	124	0	0	124 0 200.00
201.00		Negative Cost Centers	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	124	0	0	3,329,948 0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 3:04 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00540 NON-PATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING AND RECEIVING		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING		5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	1,353,366	30.00
31.00	03100 INTENSIVE CARE UNIT	119,549	31.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	516,567	50.00
53.00	05300 ANESTHESIOLOGY	3,498	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	149,391	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	23,829	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	15,023	57.00
57.01	03630 ULTRASOUND	17,058	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,579	58.00
60.00	06000 LABORATORY	155,177	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500 RESPIRATORY THERAPY	96,667	65.00
66.00	06600 PHYSICAL THERAPY	239,120	66.00
68.00	06800 SPEECH PATHOLOGY	1	68.00
69.00	06900 ELECTROCARDIOLOGY	31,675	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	56,582	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	118,059	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	48,844	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	183,532	73.00
74.00	07400 RENAL DIALYSIS	18,982	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	69,967	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	59,592	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	50,766	90.02
92.00	09200 OBSERVATION BEDS		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,329,824	118.00
NONREIMBURSABLE COST CENTERS			
200.00	Cross Foot Adjustments	124	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	3,329,948	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 142011

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

Worksheet B-1
Date/Time Prepared:
5/22/2013 3:04 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NON-PATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (# OF INSTRUMENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	296,776				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		296,776			2.00
4.00 00400	EMPLOYEE BENEFITS	362	362	15,588,219		4.00
5.01 00540	NON-PATIENT TELEPHONES	2,363	2,363	0	1,103	5.01
5.02 00550	DATA PROCESSING	0	0	0	75	5.02
5.03 00560	PURCHASING AND RECEIVING	6,396	6,396	0	25	5.03
5.04 00570	ADMINISTRATIVE	1,794	1,794	0	36	5.04
5.05 00580	CASHIERING	0	0	0	56	5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	73,081	73,081	1,874,650	159	5.06
6.00 00600	MAINTENANCE & REPAIRS	11,327	11,327	183,587	15	6.00
7.00 00700	OPERATION OF PLANT	43,097	43,097	186,396	21	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,031	5,031	0	0	8.00
9.00 00900	HOUSEKEEPING	3,560	3,560	531,263	8	9.00
10.00 01000	DIETARY	14,618	14,618	201,333	7	10.00
11.00 01100	CAFETERIA	0	0	252,353	10	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	313,103	2	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,086	7,086	82,586	10	14.00
15.00 01500	PHARMACY	5,842	5,842	518,184	22	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,792	3,792	174,950	73	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	4,146	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	42,937	42,937	5,878,837	275	30.00
31.00 03100	INTENSIVE CARE UNIT	3,896	3,896	680,292	5	31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,399	28,399	608,126	88	50.00
53.00 05300	ANESTHESIOLOGY	112	112	0	7	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,573	7,573	347,450	85	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	1,315	1,315	40,869	0	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	518	518	80,709	0	57.00
57.01 03630	ULTRASOUND	715	715	88,379	0	57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	47,023	2	58.00
60.00 06000	LABORATORY	6,527	6,527	0	59	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	532	532	1,504,637	24	65.00
66.00 06600	PHYSICAL THERAPY	11,335	11,335	1,157,370	22	66.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,799	1,799	32,241	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,060	3,060	106,142	12	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	327	327	271,982	1	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	3,019	3,019	340,967	2	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,513	3,513	34,534	0	90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	2,850	2,850	46,110	2	90.02
92.00 09200	OBSERVATION BEDS					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	296,776	296,776	15,588,219	1,103	243
NONREIMBURSABLE COST CENTERS						
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,052,184	2,277,764	148,871	122,908	768,848
203.00	Unit cost multiplier (Wkst. B, Part I)	3.545381	7.675028	0.009550	111.430644	3,163.983539
204.00	Cost to be allocated (per Wkst. B, Part II)			4,061	26,514	1,803
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000261	24.038078	7.419753

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COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 142011		Period: From 07/01/2012 To 12/31/2012		Worksheet B-1	
Date/Time Prepared: 5/22/2013 3:04 pm							
Cost Center Description	PURCHASING AND RECEIVING (COST OF REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)		
	5.03	5.04	5.05	5A.06	5.06		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS						4.00
5.01 00540	NON-PATIENT TELEPHONES						5.01
5.02 00550	DATA PROCESSING						5.02
5.03 00560	PURCHASING AND RECEIVING	906,491					5.03
5.04 00570	ADMITTING	0	255,132,910				5.04
5.05 00580	CASHIERING	0	0	151,986,769			5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	138,418	0	0	-7,410,533	28,351,713	5.06
6.00 00600	MAINTENANCE & REPAIRS	30,971	0	0	0	528,150	6.00
7.00 00700	OPERATION OF PLANT	32,428	0	0	0	2,036,891	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	139,416	0	0	0	258,082	8.00
9.00 00900	HOUSEKEEPING	72,733	0	0	0	992,820	9.00
10.00 01000	DIETARY	265,807	0	0	0	692,465	10.00
11.00 01100	CAFETERIA	0	0	0	0	369,999	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	876	0	0	0	381,838	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,300	0	0	0	127,093	14.00
15.00 01500	PHARMACY	0	0	0	0	559,815	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,940	0	0	0	430,186	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	4,186	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	92,529	89,727,996	46,511,024	0	8,874,260	30.00
31.00 03100	INTENSIVE CARE UNIT	7,094	6,935,305	3,140,384	0	944,896	31.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	26,439	978,645	8,162,633	0	1,222,838	50.00
53.00 05300	ANESTHESIOLOGY	28	291,731	1,956,216	0	16,322	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,310	3,129,286	2,346,031	0	672,359	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	22	84,201	261,998	0	79,624	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,738	2,635,358	2,456,436	0	135,406	57.00
57.01 03630	ULTRASOUND	0	827,186	1,328,850	0	121,496	57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,542	35,476	715,522	0	65,092	58.00
60.00 06000	LABORATORY	0	16,368,156	11,465,997	0	1,376,169	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	39,584	60,329,860	24,149,991	0	2,203,483	65.00
66.00 06600	PHYSICAL THERAPY	4,282	7,816,458	5,095,465	0	1,637,358	66.00
68.00 06800	SPEECH PATHOLOGY	0	4,590	2,638	0	14	68.00
69.00 06900	ELECTROCARDIOLOGY	270	953,021	765,928	0	64,557	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,887	121,655	1,191,897	0	183,667	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	11,553,997	10,648,572	0	963,721	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	92,219	566,463	0	404,538	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	49,201,449	27,598,488	0	1,799,757	73.00
74.00 07400	RENAL DIALYSIS	595	3,972,000	1,782,390	0	400,588	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	7,618	74,321	1,048,131	0	613,523	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	873	0	117,758	0	83,926	90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	4,791	0	673,957	0	106,594	90.02
92.00 09200	OBSERVATION BEDS						92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	906,491	255,132,910	151,986,769	-7,410,533	28,351,713	118.00
NONREIMBURSABLE COST CENTERS							
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)	383,958	202,356	576,779		7,410,533	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.423565	0.000793	0.003795		0.261379	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	72,403	21,157	1,509		835,755	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.079872	0.000083	0.000010		0.029478	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 142011		Period: From 07/01/2012 To 12/31/2012		Worksheet B-1	
Date/Time Prepared: 5/22/2013 3:04 pm							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	201,453					6.00
7.00	00700	43,097	158,356				7.00
8.00	00800	5,031	5,031	272,568			8.00
9.00	00900	3,560	3,560	0	149,765		9.00
10.00	01000	14,618	14,618	0	14,618	71,385	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	7,086	7,086	0	7,086	0	14.00
15.00	01500	5,842	5,842	0	5,842	0	15.00
16.00	01600	3,792	3,792	0	3,792	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	42,937	42,937	205,258	42,937	66,923	30.00
31.00	03100	3,896	3,896	18,656	3,896	4,462	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,399	28,399	29,362	28,399	0	50.00
53.00	05300	112	112	0	112	0	53.00
54.00	05400	7,573	7,573	3,665	7,573	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,315	1,315	0	1,315	0	56.00
57.00	05700	518	518	2,041	518	0	57.00
57.01	03630	715	715	2,988	715	0	57.01
58.00	05800	0	0	193	0	0	58.00
60.00	06000	6,527	6,527	0	6,527	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	532	532	221	532	0	65.00
66.00	06600	11,335	11,335	5,165	11,335	0	66.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	1,799	1,799	169	1,799	0	69.00
70.00	07000	3,060	3,060	419	3,060	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	327	327	0	327	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	3,019	3,019	2,842	3,019	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	3,513	3,513	0	3,513	0	90.00
90.02	09001	2,850	2,850	1,589	2,850	0	90.02
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		201,453	158,356	272,568	149,765	71,385	118.00
NONREIMBURSABLE COST CENTERS							
200.00							200.00
201.00							201.00
202.00		666,197	2,711,814	428,331	1,325,059	1,301,466	202.00
203.00		3.306960	17.124795	1.571465	8.847588	18.231645	203.00
204.00		145,568	577,905	97,195	90,922	278,672	204.00
205.00		0.722590	3.649404	0.356590	0.607098	3.903789	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 142011

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

Worksheet B-1
Date/Time Prepared:
5/22/2013 3:04 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	45,587					11.00
12.00	01200	0	0				12.00
13.00	01300	749	0	30,549			13.00
14.00	01400	480	0	0	1,316,463		14.00
15.00	01500	1,385	0	0	0	1,656,004	15.00
16.00	01600	865	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,645	0	23,645	0	0	30.00
31.00	03100	2,316	0	2,316	0	0	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,968	0	1,968	0	0	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	1,443	0	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	102	0	0	0	0	56.00
57.00	05700	439	0	0	0	0	57.00
57.01	03630	214	0	0	0	0	57.01
58.00	05800	121	0	0	0	0	58.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	5,703	0	0	0	0	65.00
66.00	06600	3,537	0	0	0	0	66.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	106	0	106	0	0	69.00
70.00	07000	408	0	408	0	0	70.00
71.00	07100	0	0	0	914,148	0	71.00
72.00	07200	0	0	0	402,315	0	72.00
73.00	07300	0	0	0	0	1,656,004	73.00
74.00	07400	773	0	773	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	1,072	0	1,072	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	114	0	114	0	0	90.00
90.02	09001	147	0	147	0	0	90.02
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		45,587	0	30,549	1,316,463	1,656,004	118.00
NONREIMBURSABLE COST CENTERS							
200.00							200.00
201.00							201.00
202.00		466,709	0	489,310	372,699	891,368	202.00
203.00		10.237765	0.000000	16.017218	0.283106	0.538264	203.00
204.00		11,220	0	11,640	119,826	112,182	204.00
205.00		0.246123	0.000000	0.381027	0.091021	0.067743	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet B-1 Date/Time Prepared: 5/22/2013 3:04 pm		
Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
	16.00	17.00	19.00	20.00	SRVCES-SALARY & FRINGES (ASSIGNED TIME) 21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00540	NON-PATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING AND RECEIVING					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING					5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	151,986,769				16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING SCHOOL	0			0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0				100
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0				22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	46,511,024	0		0	100
31.00 03100	INTENSIVE CARE UNIT	3,140,384	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,162,633	0	0	0	0
53.00 05300	ANESTHESIOLOGY	1,956,216	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,346,031	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIO SOTOPE	261,998	0	0	0	0
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,456,436	0	0	0	0
57.01 03630	ULTRASOUND	1,328,850	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	715,522	0	0	0	0
60.00 06000	LABORATORY	11,465,997	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	24,149,991	0	0	0	0
66.00 06600	PHYSICAL THERAPY	5,095,465	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	2,638	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	765,928	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	1,191,897	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	10,648,572	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	566,463	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	27,598,488	0	0	0	0
74.00 07400	RENAL DIALYSIS	1,782,390	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,048,131	0	0	0	0
76.99 07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	117,758	0	0	0	0
90.02 09001	WOMENS DIAGNOSTIC CENTER	673,957	0	0	0	0
92.00 09200	OBSERVATION BEDS					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	151,986,769	0	0	0	100
NONREIMBURSABLE COST CENTERS						
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)	662,511	0	0	0	5,280
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004359	0.000000	0.000000	0.000000	52.800000
204.00	Cost to be allocated (per Wkst. B, Part II)	76,682	0	0	0	124

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 142011

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	205.00
	16.00	17.00	19.00	20.00	SRVCES-SALARY & FRINGES (ASSIGNED TIME) 21.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000505	0.000000	0.000000	0.000000	1.240000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 142011

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)	
	SRVCES-OTHER			
	(ASSIGNED TIME)			
GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS			4.00
5.01 00540	NON-PATIENT TELEPHONES			5.01
5.02 00550	DATA PROCESSING			5.02
5.03 00560	PURCHASING AND RECEIVING			5.03
5.04 00570	ADMITTING			5.04
5.05 00580	CASHIERING			5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL			5.06
6.00 00600	MAINTENANCE & REPAIRS			6.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
12.00 01200	MAINTENANCE OF PERSONNEL			12.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000	NURSING SCHOOL			20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0		22.00
23.00 02300	PARAMED PRGM- (SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
57.01 03630	ULTRASOUND	0	0	57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000	LABORATORY	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
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 CHRGD TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	0	0	90.02
92.00 09200	OBSERVATION BEDS			92.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	118.00
NONREIMBURSABLE COST CENTERS				
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 142011

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2013 3:04 pm

			Title XVIIII		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	14,817,177		14,817,177	3,850	14,821,027	46,511,024	30.00
31.00	03100	INTENSIVE CARE UNIT	1,491,107		1,491,107	0	1,491,107	3,140,384	31.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,507,358		2,507,358	0	2,507,358	709,235	50.00
53.00	05300	ANESTHESIOLOGY	32,394		32,394	0	32,394	146,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,100,591		1,100,591	0	1,100,591	1,595,643	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	141,125		141,125	0	141,125	64,306	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	204,374		204,374	0	204,374	1,753,457	57.00
57.01	03630	ULTRASOUND	186,866		186,866	0	186,866	392,779	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	86,767		86,767	0	86,767	9,661	58.00
60.00	06000	LABORATORY	1,976,958		1,976,958	0	1,976,958	8,163,032	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,959,006	0	2,959,006	0	2,959,006	24,140,565	65.00
66.00	06600	PHYSICAL THERAPY	2,463,749	0	2,463,749	0	2,463,749	4,100,209	66.00
68.00	06800	SPEECH PATHOLOGY	29	0	29	0	29	2,638	68.00
69.00	06900	ELECTROCARDIOLOGY	140,493		140,493	0	140,493	414,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,834		337,834	0	337,834	74,136	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,520,835		1,520,835	0	1,520,835	10,312,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	626,643		626,643	0	626,643	90,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,281,846		3,281,846	0	3,281,846	25,966,295	73.00
74.00	07400	RENAL DIALYSIS	542,931		542,931	0	542,931	1,782,390	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	899,460		899,460	0	899,460	8,596	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	212,226		212,226	0	212,226	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	227,197		227,197	0	227,197	0	90.02
92.00	09200	OBSERVATION BEDS	0		0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	35,756,966	0	35,756,966	3,850	35,760,816	129,378,739	200.00
201.00		Less Observation Beds	0		0	0	0	0	201.00
202.00		Total (see instructions)	35,756,966	0	35,756,966	3,850	35,760,816	129,378,739	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		46,511,024					30.00
31.00	03100	INTENSIVE CARE UNIT		3,140,384					31.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,453,398	8,162,633	0.307175	0.000000	0.307175		50.00
53.00	05300	ANESTHESIOLOGY	1,809,475	1,956,216	0.016560	0.000000	0.016560		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	750,388	2,346,031	0.469129	0.000000	0.469129		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	197,692	261,998	0.538649	0.000000	0.538649		56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	702,979	2,456,436	0.083199	0.000000	0.083199		57.00
57.01	03630	ULTRASOUND	936,071	1,328,850	0.140622	0.000000	0.140622		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	705,861	715,522	0.121264	0.000000	0.121264		58.00
60.00	06000	LABORATORY	3,302,965	11,465,997	0.172419	0.000000	0.172419		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	9,426	24,149,991	0.122526	0.000000	0.122526		65.00
66.00	06600	PHYSICAL THERAPY	995,256	5,095,465	0.483518	0.000000	0.483518		66.00
68.00	06800	SPEECH PATHOLOGY	0	2,638	0.010993	0.000000	0.010993		68.00
69.00	06900	ELECTROCARDIOLOGY	351,005	765,928	0.183428	0.000000	0.183428		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,117,761	1,191,897	0.283442	0.000000	0.283442		70.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 142011

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2013 3:04 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		
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	336,043	10,648,572	0.142821	0.000000	0.142821		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	476,267	566,463	1.106238	0.000000	1.106238		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,632,193	27,598,488	0.118914	0.000000	0.118914		73.00
74.00	07400	RENAL DIALYSIS	0	1,782,390	0.304608	0.000000	0.304608		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,039,535	1,048,131	0.858156	0.000000	0.858156		76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	117,758	117,758	1.802222	0.000000	1.802222		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	673,957	673,957	0.337109	0.000000	0.337109		90.02
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0.000000	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	22,608,030	151,986,769					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	22,608,030	151,986,769					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 142011

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2013 3:04 pm

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	14,817,177		14,817,177	0	0	46,511,024	30.00
31.00	03100	INTENSIVE CARE UNIT	1,491,107		1,491,107	0	0	3,140,384	31.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,507,358		2,507,358	0	0	709,235	50.00
53.00	05300	ANESTHESIOLOGY	32,394		32,394	0	0	146,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,100,591		1,100,591	0	0	1,595,643	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	141,125		141,125	0	0	64,306	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	204,374		204,374	0	0	1,753,457	57.00
57.01	03630	ULTRASOUND	186,866		186,866	0	0	392,779	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	86,767		86,767	0	0	9,661	58.00
60.00	06000	LABORATORY	1,976,958		1,976,958	0	0	8,163,032	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,959,006	0	2,959,006	0	0	24,140,565	65.00
66.00	06600	PHYSICAL THERAPY	2,463,749	0	2,463,749	0	0	4,100,209	66.00
68.00	06800	SPEECH PATHOLOGY	29	0	29	0	0	2,638	68.00
69.00	06900	ELECTROCARDIOLOGY	140,493		140,493	0	0	414,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,834		337,834	0	0	74,136	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,520,835		1,520,835	0	0	10,312,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	626,643		626,643	0	0	90,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,281,846		3,281,846	0	0	25,966,295	73.00
74.00	07400	RENAL DIALYSIS	542,931		542,931	0	0	1,782,390	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	899,460		899,460	0	0	8,596	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	212,226		212,226	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	227,197		227,197	0	0	0	90.02
92.00	09200	OBSERVATION BEDS	0		0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	35,756,966	0	35,756,966	0	0	129,378,739	200.00
201.00		Less Observation Beds	0		0		0	0	201.00
202.00		Total (see instructions)	35,756,966	0	35,756,966	0	0	129,378,739	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		46,511,024					30.00
31.00	03100	INTENSIVE CARE UNIT		3,140,384					31.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,453,398	8,162,633	0.307175	0.000000	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	1,809,475	1,956,216	0.016560	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	750,388	2,346,031	0.469129	0.000000	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	197,692	261,998	0.538649	0.000000	0.000000		56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	702,979	2,456,436	0.083199	0.000000	0.000000		57.00
57.01	03630	ULTRASOUND	936,071	1,328,850	0.140622	0.000000	0.000000		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	705,861	715,522	0.121264	0.000000	0.000000		58.00
60.00	06000	LABORATORY	3,302,965	11,465,997	0.172419	0.000000	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	9,426	24,149,991	0.122526	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	995,256	5,095,465	0.483518	0.000000	0.000000		66.00
68.00	06800	SPEECH PATHOLOGY	0	2,638	0.010993	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	351,005	765,928	0.183428	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,117,761	1,191,897	0.283442	0.000000	0.000000		70.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 142011

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

Worksheet C
Part I
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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				
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	336,043	10,648,572	0.142821	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	476,267	566,463	1.106238	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,632,193	27,598,488	0.118914	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	1,782,390	0.304608	0.000000	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,039,535	1,048,131	0.858156	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	117,758	117,758	1.802222	0.000000	0.000000	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	673,957	673,957	0.337109	0.000000	0.000000	90.02
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0.000000	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	22,608,030	151,986,769				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	22,608,030	151,986,769				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 142011		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/22/2013 3:04 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,353,366	0	1,353,366	14,490	93.40	30.00	
31.00	INTENSIVE CARE UNIT	119,549		119,549	899	132.98	31.00	
200.00	Total (Lines 30-199)	1,472,915		1,472,915	15,389		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	8,686	811,272					30.00
31.00	INTENSIVE CARE UNIT	466	61,969					31.00
200.00	Total (Lines 30-199)	9,152	873,241					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/22/2013 3:04 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, 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	516,567	8,162,633	0.063284	350,707	22,194	50.00
53.00	05300 ANESTHESIOLOGY	3,498	1,956,216	0.001788	93,458	167	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	149,391	2,346,031	0.063678	916,501	58,361	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	23,829	261,998	0.090951	42,476	3,863	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	15,023	2,456,436	0.006116	944,656	5,778	57.00
57.01	03630 ULTRASOUND	17,058	1,328,850	0.012837	242,256	3,110	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,579	715,522	0.003604	9,661	35	58.00
60.00	06000 LABORATORY	155,177	11,465,997	0.013534	6,005,533	81,279	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	96,667	24,149,991	0.004003	12,798,405	51,232	65.00
66.00	06600 PHYSICAL THERAPY	239,120	5,095,465	0.046928	2,476,430	116,214	66.00
68.00	06800 SPEECH PATHOLOGY	1	2,638	0.000379	1,864	1	68.00
69.00	06900 ELECTROCARDIOLOGY	31,675	765,928	0.041355	237,424	9,819	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	56,582	1,191,897	0.047472	44,643	2,119	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	118,059	10,648,572	0.011087	5,157,899	57,186	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	48,844	566,463	0.086226	86,459	7,455	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	183,532	27,598,488	0.006650	16,380,694	108,932	73.00
74.00	07400 RENAL DIALYSIS	18,982	1,782,390	0.010650	1,241,790	13,225	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	69,967	1,048,131	0.066754	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	59,592	117,758	0.506055	0	0	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	50,766	673,957	0.075325	0	0	90.02
92.00	09200 OBSERVATION BEDS	0	0	0.000000	0	0	92.00
200.00	Total (lines 50-199)	1,856,909	102,335,361		47,030,856	540,970	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 142011		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/22/2013 3:04 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,490	0.00	8,686	0		30.00
31.00	03100	INTENSIVE CARE UNIT	899	0.00	466	0		31.00
200.00		Total (lines 30-199)	15,389		9,152	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 142011

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2013 3:04 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00	
57.01	03630	ULTRASOUND	0	0	0	0	0	57.01	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	0	0	90.02	
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 3:04 pm
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Cost Center Description	Title XVIII			Hospital		PPS		
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges			
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,162,633	0.000000	0.000000	350,707	50.00
53.00	05300	ANESTHESIOLOGY	0	1,956,216	0.000000	0.000000	93,458	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,346,031	0.000000	0.000000	916,501	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	261,998	0.000000	0.000000	42,476	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,456,436	0.000000	0.000000	944,656	57.00
57.01	03630	ULTRASOUND	0	1,328,850	0.000000	0.000000	242,256	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	715,522	0.000000	0.000000	9,661	58.00
60.00	06000	LABORATORY	0	11,465,997	0.000000	0.000000	6,005,533	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	24,149,991	0.000000	0.000000	12,798,405	65.00
66.00	06600	PHYSICAL THERAPY	0	5,095,465	0.000000	0.000000	2,476,430	66.00
68.00	06800	SPEECH PATHOLOGY	0	2,638	0.000000	0.000000	1,864	68.00
69.00	06900	ELECTROCARDIOLOGY	0	765,928	0.000000	0.000000	237,424	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,191,897	0.000000	0.000000	44,643	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	10,648,572	0.000000	0.000000	5,157,899	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	566,463	0.000000	0.000000	86,459	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,598,488	0.000000	0.000000	16,380,694	73.00
74.00	07400	RENAL DIALYSIS	0	1,782,390	0.000000	0.000000	1,241,790	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,048,131	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	117,758	0.000000	0.000000	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	673,957	0.000000	0.000000	0	90.02
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	102,335,361			47,030,856	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 3:04 pm
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	2,207,610	0	50.00
53.00	05300 ANESTHESIOLOGY	0	534,522	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	240,073	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	64,238	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	283,627	0	57.00
57.01	03630 ULTRASOUND	0	210,443	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	201,036	0	58.00
60.00	06000 LABORATORY	0	320,754	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	9,426	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	111,852	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	316,763	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	124,722	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	178,580	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,631,049	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09001 WOMENS DIAGNOSTIC CENTER	0	99,251	0	90.02
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
200.00	Total (Lines 50-199)	0	6,533,946	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 3:04 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	0.307175	2,207,610	0	0	678,123	50.00
53.00 05300 ANESTHESIOLOGY	0.016560	534,522	0	0	8,852	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.469129	240,073	0	0	112,625	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.538649	64,238	0	0	34,602	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.083199	283,627	0	0	23,597	57.00
57.01 03630 ULTRASOUND	0.140622	210,443	0	0	29,593	57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.121264	201,036	0	0	24,378	58.00
60.00 06000 LABORATORY	0.172419	320,754	0	0	55,304	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.122526	9,426	0	0	1,155	65.00
66.00 06600 PHYSICAL THERAPY	0.483518	0	0	0	0	66.00
68.00 06800 SPEECH PATHOLOGY	0.010993	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.183428	111,852	0	0	20,517	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.283442	316,763	0	0	89,784	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.142821	124,722	0	0	17,813	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1.106238	178,580	0	0	197,552	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.118914	1,631,049	0	1,144	193,955	73.00
74.00 07400 RENAL DIALYSIS	0.304608	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.858156	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	1.802222	0	0	0	0	90.00
90.02 09001 WOMENS DIAGNOSTIC CENTER	0.337109	99,251	0	0	33,458	90.02
92.00 09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
200.00	Subtotal (see instructions)	6,533,946	0	1,144	1,521,308	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	6,533,946	0	1,144	1,521,308	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 3:04 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
57.01 03630	ULTRASOUND	0	0	57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000	LABORATORY	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
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 CHRGD TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	136	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
90.02 09001	WOMENS DIAGNOSTIC CENTER	0	0	90.02
92.00 09200	OBSERVATION BEDS	0	0	92.00
200.00	Subtotal (see instructions)	0	136	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	136	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1
		Title XVII	Hospital	Date/Time Prepared: 5/22/2013 3:04 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)		14,490	1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)		14,490	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		14,490	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)		8,686	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)		14,821,027	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)		14,821,027	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		49,322,450	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		49,322,450	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.300493	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)		3,403.90	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		14,821,027	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,022.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,884,475	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)		8,884,475	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/22/2013 3:04 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	1,491,107	899	1,658.63	466	772,922	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)				7,691,626	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				17,349,023	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)				873,241	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				540,970	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,414,211	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				15,934,812	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: 142011		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/22/2013 3:04 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,353,366	14,821,027	0.091314	0	0	90.00
91.00	Nursing School cost	0	14,821,027	0.000000	0	0	91.00
92.00	Allied health cost	0	14,821,027	0.000000	0	0	92.00
93.00	All other Medical Education	0	14,821,027	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/22/2013 3:04 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		24,629,947	30.00
31.00	03100	INTENSIVE CARE UNIT		1,607,240	31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.307175	350,707	107,728 50.00
53.00	05300	ANESTHESIOLOGY	0.016560	93,458	1,548 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.469129	916,501	429,957 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.538649	42,476	22,880 56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.083199	944,656	78,594 57.00
57.01	03630	ULTRASOUND	0.140622	242,256	34,067 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.121264	9,661	1,172 58.00
60.00	06000	LABORATORY	0.172419	6,005,533	1,035,468 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.122526	12,798,405	1,568,137 65.00
66.00	06600	PHYSICAL THERAPY	0.483518	2,476,430	1,197,398 66.00
68.00	06800	SPEECH PATHOLOGY	0.010993	1,864	20 68.00
69.00	06900	ELECTROCARDIOLOGY	0.183428	237,424	43,550 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.283442	44,643	12,654 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.142821	5,157,899	736,656 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1.106238	86,459	95,644 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.118914	16,380,694	1,947,894 73.00
74.00	07400	RENAL DIALYSIS	0.304608	1,241,790	378,259 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.858156	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.802222	0	0 90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.337109	0	0 90.02
92.00	09200	OBSERVATION BEDS	0.000000	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		47,030,856	7,691,626 200.00
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)		47,030,856	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/22/2013 3:04 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		136	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		1,521,308	2.00
3.00	PPS payments		1,077,904	3.00
4.00	Outlier payment (see instructions)		43,341	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)		136	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,144	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,144	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)		1,144	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,008	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)		136	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)		1,121,245	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)		276,090	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)		845,291	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		69	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)		845,360	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		845,360	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)		45,045	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		31,532	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		40,789	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		876,892	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)		876,892	40.00
41.00	Interim payments		845,509	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)		31,383	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 142011

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2013 3:04 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		13,514,287		845,509	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		13,514,287		845,509	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		142,923		31,383	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		13,657,210		876,892	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet E-3 Part IV Date/Time Prepared: 5/22/2013 3:04 pm
		Title XVIII	Hospital	PPS
		1.00		
PART IV - MEDICARE PART A SERVICES - LTCH PPS				
1.00	Net Federal PPS Payments (see instructions)			12,122,524 1.00
2.00	Outlier Payments			2,822,473 2.00
3.00	Total PPS Payments (sum of lines 1 and 2)			14,944,997 3.00
4.00	Nursing and Allied Health Managed Care payments (see instructions)			0 4.00
5.00	Organ acquisition			0 5.00
6.00	Cost of teaching physicians			0 6.00
7.00	Subtotal (see instructions)			14,944,997 7.00
8.00	Primary payer payments			12,264 8.00
9.00	Subtotal (line 7 less line 8).			14,932,733 9.00
10.00	Deductibles			38,148 10.00
11.00	Subtotal (line 9 minus line 10)			14,894,585 11.00
12.00	Coinsurance			1,378,819 12.00
13.00	Subtotal (line 11 minus line 12)			13,515,766 13.00
14.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			203,057 14.00
15.00	Adjusted reimbursable bad debts (see instructions)			142,140 15.00
16.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			190,583 16.00
17.00	Subtotal (sum of lines 13 and 15)			13,657,906 17.00
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			783 18.00
19.00	Other pass through costs (see instructions)			0 19.00
20.00	Outlier payments reconciliation			0 20.00
21.00	PS&R OTHER ADJUSTMENT			-1,479 21.00
21.99	Recovery of Accelerated Depreciation			0 21.99
22.00	Total amount payable to the provider (see instructions)			13,657,210 22.00
23.00	Interim payments			13,514,287 23.00
24.00	Tentative settlement (for contractor use only)			0 24.00
25.00	Balance due provider/program (line 22 minus the sum lines 23 and 24)			142,923 25.00
26.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 26.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part IV, line 2			0 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/22/2013 3:04 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.57	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			1.19	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.34	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			0.04	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.05	6.00
7.00	Enter the lesser of line 5 or line 6			0.04	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.02	0.00	0.02	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.02	0.00	0.02	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.02	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.03	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.04	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.03	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.03	0.00		17.00
18.00	Per resident amount	47,720.22	47,201.37		18.00
19.00	Approved amount for resident costs	1,432	0	1,432	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.01	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,432	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	9,152	0		26.00
27.00	Total Inpatient Days (see instructions)	15,389	15,389		27.00
28.00	Ratio of inpatient days to total inpatient days	0.594711	0.000000		28.00
29.00	Program direct GME amount	852	0		29.00
30.00	Reduction for direct GME payments for Medicare managed care		0		30.00
31.00	Net Program direct GME amount			852	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 142011	Period: From 07/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/22/2013 3:04 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		1,782,390	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		17,349,023	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		12,264	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		17,336,759	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		1,521,444	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		1,521,444	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		18,858,203	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.919322	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.080678	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		852	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		783	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		69	50.00

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

Provider CCN: 142011

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

Worksheet G

Date/Time Prepared:
5/22/2013 3:04 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	3,044	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	49,018,045	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-29,664,045	0	0	0	6.00
7.00	Inventory	1,091,120	0	0	0	7.00
8.00	Prepaid expenses	97,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	105,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	20,650,164	0	0	0	11.00
FIXED ASSETS						
12.00	Land	342,000	0	0	0	12.00
13.00	Land improvements	4,077,827	0	0	0	13.00
14.00	Accumulated depreciation	-3,969,817	0	0	0	14.00
15.00	Buildings	84,740,088	0	0	0	15.00
16.00	Accumulated depreciation	-67,355,869	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	2,119,028	0	0	0	19.00
20.00	Accumulated depreciation	-2,013,891	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	34,033,343	0	0	0	23.00
24.00	Accumulated depreciation	-27,083,968	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)	24,888,741	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,386,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,386,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	47,924,905	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	786,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,280,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	22,508,000	0	0	0	43.00
44.00	Other current liabilities	7,380,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,954,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	26,071,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,870,816	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,941,816	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	62,895,816	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-14,970,911	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-14,970,911	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	47,924,905	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 142011

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

Worksheet G-1

Date/Time Prepared:
5/22/2013 3:04 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		-17,073,081		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,961,866				2.00
3.00	Total (sum of line 1 and line 2)		-15,111,215		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00	NET ASSETS FUND	140,304		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		140,304		0		10.00
11.00	Subtotal (line 3 plus line 10)		-14,970,911		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-14,970,911		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00	NET ASSETS FUND		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: 142011

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/22/2013 3:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,322,450		49,322,450	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	49,322,450		49,322,450	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,140,384		3,140,384	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)	3,140,384		3,140,384	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52,462,834		52,462,834	17.00
18.00	Ancillary services	79,818,577	21,647,132	101,465,709	18.00
19.00	Outpatient services	0	866,752	866,752	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	1,005	1,005	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	132,281,411	22,514,889	154,796,300	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		36,057,661		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	RECONCILING ITEM	8			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)		8		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		36,057,653		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 142011

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

Worksheet G-3

Date/Time Prepared:
5/22/2013 3:04 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	154,796,300	1.00
2.00	Less contractual allowances and discounts on patients' accounts	117,523,084	2.00
3.00	Net patient revenues (line 1 minus line 2)	37,273,216	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	36,057,653	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,215,563	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-2,725	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SERVICES	744,882	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	4,146	24.01
25.00	Total other income (sum of lines 6-24)	746,303	25.00
26.00	Total (line 5 plus line 25)	1,961,866	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)	1,961,866	29.00

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